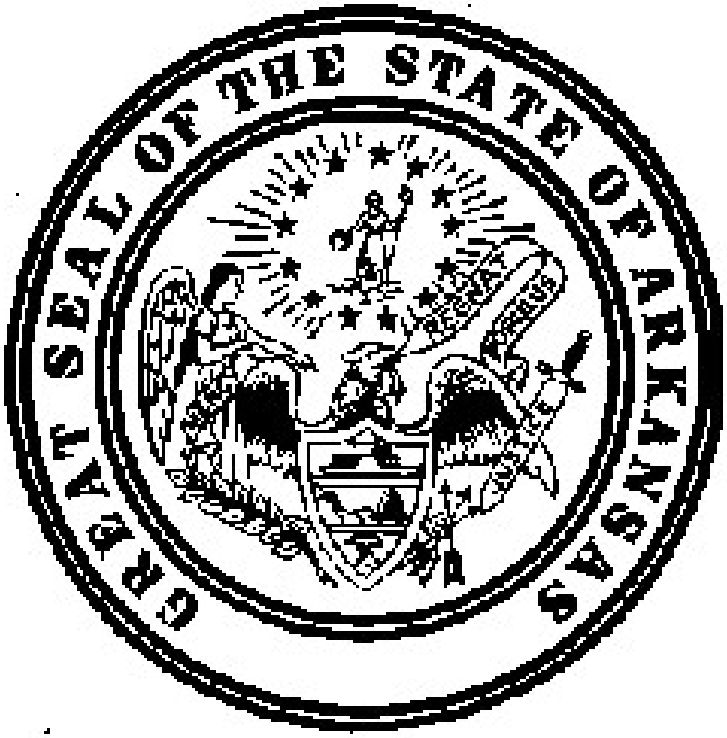
AGENCY #16.14

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES

SOCIAL SERVICES BLOCK GRANT



PROGRAM MANUAL

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1000 INTRODUCTION TO THE SOCIAL SERVICES BLOCK GRANT (SSBG) PROGRAM

1100 Purpose

The purpose of the SSBG program is to provide financial assistance to states in delivering social services most appropriate to their population.

1200 Background

Since 1962, the United States Congress has authorized funds to states for social services for low income families and individuals. Prior to 1975, social services funding was provided through two separate titles of the Social Security Act: Title IV-A (social services to families with dependent children) and Title VI (social services for the aged, blind and disabled). Eligibility was closely tied to related income maintenance programs (Aid to Families with Dependent Children provided under Title IV-A and Aid to the Aged, Blind and Disabled provided under Title VI). Under each program only certain specified services could be funded. On January 4, 1975, Public Law 93-647 was signed into law. This law removed the social services provisions for Title IV-A, abolished Title VI, and added Title XX to the Social Security Act effective October 1, 1975.

The Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, amended Title XX of the Social Security Act to establish the Social Services Block Grant (SSBG) program effective October 1, 1981. This program provides federal assistance to states for social services directed at the goals of achieving economic self-support or self- sufficiency; preventing or remedying neglect, abuse, or exploitation of children or adults; preventing or reducing inappropriate institutionalization; and securing referral for institutional care, where appropriate. Under the SSBG program, states have the sole responsibility for determining what services will be provided, who will be eligible for services, and how the funds will be distributed within the state. The State of Arkansas currently operates under this SSBG program.

1300 Legal Basis

The following federal laws and regulations form the basis for the operation of the SSBG program.

A. Laws

Title XX of the Social Security Act

Omnibus Budget Reconciliation Act of 1981 (Section 2352)

In addition there are laws which apply to all federally funded programs. These include:

Title VI of the Civil Rights Act of 1964, as amended - prohibits discrimination on the basis of race, color, or

1300 Legal Basis
(Continued)

national origin (including persons with limited English proficiency)in all federal programs.

Section 503 of the Rehabilitation Act of 1973 - requires government agencies and contractors to take affirmative action in the employment and advancement of qualified handicapped individuals.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination on the basis of handicap in federally funded programs.

Age Discrimination Act of 1975 - prohibits discrimination on the basis of age in federally funded programs.

Americans with Disabilities Act of 1990 - prohibits discrimination against a qualified individual with a disability with regard to employment and the provision of public services.

B. Regulations

The following are the major federal regulations which govern the operation of the SSBG program. Regulations are initially issued into the Federal Register and subsequently codified into the Code of Federal Regulations. Copies of the Code of Federal Regulations and the Federal Register are available in most public libraries.

45 CFR (Code of Federal Regulations) Part 96 - block grant regulations issued by the Department of Health and Human Services.

45 CFR Part 80 - regulations implementing the Civil Rights Act of 1964.

45 CFR Part 84 - regulations to implement nondiscrimination against the handicapped (Section 504 of Rehabilitation Act of 1973, as amended).

45 CFR Part 90 - regulations to implement the Age Discrimination Act of 1975.

41 CFR 60-741 - regulations implementing Section 503 of the Rehabilitation Act of 1973 (affirmative action regulations for handicapped workers).

28 CFR Part 35 - regulations to implement subtitle A of Title II of the Americans with Disabilities Act, Public Law 101-336 (prohibiting discrimination on the basis of disability in the services, programs, or activities of all state and local governments).

2000 ADMINISTRATION OF THE SOCIAL SERVICES BLOCK GRANT PROGRAM IN ARKANSAS

The Department of Health & Human Services (DHHS) is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, creed, color, or national origin.

2100 Responsibilities of the DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Services Block Grant (SSBG) legislation enables DHHS to claim federal funds to provide social services for individuals and families. Although program responsibility is vested with the specific program divisions/offices (see Section 2120), citizens are involved in the planning process and have an opportunity to respond to the planning decisions during a thirty day public review and comment period each year.

Overall management and administration of the SSBG program rests with the Office of Finance and Administration (OFA) which is responsible for centralized planning, policy development, financial management, financial standards, and overall monitoring and co-ordination of the administration of the SSBG program on behalf of the Director of DHHS. OFA also is charged with monitoring the SSBG program for federal regulatory compliance.

2110 Responsibilities of the Office of Finance and Administration

OFA consists of the Chief Fiscal Officer and the following sections: Contract Support Section (CSS), Human Resources/ Support Services, General Operations Section and Managerial Accounting Section. Support Services is responsible for promulgation of policies and procedures for the SSBG program.

DHHS Chief Fiscal Officer

The Chief Fiscal Officer will make an annual allocation of SSBG funds to affected program divisions and agencies and make adjustments throughout the year based upon the fore-casting of long and short-term needs and availability of federal funds.

Contract Support Section

Contract Support Section provides a standard and uniform approach to the financial management requirements for DHHS contracts, including those with SSBG funds. Contract Support Section' areas of responsibility include:

- providing centralized administration, review and quality control of all DHHS contracts and grants with an SSBG funding component;
- developing contracts and grants containing SSBG funding;
- providing technical assistance and training to DHHS contractors on overall compliance requirements;
- providing standardization, technical assistance, and training to DHHS program divisions on compliance requirements;

- participating in resolution of billing problems;

2110 Responsibilities of the Office of Finance and Administration (Continued)

- conducting provider site visits to determine overall compliance and conducting service-to-billing audits for contractors receiving over $5,000 in SSBG funds;
- preparing the annual federal SSBG post-expenditure report in coordination with Managerial Accounting Section, the Division of Aging and Adult Services, the Department of Education and Spinal Cord Commission;

Any questions on contract operations, financial guidelines or policy regarding contracting in the SSBG program shall be referred to CSS.

General Operations Section

The General Operations Section is responsible for:

- the preparation of the proposed and final SSBG Comprehensive Services Program Plan (with the participation of DHHS divisions and offices);
- coordination of the development of policies and procedures for the SSBG program;
- the analysis and dissemination of laws and regulations relating to the SSBG program;

In addition, the General Operations Section coordinates the payment of bills, invoices, etc., for the SSBG program.

Managerial Accounting Section

The OFA Managerial Accounting Section will provide to CSS reports of expenditures by program codes, with detailed data by client units and service codes.

2120 Responsibilities of Other DHHS Divisions and Offices

DHHS divisions and offices are annually allocated SSBG funds for program operational functions. Each division and office is responsible for the operation of its own SSBG program, as approved and monitored by CSS including:

- the solicitation of proposals from potential service providers;
- the negotiation and approval of provider contracts;
- the monitoring of contracts already in place;
- the program and budget review of contracts;
- the delivery of direct services;
- the management of allocated funds; and
- the routing of approved performance standards and divisional compliance requirements.

All of the above responsibilities must be accomplished in accordance with policies and procedures established by the Office of Finance and Administration.

The functions of each division and office involved in the delivery of services funded through the SSBG program are described below.

2120 Responsibilities of Other DHHS Divisions and Offices (Continued)

A. Division of Aging and Adult Services: The division is charged with representing older citizens by advocating, planning, and developing programs to meet their specific needs. Priority services include transportation, nutrition, and socialization. The division is also involved with chore services, adult day care, in-home, and preventive care services.

B. Division of Children and Family Services: The division is responsible for the delivery and coordination of services for children and families, including foster care, protective services and other child welfare services. The division also purchases treatment programs for youth with emotional/behavioral problems. The division has the responsibility to inspect, monitor, investigate and make licensing recommendations to the Child Welfare Agency Review Board. The Board licenses all non-exempt child welfare agencies (residential, foster care and adoption). The Division of Children and Family Services is a member of the Child Welfare League of America.

C. Division of County Operations: The division is responsible for the administration of the Department of Human Services' County Offices. The division provides assistance through Transitional Employment Assistance (TEA), Food Stamps, Commodity Distribution, Community Services (which includes Community Services Block Grants, Homeless, Weatherization and Low-Income Home Energy Assistance) and Emergency Food.

D. Division of Developmental Disabilities Services: The division is charged with development, funding, and licensing of program services for persons of all ages with a developmental disability. This includes the co-ordination of a continuum of services ranging from case management to residential placement. Technical assistance and program support functions are made available to all service providers. The Board of Developmental Disabilities Services operates human development centers which offer residential care to persons with developmental disabilities at six locations in the state.

E. Division of Behavioral Health Services: The division is responsible for developing comprehensive mental health programs at the community and state levels; searching for new prevention and treatment programs; providing leadership in mental health research and training; detoxification services, Drug and Alcohol Safety Educational Programs; planning, establishing, maintaining, coordinating and evaluating projects for the development of more effective prevention, intervention

and treatment programs/activities to deal with alcohol and other drug abuse; administers the Governor's Office portion of the Department of Education

2120 Responsibilities of Other DHHS Divisions and Offices (Continued)

Drug-Free Schools and Communities; development and implementation of broadly-based programs of alcohol and drug abuse education and prevention, including programs for high-risk youth; drug abuse resistance education and replication of successful drug education programs. The Division assists several facilities to provide varying types of mental health and substance abuse services, including the Arkansas State Hospital at Little Rock (for intensive care), the Arkansas Health Center at Benton (for comprehensive care), local private nonprofit organizations (which provide in-patient and out-patient mental health services, and drug and alcohol abuse treatment services.

F. Division of Services for the Blind: The division provides services which aid blind and visually impaired persons in attaining self-sufficiency and self-support through training, counseling, and other supportive activities. The division operates programs focusing on independent living and vocational counseling. In addition, the division operates the state's blind vending facility program.

G. Division of Youth Services: The division provides over-all management and administration of juvenile services for adjudicated delinquents and Families in Need of Services (FINS) and certain categories of non-adjudicated youth. The Division is responsible for funding, monitoring and providing technical assistance to the Youth Services facility at Alexander which includes the serious offender program Juvenile Upward Mobility Program (JUMP, for males), to five contracted serious offender programs and to a statewide network of community-based programs. The Division also administers the Juvenile Justice and Delinquency Prevention Act formula grant funds for the development and implementation of juvenile justice education, prevention, diversion, treatment and rehabilitative programs. The Arkansas Coalition on Juvenile Justice, appointed by the Governor, provides policy direction and subgrant approval.

H. Office of Chief Counsel: The office through its five sections of Legal Operations, County Operations, Fraud/Internal Affairs, Audit and Appeals and Hearings provides legal review and representation, fraud and internal investigations, audit functions and administrative hearings for all of DHHS.

2200 Allocation Process

Prior to each state fiscal year, the Director of DHHS or designee makes an allocation of SSBG funds to each of the DHHS

divisions and offices listed above and others (such as the Arkansas Spinal Cord Commission and Arkansas Department of

2200 Allocation Process
(Continued)

Workforce Education - Arkansas Rehabilitation Services). Each division and office is responsible for managing these funds and approving contracts and administrative expenditures for programs within its area of expertise.

2300 Arkansas Comprehensive Services Program Plan (Pre-Expenditure Report Application)

Federal law authorizing the SSBG requires the state to develop (with public input) and submit to the federal government, a services program plan outlining the manner in which block grant funds will be spent and the categories of persons who will be served. The Arkansas Comprehensive Services Program Plan (CSPP) is such a plan.

The CSPP is based upon the allocations made during the allocation process. Before the beginning of each state fiscal year, the Director of the DHHS or designee allocates SSBG funds to each DHHS division and office. Each division and office is then responsible for obligating these funds for purchase of service agreements and administrative agreements within its program area(s). Each division and office prepares a plan for estimated expenditures, service activities, eligible categories, and estimated number of clients to be served within its program area, which is integrated by OFA into the overall CSPP and SSBG Program Manual.

The proposed plan is usually issued in March of each year. Then, after publication of notice in a newspaper of general daily circulation and consideration of public comments, a final plan is issued which specifies the services to be provided or purchased by DHHS during the new state fiscal year. The plan contains a list of service definitions, goals, estimated expenditures, and estimated number of clients to be served for each service offered.

The plan also explains the structure and organization of DHHS, the planning process, and related funding sources. Copies of the proposed plan are made available for public review. The final plan is placed on the DHHS internet web site. Copies of the final plan are mailed to contract providers who request copies. Other interested parties may obtain copies by requesting them from OFA, General Operations Section. Federal law requires an update to the CSPP whenever substantive changes are made during the program year. Copies of updates are mailed to individuals and organizations who have requested copies of the CSPP.

2400 The Annual (Post-Expenditure) Report

In accordance with Section 2006 of Title XX of the Social Security Act, an annual post-expenditure report is required. The report shall be in such form and contain such information as the Department finds necessary to provide an accurate description of SSBG activities, to secure a complete record of the purposes for which funds were spent, and to determine the

extent to which funds were spent in a manner consistent with the pre-expenditure report (CSPP). The report must include the

2400 The Annual (Post-Expenditure) Report
(Continued)

services provided in whole or in part with SSBG funds; the number of children and the number of adults receiving each service; the criteria applied in determining eligibility for each service, including fees, if any; and the method by which each service was provided. OFA Contract Support Section is responsible for preparing the report in coordination with OFA Managerial Accounting Section.

2500 Departmental Policy Issuances and Interpretation

DHHS issues several manuals and other policy issuances to guide providers and staff of DHHS divisions and offices in the implementation of the SSBG program.

Policy issuances may be based upon federal law or state program decisions. Formal issuance makes regulations and program materials accessible to all DHHS divisions and offices and providers.

All policy is issued under the authority of DHHS. Policy and procedures specified in Departmental manuals may not be changed, modified, or waived by any individual or agency except through a superseding policy issuance or a written waiver.

The following is a listing and brief explanation of policy issuances in addition to the SSBG Program Manual and CSPP:

- The Contract Manual contains policy and procedures, forms, and instructions for the administration of purchased services through DHHS.
- The Financial Guidelines for Purchased Services (Guidelines) provides the rules and regulations governing the financial control of funds administered for the purchase of services within DHHS. It includes financial standards for the operation of programs and policy and procedures for fiscal accountability. The Guidelines is the official authority (along with the applicable OMB circulars referenced in the Guidelines) on allowable costs, required fiscal reporting and record keeping, audit, and other fiscal requirements. It should be noted, however, that the Guidelines contain more regulations than just those of the SSBG program, as it deals with financial standards governing the application of all federal and state funds utilized to purchase human services through DHHS.

The Office of Finance and Administration has responsibility for the issuance, interpretation and distribution of policies and procedures for the SSBG program. Any questions on client eligibility, overall financial guidelines, or other matters of general program policy or procedures shall be referred to the Chief Fiscal Officer (CFO) for interpretation, explanation, and, if necessary, development of revised or additional policies and procedures. Except in an emergency, all such

inquiries must be submitted in writing to the CFO. The reply will be made in writing or, if made orally, will be confirmed in writing. Inquiries should be mailed to:

2500 Departmental Policy Issuances and Interpretation
(Continued)

Arkansas Department of Health & Human Services
Office of Finance and Administration
Donaghey Plaza West, Slot W401
P.O. Box 1437
Little Rock, Arkansas 72203-1437

2600 Waiver Process

A formal written request for a waiver of policy contained in the Social Services Block Grant Program Manual must be submitted to the CFO or designee for approval. The request must be submitted or approved by the appropriate program agency director and state the specific section of policy for which the waiver is requested, duration of the waiver request and complete justification for the waiver.

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3000 ELIGIBILITY DETERMINATION UNDER THE SSBG

3100 Provider Determined Eligibility

Determination of eligibility will be the responsibility of providers of services both direct and purchased.

All providers of direct or purchase services will use the policy and procedures outlined in this manual. In some situations the forms used by the Department of Health & Human Services (DHHS) County Offices may differ from the forms specified in this manual. However, any and all deviations from the forms specified in this manual shall be approved by the Chief Fiscal Officer (CFO) of DHHS prior to their usage. The procedures to be followed and the instructions for completion of these forms will be included in the DHHS Program Policy Manual.

3200 Distinction Between Application and Inquiry

Every person has the right to apply or re-apply for services. No application or inquiry can be ignored by either providers or DHHS representatives.

The distinction between an application and an inquiry is as follows:

- An application is the action by which an individual indicates in writing to the provider his/her desire to receive services.
- An inquiry is simply a request for information about available services in the community.

3300 Freedom to Accept Services

Families and individuals must be free to accept or reject services. Acceptance or rejection of a service shall not be a prerequisite for the receipt of any other SSBG services.

3400 Scope of Discriminatory Practices Prohibited

A departmental employee or contract provider shall not on the basis of age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin:

A. Deny an individual any aid, care, service or other benefits provided under the SSBG program;

B. Provide any aid, care, service, or other benefit to an individual which is different or is provided in a different manner from that provided to others under the SSBG program. (It should be noted that this provision is not intended to prohibit the preparation or implementation of individualized service plans,

3400 Scope of Discriminatory Practices Prohibited
(Continued)

individualized education plans, or other similar services that are designed to meet the particular needs of an individual.);

C. Subject an individual to segregation or separate treatment in any matter related to his receipt of any aid, care, service, or other benefit provided under the SSBG program;

D. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any aid, care, service, or other benefit provided under the SSBG program;

E. Treat an individual differently from others in determining whether he or she satisfies any eligibility or other requirement or condition which individuals must meet in order to receive any aid, care, service, or other benefit provided under the SSBG program; or

F. Deny any individual an opportunity to participate in the social service program through provision of services or otherwise, or afford him or her an opportunity to do so which is different from that afforded others under the SSBG program.

No person will be prevented from participation, denied benefits or subjected to discrimination on the basis of age, religion, disability, political affiliation, veteran status, sex, race, creed, color or national origin. All DHHS staff and providers must comply with the provisions of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990.

The provider has the responsibility for informing applicants, recipients, and clients that services are provided on a non-discriminatory basis and that they have a right to file a complaint with the Department of Health & Human Services or Federal Government if discrimination has occurred on the basis of age, religion, disability, political affiliation, veteran status, sex, race, creed, color or national origin.

3500 Right to Hearings

Applicants or recipients, or an individual acting on behalf of an applicant or recipient, may appeal (through a hearing process) the denial, reduction, or termination of a service, the level of a fee that has been assessed, or failure to act upon a request for service with reasonable promptness.

The first level of appeal in any of the situations outlined above shall be made to the director of the program where the

3500 Right to Hearings
(Continued)

alleged inequity occurs. If the client filing the appeal receives no satisfaction at the program level, the next step is to send a written request for a hearing to the Chief Fiscal Officer of DHHS or designee, P.O. Box 1437, Slot W401 Little Rock, Arkansas 72203. The written request must be sent within sixty (60) days of the program director's ruling and must state, with specificity, the basis for the appeal and the relief sought.

3510 Informal Review

Prior to setting a formal hearing, an attempt will be made to resolve the appeal informally. The CFO or designee will first refer the hearing request to a contract officer. The contract officer, accompanied by a program representative selected by the program agency or division director, will make initial inquiries into the client's situation. The contract officer and program agency representative will interview both the provider representative and the client and review pertinent records of both. Based on the findings, a report will be compiled outlining the problems and proposing solutions. The report must be completed within fifteen working days of receipt of the request for a hearing. The report will be forwarded to the CFO or designee. The CFO or designee and the program agency director will review the report and make recommendations for resolving the problem to the contract officer within fifteen calendar days. The contract officer will present the proposed solution to the client and/or provider within five working days of the date the solution is received. If a solution can be reached that is satisfactory to both the client and provider, no formal hearing will be held. The contract officer will obtain the signatures of the client and/or provider representative who filed the appeal. The original signed solution will be filed in the office of the CFO or designee in a special hearing file. Copies of the solution will be provided to the client and/or provider and program agency. If the proposed solution from the informal review is not acceptable to both parties a formal appeal may be filed utilizing the Administrative Hearings/Appeals procedure.

3520 Administrative Hearings/Appeals

The purpose of the Administrative Hearing/Appeals process is to provide a mechanism by which a client may appeal adverse action taken under a program funded through the Arkansas Department of Health & Human Services. Complaints which solely assert an objection to federal or state laws or regulations are not subject to appeal under this procedure.

When a client (or designated representative) wishes to request an administrative hearing, he or she may do so by

3520 Administrative Hearings/Appeals
(Continued)

submitting a request in writing to the DHHS Appeals and Hearings Office. The request must be received by the Appeals and Hearings Office no later than thirty (30) calendar days from the date of receipt of the notification of the adverse action by the client or no later than ten (10) calendar days from the date of receipt of the informal review decision from the CFO. The written request shall be submitted to:

Arkansas Department of Health & Human Services
Appeals and Hearings Office
P.O. Box 1437, Slot N401
Little Rock, Arkansas 72203-1437

(NOTE: A copy of the request shall also be submitted to the CFO or designee.)

The notice of appeal request must contain:

- A statement of the specific action being appealed;
- The reason the client believes the action was incorrect;
- The specific relief requested.

When a request for a formal hearing is received, the Appeals and Hearings Office will request a copy of the client file from the responsible program agency. The file will contain relevant records which constitute documentary evidence to support the notice of adverse action sent, verification obtained which resulted in the adverse action, any relevant correspondence and any information supplied by the client. The file must also contain a Hearing Statement prepared by the program agency which summarizes the basis for the adverse action and the position of the program agency. The Hearing Statement, however, is not original evidence, so complete documentation will be required in the file to support the Hearing Statement. The Hearing Statement will contain the issue as stated by the client. The Hearing Statement shall also list the name of the program agency's representative for the administrative hearing.

The client (or designated representative) will be advised by form notice prepared by the Appeals and Hearings Office that he or she has fifteen (15) calendar days from the date of the notice to review the Hearing File at the program agency or at a specified DHHS County Office and to notify the Appeals and Hearings Office of any individuals he or she wishes to subpoena for the administrative hearing. The program agency must advise the Appeals and Hearings Office at the time the Hearing File is sent of any witnesses the program agency wishes to have subpoenaed to document the adverse action taken. The reverse side of the Hearing Statement provides

3520 Administrative Hearings/Appeals
(Continued)

space to request subpoenas for witnesses. Appropriate program agency employees will attend administrative hearings without being subpoenaed. The program agency representative will be notified by the Appeals and Hearings Office of any witnesses the client has requested to be subpoenaed. The program agency representative will have five (5) calendar days from the receipt of this notice to request subpoenas for rebuttal witnesses.

After the time has expired for subpoenaing witnesses, the hearing officer will schedule the hearing to afford the parties, and attorneys, if any, at least ten (10) calendar days notice of the date, place, and the time of the hearing. The scheduling letter shall also contain the name of the hearing officer who will conduct the hearing. In the event any party cannot attend the hearing for good cause, the party may request that the hearing be rescheduled. The hearing may be rescheduled by the hearing officer upon a showing of good cause.

The hearing will normally be held at the DHHS Appeals and Hearings Office in Little Rock. It may be held at a DHHS County Office upon request made to the hearing officer by a party.

It is the responsibility of the program agency's representative to be familiar with the case, and to be able to answer pertinent questions relating to the issue at hand asked by the client or the hearing officer. The program agency representative should be prepared to cross-examine adverse witnesses. The program agency representative may request legal assistance when preparing for the hearing, and may also request representation at the hearing by written request directed to the DHHS Chief Counsel.

The hearing will be conducted by a hearing officer from the DHHS Appeals and Hearings Office. No person who had any part in the decision being appealed may serve as the hearing officer. The client may secure representation by a friend, attorney, or other designated representative. The hearing will be conducted in an informal but orderly manner by the hearing officer who will control the conduct of the proceedings. The party initiating the appeal has the burden of proving whatever facts it must establish to sustain its position by a preponderance of the evidence. The hearing officer will explain the hearing procedure to the parties. The Hearing Statement will be read by the program agency representative. An opening statement may also be presented by the client or his or her representative. The program agency will present its case first, which includes presenting evidence and questioning witnesses. The client will then present his or her case. He or she may do so with the aid of others. The client will be given the opportunity to present

3520 Administrative Hearings/Appeals
(Continued)

witnesses, advance arguments, offer additional evidence and to question or refute any testimony or evidence. The client will be allowed to question the program agency representative, and to confront and cross-examine any adverse witnesses. Questioning of parties and witnesses will be confined to the issues involved. All relevant evidence may be presented as directed by the hearing officer. The hearing officer may question any party or witness.

If the client fails to appear for the hearing and does not contact the Appeals and Hearings Office prior to the date of the hearing of his or her inability to attend, the appeal will be considered abandoned.

The hearing officer will prepare a Final Order based on a comprehensive report of the proceedings. The format will consist of an Introduction, Findings of Fact, Conclusions of Law and a Decision. The Final Order will be issued by the Appeals and Hearings Office. Final administrative action must be completed within ninety (90) calendar days from the receipt of the appeal. This time may be shortened by the hearing officer when appropriate upon good cause demonstrated by a party to the proceeding.

If the client is not satisfied with the decision of the Appeals and Hearings Office, he or she has the right to judicial review under the Arkansas Administrative Procedures Act, Ark. Code Ann. § 25-15-212 as amended. A petition must be filed in an appropriate Circuit Court within thirty (30) calendar days from the date the client received the Final Order of the Appeals and Hearings Office. Copies of the petition are served on the program agency, the DHHS Appeals and Hearings Office and any other parties of record in a manner authorized under the Arkansas Rules of Civil Procedure.

3600 Safeguarding Information

Case records shall be kept confidential and kept in a secure file. Information in case records shall not be disclosed for any purpose other than: (1) to authorize services to the individual; or (2) to share information among professional staff involved in the program of services for the individual, except that case records shall be accessible to representatives of DHHS or the federal government involved in the administration of the SSBG program.

Case records must be maintained for a period of five years from the date of expiration or termination of the SSBG contract. If an audit is in process at the end of the five year period, the records must be maintained until the resolution of the audit.

3600 Safeguarding Information
(Continued)

Client records shall be open to inspection upon request by the Department of Health & Human Services and representatives of the federal government involved in the administration of the SSBG program.

3700 Service to Residents of Title XIX Long Term Care Facilities

Under Title XIX (Medicaid) Regulations, which are applicable to the state Medicaid program, a long term care facility may accept only those persons "whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contact." Residents of long term care facilities are accepted as residents by such facilities for the purpose of meeting the health and rehabilitation needs of the resident which cannot be met except by residence in such facilities or institutions. Once accepted, the facility must provide services to meet the specific needs of the resident based on his individual plan of care. Once a patient has been admitted to a Title XIX long term care facility, the Title XIX vendor payment (with required resident cost sharing payments) is considered to be payment in full for services required to be provided by the Nursing Facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR) not otherwise covered as ancillary services by Medicaid.

The term "nursing facility" means an institution (or distinct part of an institution) which is engaged in providing to residents:

A. skilled nursing care and related services for residents who require medical or nursing care,

B. rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or

C. on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.

Medicaid regulations also spell out the responsibilities of these facilities for providing certain services as a condition of certification. These include providing specialized and supportive rehabilitative services, providing or arranging for social services as needed by the resident, and providing an activities program designed to encourage restoration to self-care and maintenance.

Such services are, therefore, responsibilities of the Title XIX facility and must be provided by the facility under its

3700 Service to Residents of Title XIX Long Term Care Facilities (Continued)

Title XIX program, not from SSBG funds. Any costs of such services which are not reimbursable through other provisions of the Medicaid program must be paid from the Title XIX vendor payment. For this reason, no authorization or payment may be made under SSBG for services to individuals receiving a Title XIX vendor payment.

3800 Services to Inmates of a Jail or Prison

SSBG funds may not be used to purchase services for inmates of a jail or prison if:

- The service is the inherent responsibility of the facility, such as food, shelter, clothing, general maintenance and administration (including the determination function), general supervision and personal care; or

- The activities are intrinsic to the purpose of the facility as determined by facility charter, state law or standards, relevant licensing or certification requirements, or federal or state court decisions.

If a service does not involve the prohibitions stated above, it could be purchased under SSBG for individuals living in a jail or prison.

Examples of services which might be provided under SSBG to inmates of a jail or prison include mental health services, special services to a blind or disabled inmate, and other similar services which would provide services to the inmate beyond the inherent responsibilities of the institution.

4000 PROCEDURES FOR DETERMINING ELIGIBILITY

4100 Application for Services

4110 Initial Application for Assistance

Applications for direct services delivered by DHHS divisions must be made at the appropriate division or office. Applications for purchased services must be made at the office of the SSBG provider from whom the individual wishes to receive services. The applicant is responsible for the completion of all application documents; however, the provider representative or applicable DHHS representative shall provide assistance in the completion of such application forms upon request.

Applications must be made on the Application for Social Services Block Grant Services (Form DHHS-100) (Appendix D) and signed by the applicant except in the following cases:

A. Information and referral services do not require a signed application.

B. Services delivered to investigate or remedy the abuse, neglect, or exploitation of children and adults do not require a signed application if delivered by DHHS staff or by other providers who receive a written referral from DHHS indicating services are needed as a result of abuse, neglect or exploitation.

C. Services to Division of Children and Family Services clients needed as a result of a case plan for family support/reunification, prevention or remedy abuse, neglect or exploitation of children, crisis intervention with children and families, and designed to help adoptive and extended families at risk or in crisis. Appropriate documentation (referrals, etc.) must be in the client's file.

D. Clients of the Division of Youth Services who are eligible under the Status Eligible category. The youth's case record must contain the information listed in Section 4231 under the Status Eligibility category.

E. If the service requires a signed application and the individual for whom the services are requested is under age eighteen, the application must be signed by a parent or guardian unless the individual is considered an emancipated minor (see Section 4112). If an adult has a legally appointed guardian or custodian, the guardian or custodian must sign the application. In both of these cases, the parent or guardian shall be advised that he/she is responsible for notifying the Department of changes in circumstances and performing other responsibilities of the client.

4110 Initial Application for Assistance
(Continued)

F. An authorized representative may sign the application if designated by the client in writing (see Section 4111).

Form DHHS-100 advises the applicant of his/her rights and his/her responsibility to give the Department accurate information for determination of eligibility. These rights and responsibilities will also be explained to the applicant by the person assisting with the application. Financial information will be accepted according to the client's statements.

4111 Authorized Representative

An authorized representative is someone designated by the client to act on his/her behalf. In order to establish a client's eligibility for SSBG services, the person acting as authorized representative must be knowledgeable of the client's living arrangements and income. A provider representative or employee may not act as an authorized representative unless the provider has legal custody of the client.

4112 Application by Individuals Under Age 18

An individual under age 18 shall be considered emancipated and allowed to sign the application if the individual is:

A. Legally emancipated by court order;

B. Presently or formerly married; or

C. Living outside the home with no indication that his or her parents regard themselves as being responsible for his/her care and control and declares that he/she has no intention to return.

The reason for considering a minor emancipated must be documented in the case record.

4120 Steps in Application Process

4121 Application Interview

The tasks to be completed during the interview include:

A. Determination with the client of problem(s), goal, and needed services.

B. Explanation of the provider's responsibility for carrying out policy in determining eligibility, the applicant's responsibility for cooperating in the establishment of eligibility, the information needed to establish eligibility and the confidential way in which the Department and providers treat information. [It

4121 Application Interview
(Continued)

should be noted, however, that in certain cases, the responsibility of determining eligibility does not rest with the provider. Examples include Day Care for Children (voucher program) and those cases exempted by special contract provision(s).]

C. Explanation of the right to a hearing if the applicant is dissatisfied with the Department's handling of: 1) his/her application; or 2) his/her case if he/she is determined eligible for services. (A client must also be informed that his/her application must be processed in thirty (30) days.)

4122 Securing Information to Determine Eligibility and to Assess Fees, If Applicable

The provider shall secure essential social and financial information to determine eligibility.

The applicant shall be relied upon as the primary source of information. However, when the applicant is unable to provide essential information, the provider shall assist in obtaining any necessary verifications.

4123 Completion of Forms at Application

During the initial application interview the Application Form DHHS-100 is completed by the applicant. However, assistance shall be provided by the provider representative upon the request of the applicant. (Please see Section 4110 for additional information.) It should be noted that in certain circumstances, the provider representative may actually complete the application documents rather than the applicant (such as in cases involving protective services, foster care, etc.).

4124 Denial of Application at Intake

When the information presented by the applicant or his/her representative during the first interview establishes that the applicant is ineligible, the application shall be denied immediately. Form DHHS-160 shall be sent or given to the client, with a copy maintained in the client's record.

4125 Home Visit

The provider representative may make a home visit if necessary to establish eligibility. The fact that a home visit has been made and additional information acquired to support eligibility shall be recorded in the case narrative.

4126 Securing Non-Financial Information From Collateral Source

Collateral information is evidence provided by written documents or by persons other than the applicant.

The provider representative shall use a consent for release of information signed by the client to secure information from a collateral source. The release must specify the information needed and the names of the collateral sources. If a client refuses to sign a consent form and collateral information must be obtained, refer to Section 4140.B. regarding notification of case denial.

The provider representative shall check records or conduct inquiries by correspondence only when information can best be obtained in these ways. Routine record checking or correspondence which will not likely bring forth additional information needed to establish eligibility shall be avoided.

4130 Time Limits on Disposition of Applications

The provider representative has a maximum of thirty (30) days from the date of application to dispose of the application by one of the following actions - approval, denial or withdrawal.

4140 Delayed Action on Applications

A. By Provider

When action on an application has been delayed because of the provider, the applicant shall be notified by the 20th day following the date of application of the reason for the delay and of his/her right to an appeal using Form DHHS-l60.

B. By Applicant

If the applicant has been instructed to provide information to clear eligibility but fails to do so, the provider representative shall notify the applicant by the 20th day of the exact reason for the delay using Form DHHS-l60 and explain that he/she has ten (10) days from the date of the notification to provide information to clear the remaining eligibility factor(s) or the application shall be denied. A second DHHS-l60 announcing final action is unnecessary. If the applicant notifies the provider representative that he/she is unable to provide essential information, the provider representative shall assist in obtaining the information, but the application must be disposed of within thirty (30) days.

4200 Eligibility Determination

4210 Definitions Regarding Eligibility

A. Client, Primary - the individual for whom or on behalf of whom, a service is given, i.e., the person for whom a goal is set.

B. Family - A family eligibility unit is one or more adults and children, if any, related by blood or law, and residing in the same household when at least one of the adults is legally responsible for the child's care. If a child is placed in day care to enable the employment, training or education of a relative who has physical custody, the child will be considered a part of the relative's eligibility unit even though the relative may not be legally responsible for the child's care. By Arkansas law, only a natural, adoptive, or court determined (such as an illegitimacy case) parent is legally responsible for his/her children. Spouses are legally responsible for each other and shall be considered as a part of the same eligibility unit unless they reside in separate households (e.g., one spouse in a supervised living facility). In a stepparent situa-tion (husband, wife, children of one parent but not the other, and possibly children of the current marriage), the entire group is considered one eligibility/fee assessment unit since each child is living with an adult legally responsible for his/her care.

C. Single Adult - Where adults other than spouses reside together, each shall be considered a separate eligibility/fee assessment unit. An adult is an individual 18 years of age or older. Individuals 18-21 years of age may be considered a family member (as approved on a case by case basis by the DHHS Chief Fiscal Officer or designee for the purpose of determining income eligibility on behalf of the family. This applies only to individuals if they continue to receive the majority of their support from the family due to training, education (completion of high school activities) or unemployment. For additional information, please see Section 4500, Retroactive Eligibility Authorized by the Chief Fiscal Officer of DHHS or designee.

D. Emancipated Minor - An emancipated minor (see Section 4112) or a child living in a residential facility or foster home or with an individual not legally responsible for his/her support is considered a one-person eligibility unit. A child living in a residential facility may make regular weekend visits home (when authorized by the facility as a part of the treatment plan) and still be considered a resident of the facility and, therefore, a one-person eligibility and fee assessment unit.

E. Income - Income is any monetary remuneration received on a regular basis, including a TEA payment. Only income currently available on a regular basis shall be

4210 Definitions Regarding Eligibility
(Continued)

considered. Lump-sum and other one time payments shall be annualized, except for stock dividends. Unpredict-able income of indeterminate amounts will not be considered, e.g., insurance settlement.

F. Monthly Gross Income - The following sources are considered in computing the family's monthly gross income.

(1) Money, Wages, or Salary - i.e., total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes.

(2) Net Income from Non-farm Self-Employment -i.e., gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include cost of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.

Deficit income (i.e., when total operating expenses are greater than gross receipts) will be treated the same as income. The amount of the deficit is subtracted from the gross income from other sources to obtain the total gross income.

(3) Net Income from Farm Self-Employment - i.e., gross receipts minus operating expenses from the operation of a farm by a person on his/her account, as an owner or renter.

Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income.

Deficit income (i.e., when total operating expenses are greater than gross receipts) will be treated the same as income. The amount of the deficit is subtracted from the gross income from other sources to obtain the total gross income.

4210 Definitions Regarding Eligibility
(Continued)

(4) Social Security - Social Security pensions and survivor's benefits, and permanent disability insurance payments made by the Social Security Administration, prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. Government.
(5) Dividends, Interest (on savings or bonds), Income from Estates or Trusts, Net Rental Income or Royalties - dividends from stockholdings or membership in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store, or other property to others, receipts from boarders or lodgers, and net royalties.
(6) Public Assistance Payments - public assistance payments such as TEA, SSI, State Supplemental Payments, and general assistance. Even though the primary client may not be a recipient of this type assistance, if any member of the unit receives public assistance then the payment must be considered as income to the entire eligibility unit for the purpose of determining eligibility.
(7) Pensions and Annuities - pensions or retirement benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company; periodic receipts from annuities or insurance.
(8) Unemployment Compensation - compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds.
(9) Worker's Compensation - compensation received periodically from private or public insurance companies for injuries incurred at work. The costs of this insurance must have been paid by the employer and not the person.
(10) Alimony
(11) Child Support
(12) Veterans' Pensions - money paid periodically by the Veterans Administration to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence allowance paid to veterans for on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums.
(13) Joint Income - will be divided equally when both spouses are living in a supervised living facility.
(14) Wages paid for OJT (on-the-job training) and upgrading and retraining under the JTPA (Job Training Partnership Act) program.

G. Exclusions from Monthly Gross Income - The following are excluded from the computation of monthly gross income:

4210 Definitions Regarding Eligibility
(Continued)

(1) Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Courts of Claims;
(2) Payments made pursuant to the Alaska Native Claim Settlement Act to the extent such payments are exempt from taxation under section 21(a) of the Act;
(3) Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment);
(4) Withdrawals of bank deposits;
(5) Money borrowed;
(6) Tax refunds;
(7) Gifts;
(8) Lump-sum inheritances or insurance payments;
(9) Capital gains;
(10) The value of the coupon allotment under the Food Stamp Act of 1964, as amended;
(11) The value of USDA donated foods;
(12) The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
(13) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
(14) Earnings of a child under 14 years of age (no inquiry shall be made);
(15) Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;
(16) Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act;
(17) Home produce utilized for household consumption;
(18) Allowances, earnings and payments made to individuals participating in any JTPA programs; and allowances, earnings and payments made to individuals participating in other employment and training programs except for wages paid for OJT (on-the-job training) and upgrading and retraining in these other programs; and
(19) Income received through VISTA.

H. Services - those activities provided the client to enable him/her to overcome barriers (problems) to goal achievement.

4220 Factors of Eligibility

The case record must document that each eligibility requirement has been met before services may be granted. These points of eligibility include:

A. Categorical Requirements;

B. Need for Service; and

C. Residence.

4230 Categorical Requirements

4231 Applicant Eligibility Status

The following are categories under which applicants may receive SSBG services.

A. Transitional Employment Assistance (TEA) This category refers to recipients of Transitional Employment Assistance, essential persons, and adult relatives whose needs were taken into account in determining the TEA grant.

B. Recipients of Supplemental Security Income (SSI).

C. Income Eligibles. These are individuals who qualify for specific services but who are not receiving TEA or SSI if their family's monthly gross income is at or below the income scale applicable to the service received by the client.

C. Without Regard to Income. Services needed as a result of a protective services case plan designed to prevent the abuse, neglect, or exploitation of a child or adult, may be provided without regard to income. This category may not be used unless documentation exists in the client's case record that the services are being delivered as a part of a protective services case plan. The documentation must be in the form of a written referral from DCFS Protective Services workers, a Domestic Violence Prevention program, or Division of Aging and Adult Services Protective Services workers. (Any service funded by SSBG and listed in this manual may be provided without regard to income if the above conditions are met.)

Services to Division of Children and Family Services clients needed as a result of a case plan for family support/reunification, prevention or remedy abuse, neglect or exploitation of children, crisis intervention with children and families, and designed to help adoptive and extended families at risk or in crisis may be provided without regard to income.

4231 Applicant Eligibility Status
(Continued)

E. Status Eligibility - Division of Youth Services (DYS). This category will be used to establish eligibility for clients of DYS who fall into the priority target population of DYS. Youth in this category are eligible regardless of financial status; however, documentation must exist in the provider's case record that the youth is either a delinquent or Family in Need of Services. This category may only be used by DYS providers who provide Substitute Care for Youth and Non-Residential Services for Youth.

The required documentation for the youth's case record to establish status eligibility is a written referral of the youth to the provider for services by the courts, a law enforcement agency or DYS. The written referral must include the following information: date, name or ID number of youth, referring justice system agency, statement of problem/reason for referral, signature and title.

4232 Services Income Scale

SSBG eligibility and, if applicable, fee assessments are determined on the basis of income and family size of the eligibility unit of the primary client, using the following income scale (see Section 4210, subsections B, C, and D to determine family size):

Family Size	Annual Income	Monthly Income	Family Size	Annual Income	Monthly Income
1	$12,018	$ 1,002	6	$30,508	$2,542
2	15,716	1,310	7	31,201	2,600
3	19,414	1,618	8	31,895	2,658
4	23,112	1,926	9	32,588	2,716
5	26,810	2,234	10	33,281	2,773

For over ten family members, add $693 to the annual income for a family size of ten for each additional member.

4233 Determination and Verification of Income

The amount of any currently available income not specifically excluded under one of the provisions in Section 4210.G. must be determined and considered. The client's statement will normally be sufficient verification of income. However, the provider representative is expected to act as a prudent person and to make additional investigation when the client's statements are unclear, incomplete, or contradictory, or when he/she has reasonable grounds for believing that the statements are incorrect. This is not intended to mean that the provider representative should require routine verification of income

4233 Determination and Verification of Income (Continued)

for all clients or any group of clients, but only that the provider representative shall make an additional investigation when the circumstances of the particular case give reasonable grounds for believing that the client's statements are not indicative of his/her true situation. In such cases, the provider representative shall first seek clarification from the applicant. If the applicant cannot resolve the matter, contact with collaterals may be necessary with the applicant's permission. If the applicant does not wish collaterals to be contacted, he/she has the option of terminating his/her application or providing sufficient information himself to resolve the problem within the thirty (30) day time limit for disposing of the application.

The following are three examples of situations in which a provider representative would be expected to investigate further in order to be considered prudent:

- If a client claims to be employed full-time in order to receive day care for his/her children, but claims to have income significantly below the minimum wage, then the provider would be expected to investigate further.

- If the income or family size of a client changes drastically without explanation between reevaluations, shortly after services were denied, or after a fee is assessed for services, the provider would be expected to investigate further.

- If a client claims to be unemployed or under employed and yet maintains a standard of living beyond his/her means (e.g., maintaining an apartment on no income) without a reasonable explanation, the provider would be expected to investigate further.

4234 Computation of Earnings from Employment

The monthly gross amount of any earnings from employment will be determined. Monthly gross income is computed by multiplying weekly earnings by 4 1/3, bi-weekly earnings by 2 1/6, semi-monthly earnings by 2. If the earnings fluctuate, the provider representative shall determine, by averaging or other means, an amount which fairly reflects the income actually currently available to the applicant on a monthly basis. The computation of earnings should be maintained in the client file to support the earnings reflected on the application or the re-evaluation.

4235 Determination of Earnings from Farm, Business, or Self-Employment

A. To determine farm income:

4234 Computation of Earnings from Employment (Continued)

(1) Calculate the gross annual income from farming sources (including soil bank and related diversion payments).

(2) Subtract the costs of producing the income.

(3) Prorate the remainder by dividing by 12.

B. To determine income from self-employment or a small business:

(1) Calculate the monthly gross income.

(2) Subtract monthly costs incurred in producing the income.

4236 Determination of Unearned Income

The monthly amount of any unearned income not disregarded must be determined. Verification shall be by the client's statements.

4237 Social Security Benefits

Social Security benefits are paid upon retirement, disability, or death of a covered wage earner. Retirement benefits are payable at age 62.

Social Security disability benefits are payable at any age. A wife or widow is eligible at any age if there are minor children of the wage earner living in the home. An individual may receive a child benefit at any age if incapacitated prior to age 21. All unmarried minor children of a wage earner are covered, even though the wage earner and the mother of the children were later separated or divorced. Illegitimate children may be covered if the wage earner can be established as the parent.

4238 Railroad Retirement Benefits

Railroad Retirement Benefits are paid to individuals and spouses covered under the Railroad Retirement Act. An individual may receive both Railroad Retirement and Social

Security, if covered under both programs, and the wife of a Railroad Retirement beneficiary may receive a wife's benefit while drawing Social Security.

4240 Establishing Service Need

In addition to determining financial eligibility, the provider representative must establish the need for service to be rendered under SSBG. Service need is a state agency requirement with certain federally mandated elements. Its purpose is to insure that funds are expended only for services to eligible clients which are needed by the client to alleviate some problem or condition. At the same time, it is recognized that in the wide range of services provided under SSBG, there will be many types of service need, some of which are less obvious than others. For example, the fact that an elderly individual has neighbors, friends, or family with whom he/she could socialize does not mean that he/she cannot benefit from an organized program of activities in a senior citizen center among persons of his/her own age group. In almost all cases, the determination of service need will involve some judgment on the part of the provider representative.

For definitions of primary client, family, single adult, emancipated minor, income, monthly gross income, exclusions from monthly gross income, and services, please see Section 4210: Definitions Regarding Eligibility.

Service need consists of three separate but interrelated requirements which are outlined individually below.

4241 Voluntary Request for Services

Except in protective services or DCFS custody situations, services shall be provided only to clients who voluntarily request the service. For protective services cases, a dated agency record documenting the circumstance of actual or potential abuse, neglect, or exploitation of a child or adult shall be used in place of a voluntary request for services.

4242 Policy Requirements for a Particular Service

Specific requirements may be imposed for the receipt of individual services by the applicable SSBG Program Manual Service Chapter.

For example, to receive the service "Special Services for the Disabled - Work Activity" an individual must have a developmental disability as defined in the Glossary and be twenty-one years old or older or have completed public school activities. A narrative entry or problem statement on Form DHHS-100 stating that a particular service is being provided to meet a specific need of the person shall be taken as certification that the person meets all service need requirements for that service. Providers shall maintain sufficient records to show that they have provided services under SSBG only to the persons specified in their contract and eligible for the service under the SSBG Program Manual.

4243 Individual Service Need

Services must be directed toward one of the five national SSBG goals. Goals for individual clients are specified in Form DHHS-100.

Provider staff are expected to provide under SSBG only those services which are needed to meet one of these goals. A narrative entry or a statement by the provider on the DHHS-100 stating the national goal and the services needed shall be regarded as sufficient verification of individual service need.

Beyond this requirement, the judgment of service need shall be left to the judgment of the individual provider. It is preferable from a program standpoint to provide services in borderline cases rather than risk denying services to clients who could benefit from them.

Clients who have voluntarily requested SSBG services and meet financial eligibility requirements should not be denied services on the basis of service need unless it is obvious that the individual could receive no possible benefit from the services requested.

4244 Service Goals for SSBG

Service need must be established in accordance with the following federally mandated goals:

1. Self-Support - achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;

2. Self-sufficiency - achieving or maintaining self-sufficiency, including reduction or prevention of dependency;

3. Prevention of Neglect, Abuse, or Exploitation - preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;

4. Prevention of Unnecessary Institutionalization - preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and

5. Appropriate Institutionalization - securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

4245 List of Service Codes

Please refer to **Appendix B - List of Service and Unit Codes and Appendix C - Service Chapters** for a complete listing of unit codes, service definitions, methods of delivery, eligible categories, descriptions of service activities, goal(s) for which services are rendered, objective(s), and the geographic area in which each service is available.

The following are the "Service Codes."

02 Case Management Services
03 Chore Services
05 Day Care for Adults
12 Home Delivered Meals
17 Protective Services for Adults
18 Protective Services for Children
20 Non-Residential Services for Youth
21 Socialization/Recreation Services
22 Supportive Services for the Blind
23 Special Services for the Disabled
24 Substitute Care for Children
25 Supervised Living Services
26 Training and Education Services
27 Transportation Services
29 Mental Health Services
30 Day Services for DD Children
35 Coordinated Court Services
36 Congregate Meals
38 Supportive Services for Children and Families
42 Substitute Care for Youth
43 Mental Health Services, Additional Units
46 Developmentally Disabled Services
50 Supported Living Services
52 Substitute Care for Youth, Additional Units
53 Developmentally Disabled Services, Additional Units
54 Community Integration Services
55 Supportive Services for Children and Families, Additional Units

4246 Primary Client in the Service Plan

The individual with or for whom a plan is developed and a goal is set is considered to be the primary client; however, the service plan must take into account the relation of his/her needs to the functioning of his/her family as a whole. Services to families and individuals must be in accord with plans developed in cooperation with the client, be responsive to the needs of each individual within the family, while taking account of the relation of individual needs to the functioning of the family as a whole, and be related to the goals and objectives as previously described.

Frequently, the service provided to the primary client will have an effect on other members of the family; however, no other family member becomes a primary client unless he/she requires service(s) and a specific goal is set with him/her.

4247 Establishing Objectives in the Service Plan

Individual service plans should set objectives which are realistic and attainable within a specified period of time, usually one year. Only one goal may be established for a primary client at any given point in time, although goals may change to reflect changes in the client's situation.

It should be noted that while only one goal is established at a given time for a primary client, one or more barriers may prevent him or her from attaining that goal; thus, one or more services may be required.

4250 Residence Requirement

The individual(s) must presently reside in Arkansas and intend to make it his/her home. No specific duration of residence is required. If the applicant has the present intention to make the state his/her home, his/her eligibility will not be affected by the fact that he/she intends to leave the state at some future time. Residence is not affected by temporary absence from the state.

4300 Disposition of Applications

4310 Approval

When all eligibility requirements have been established, the provider representative shall:

A. Record any pertinent information in the case narrative (information included on forms shall not be repeated);

B. Notify the client on Form DHHS-160 if a fee is to be charged.

4320 Denial

When denying an application, the provider representative shall:

A. Record any pertinent information in the case narrative (information included on forms shall not be repeated). It is not necessary to verify any eligibility factor other than the one upon which the application is being denied. However, verification already obtained should be recorded for future reference; and

B. Notify client of denial by DHHS-160.

4330 Withdrawal

When an applicant requests his/her application be withdrawn, the provider representative shall:

A. Obtain a signed written statement from the applicant that he/she wishes to withdraw his/her application;

B. Record pertinent information in the case narrative; and

C. Notify the client of withdrawal/termination on Form DHHS-160.

4340 Unavailability of Services

If a service is denied because of unavailability or lack of resources and the client is eligible for the service, the provider representative should refer the client if the service is available from another provider. If the client is eligible, the application will be denied on Form DHHS-160 with the reason "Service Not Available."

4400 Effective Date of Service

When applications are approved within thirty (30) days of the date the application was signed, the applicant is eligible as of the date of signature, provided that it is established that the client was eligible as of that date. The effective date may not be prior to the date of application (date of signature). The effective date will be the date of approval for applications not processed within thirty (30) days of the date of application.

4500 Retroactive Eligibility Authorized by the Chief Fiscal Officer of DHHS or Designee

Notwithstanding any other provision of this manual, the Chief Fiscal Officer or designee, may authorize retroactive eligibility for any time period for any client or group of clients whom he/she finds were improperly deprived of services or payment for services under the SSBG program.

4600 Continuing Eligibility

4610 Responsibility for Determining Continued Eligibility and Fee Assessment

DHHS has a continuing responsibility to provide services for eligible recipients as adequately as funds will permit and to insure that no ineligible recipient continues to receive services.

The provider agency and the recipient have the responsibility to insure that information upon which a recipient's eligibility and fee assessment(s), if applicable, are based is current and complete. See Section 4800 for a discussion of fees for services.

A new application shall be completed at intervals no greater than 12 months.

A. Responsibilities of the SSBG Provider

The SSBG provider has the responsibility to:

(1) Explain the policies and procedures involved in the redetermination of eligibility and, if applicable, fee assessment, to the recipient.

(2) Periodically re-evaluate the eligibility (using Form DHHS-100) and, if applicable, fee assessment of each services recipient, and obtain and record sufficient information to determine the recipient's continued eligibility for services.

(3) Process within thirty (30) days any change of status reported by the recipient or known to the provider and make any necessary adjustments in services delivered or purchased.

(4) Make any necessary investigation (at any time a recipient's eligibility is in question) and obtain and record sufficient information within thirty (30) days to determine the recipient's continued eligibility for services.

(5) Advise the recipient of the information needed to determine his/her continued eligibility (when a recipient's eligibility is in question) and if the

4610 Responsibility for Determining Continued Eligibility and Fee Assessment
(Continued)

recipient fails to provide the necessary information within ten (10) days, begin action to terminate, reduce services or close the case.

(6) Document when and why services are needed.

B. Responsibilities of the Recipient

The recipient has the responsibility to provide complete and correct information concerning his/her situation at any time it is requested by the provider agency.

The recipient also has the responsibility to report to the provider any change that affects his/her eligibility or, if applicable, his/her fee assessment within five (5) days of the date the change occurs.

4620 The Re-Evaluation

A re-evaluation involves the re-determination of all eligibility requirements. Each requirement must be met and recorded in the case narrative or on the prescribed form.

A. The Re-Evaluation Plan

Cases may be scheduled for re-evaluation as necessary at any time within the twelve (12) month time limit. However, cases will be scheduled for financial re-evaluation no later than the eleventh (11th) month so that any action necessary to complete the re-evaluation may be accomplished before the expiration of the twelve (12) month time limit or before the end of the eleventh (11th) month if the client is to continue eligibility. A client found financially ineligible to receive services may continue to receive services until the end of the month in which the determination is made. If the advance notice period extends into the following month, the client may continue to receive services until the end of the month in which the case is closed.

B. The Re-Evaluation Interview

A personal interview with the recipient is required by the provider. Home visits to establish continued eligibility shall be made only when necessary.

During the re-evaluation interview, the provider shall:

(1) Review with the recipient Form DHHS-100. Advise the recipient of the legal consequences of fraud, misrepresentation or perjury, and of his/her responsibility to report any change within five (5) days;

4620 The Re-Evaluation
(Continued)

(2) Obtain sufficient information to verify income or income maintenance status. (Please see Section 4233 for additional information.);

(3) Obtain information on any change of status reported by the recipient; and

(4) If the recipient fails to provide the information necessary to determine this continued eligibility, reiterate the necessity of obtaining the required information and advise him/her of his/her responsibility to provide it within ten (10) days.

C. Completion of the Re-Evaluation

After the re-evaluation interview, the re-evaluation shall be completed in the following manner:

(1) Obtain and record sufficient information to establish all eligibility requirements in Form DHHS-100.

(2) If the provider representative cannot obtain sufficient information to establish eligibility, advise the recipient using Form DHHS-160 of the specific information needed and that he/she has ten (10) days from the date of the letter to provide it. If the recipient does not provide the necessary information within ten (10) days from the date of the letter, the case will be closed.

(3) Determine eligibility by completing the bottom part of the DHHS-100.

4630 Change of Status and Notice of Action Requirements

The recipient has the primary responsibility for reporting any change affecting eligibility within five (5) days of the date the change occurs so that the provider representative can initiate the appropriate case action(s).

At any time the provider has information regarding a change affecting eligibility, an investigation shall be made and any appropriate case action(s) shall be taken within thirty (30) days. Such action(s) shall be taken based upon factual information.

A. Notice of Action

When the provider proposes to terminate or reduce services, increase a fee assessment, begin charging a fee, or close a case, a DHHS-160 giving full details of the pending action shall be given or mailed to the

4630 Change of Status and Notice of Action Requirements (Continued)

client at least ten (10) days prior to the anticipated date of action. A notice must be sent if any service is discontinued, even though other services may be continued. If the termination, reduction, or fee increase meets one of the conditions set out in Section 4630.B., advance notice is not required; the case may be closed the same day the DHHS-160 is completed. If the termination, reduction or fee increase meets one of the conditions set forth in Section 4630.C., no Notice of Action, DHHS-160, is required.

When the provider has obtained factual information that indicates that services should be terminated or reduced, or the case closed because of the probable fraud of the client, and such factual information has been verified (when possible through collateral sources), only five (5) days advance notice is required.

If advance notice is sent to a client due to failure to re-evaluate and a DHHS-100 is received showing the client to be ineligible for services, then a second DHHS-160 must be sent and another advance notice must be given, unless the situation meets one of the conditions set out in Sections 4630.B. or 4630.C.

Providers with computer capability may substitute a computer generated notice of action for the Form DHHS-160 with prior approval of the text by the Chief Fiscal Officer or designee.

B. When Advance Notice is Not Required

A DHHS-160 must be sent but advance notice is not required when:

(1) The provider representative receives a written statement signed by a recipient that he/she no longer wishes to receive services, or that gives information which requires termination or reduction of services, and the recipient has indicated that he/she understands the consequences of supplying such information.

(2) The client has been placed in a nursing home.

(3) A special allowance granted for a specific period is terminated and the recipient has been informed in writing at the time of initiation that the allowance should automatically terminate at the end of a specific period.

(4) A client fails to pay a required SSBG fee.

4630 Change of Status and Notice of Action Requirements (Continued)

(5) Violent behavior on the part of a client threatens the life, health or property of other clients or provider staff.

C. When No Notice of Action is Required

No Notice of Action, DHHS-160, is required when:

(1) The provider representative has factual information confirming the death of the services client.

(2) The source of funding is the only change and services will be continued by the same provider under a different funding source at no additional cost to the client.

(3) The client's whereabouts are unknown and mail directed to him/her is returned by the post office indicating no forwarding address.

(4) A client has been accepted for services in another state and that fact has been established.

When no notice is sent to a client in accordance with one of the conditions set out above, the provider representative must document the situation in the client's case record.

4631 Change of Address

The recipient has the responsibility to notify the provider within five (5) days of any change of address. The provider representative should also be alert for other changes which may be indicated by a change of address.

4632 Changes in Income

A client statement of changes in income shall be sufficient verification of a client's income. A statement shall also be sufficient to verify non-receipt or discontinuance of income.

4633 Change in Service Need

The provider is responsible for continuous assessment of the service plan including the appropriateness of services being rendered, barriers, and the goal to be achieved. At a minimum, the provider representative must review the service plan once every twelve (12) months or when information is made known that requires a change in the service plan. Cases should remain open only when planned activity is taking place with respect to goal achievement or to maintaining a client in a goal status where barriers are being controlled.

4633 Change in Service Need
(Continued)

Termination of a Purchased Service

When a purchased service is terminated by the provider, the provider has the following responsibilities:

(1) Notify client via DHHS-160 (if appropriate) Notice of Action giving ten (10) days advance notice.

(2) Make a narrative entry.

4634 Closure

A. A case shall be closed:

(1) Upon successful completion of a treatment program;

(2) When time limits placed upon the service expire (e.g., daily limits for shelter care);

(3) Upon the written request of the client;

(4) Upon notice of an agency in another state that the client is being certified for services in that state;

(5) Upon a client's failure to come in for a re-evaluation interview, furnish requested information, or comply with other procedures necessary to establish his/her eligibility or, if applicable, his/her fee assessment after written notice that he/she must do so;

(6) Upon a client's failure to meet any eligibility or fee determination requirement; or

(7) When a client's behavior disrupts the delivery of services to other clients or threatens the life, health or property of other clients or provider staff.

B. To close a case:

(1) Record pertinent information in the case narrative; and

(2) Give advance notice to the client (and provider if applicable) on Form DHHS-160 (see Sections 4630.A. - 4630.B.).

4634 Closure
(Continued)

When a case is closed, the client is eligible to receive services until the last day of the month in which the action is taken except when a client fails to pay a Department approved fee. (In this situation, the case is closed and services terminated immediately.) If the advance notice is given in one month but the advance notice period extends into the following month, the client is eligible until the last day of the month in which the case is actually closed.

4635 Closure Due to Disruptive Behavior

A case may also be closed when a client's behavior is disruptive to the delivery of services to other clients in the program. Prior to closing the case, the provider must give the client or his/her parent or guardian, when appropriate, a written warning stating that his/her behavior is disruptive to the program and that services will be terminated if the disruptive behavior is not corrected. This warning should include specific examples of disruptive behavior and changes the client can make in order to remain in the program and must be sent at least ten (10) days prior to initiating closure of the case. If the disruptive behavior has not been changed within ten (10) days, the provider must send Form DHHS-160, Notice of Action, giving the client ten (10) days advance notice that his/her case will be closed. Whenever possible, the provider should assist the client in finding an appropriate source for needed services.

If a client exhibits behavior that threatens the life, health or property of other clients or provider staff, his/her case may be closed immediately by documenting the client's violent behavior in the case narrative and notifying the client of termination of services on Form DHHS-160, Notice of Action. No advance notice is required.

4636 Change in Funding Source

A provider may find it necessary to change the funding source under which a client is receiving services. If the funding source is changed and services continue un-interrupted at no additional cost to the client, it is not necessary to send a Notice of Action, Form DHHS-160, to the client; however, a narrative entry should be made in the client's case record noting the change.

A change in funding source may be made temporarily (e.g., at the end of the contract year when SSBG funds are exhausted). If a re-determination of eligibility becomes overdue during the period that services are provided through another funding source, the case will be considered closed and the client must reapply for services using the Application for Services, Form

4636 Change in Funding Source
(Continued)

DHHS-100, if SSBG services are to be reinstated. If the period for which eligibility has been certified has not ended, services may be reinstated under SSBG with only a narrative entry in the client's case record. The re-evaluation due date will remain unchanged. During the period that services are provided under another funding source, the client's responsibility to report changes of status that may affect eligibility continues (see Section 4630).

If a case is closed, services are reduced, or a fee is imposed or increased while services are being provided under another funding source, the policies and procedures governing that funding source will apply and it will not be necessary to send the Notice of Action, Form DHHS-160.

4700 Maintenance of Individual Client Records

Providers shall maintain an accurate and current individual case record at the facility in a readily accessible location for each client determined eligible. The record must contain the following completed forms:

A. **Form DHHS-100 - Application for SSBG Services** (a copy should be on file to document each re-evaluation.);

B. **Form DHHS-160 - Notice of Action** (a copy should be on file for each case action requiring a notice);

In addition, narrative entries should be included to explain any circumstances not clarified on the forms listed above (e.g., if a home visit is made to establish eligibility it should be recorded in the case narrative).

To ensure compliance, a random sample of provider cases will be pulled by DHHS staff for a detailed review of all eligibility factors on at least an annual basis. The review will consist of a review of the client's case record, an interview with the client or authorized representative (if appropriate), and verification of eligibility factors. Client interviews will not be conducted in the following situations:

- Protective Service Cases
- Substitute care of children
- Status eligible clients (Division of Youth Services)
- Client deceased or moved from the area
- Special waiver.

4800 Fees for Services

Arkansas has adopted a fee system with fee assessment based on client income adjusted by family size. The three types of fees that are allowable are flat fees, flat fees varying with income, and fees based on percentages of unit rates varying with client income. When fees are charged for a service, specific fee information will be detailed in the service chapters (Appendix C).

4801 Authorized Fees for Services

A fee may be assessed and collected from recipients of a specified SSBG service only when authorized in the purchase of service contract documents and this manual. If fees are charged for a particular service based on client income, a provider may not accept or reject a client based on the fee requirement. However, if a recipient fails to pay an allowable fee (one assessed in accordance with state guidelines and authorized in the contract document), then that recipient's case may be terminated.

4810 Types of Fees

The three types of allowable fees are listed and described below.

A. Flat Fee - One set fee is charged for each unit of service delivered. The fee does not vary with the recipient's income or with the service cost.

B. Flat Fee Varying With Income - A different set rate may be charged for each income level. The fee scale may be structured so that it is related to service cost, but the rate cannot be tied to a unit cost. The same rate applies throughout the state for each unit of service offered through a particular division or office.

C. Unit Rate Percentage Fee Varying With Income - This fee is based on percentages of service unit costs. Fee charges vary from one contract to another because of variations in unit rates.

4820 Fee Scales

The division(s)/office(s) requiring fees will furnish fee scales to providers for services requiring income related fees. These scales are used with form DHHS-100 to determine client fees.

4830 Distribution and Revision of Fee Tables

Fee tables or flat fee authorization forms are distributed by the division(s)/office(s) prior to the charging of fees for SSBG services by a provider.

4830 Distribution and Revision of Fee Tables
(Continued)

Income scales of fee tables are updated to conform to any adjustment in income guidelines. Other updates are made as needs arise. For Unit Rate Percentage Fees, adjustments are made at the time of any change in unit rates in a particular contract. Changes in fee rates for Flat Fees and Flat Fees Varying With Income are made by revising the one set of tables for a service offered by a division or office. Changes in fee tables for these services should take place only on a regular schedule (e.g., annually).

4840 Determining Fee Assessment

The determination of fees and fee amounts are based on the criteria used to determine eligibility. Income for fee purposes is determined and computed for all service recipients in accordance with the procedures outlined in Section 4200 and the definitions listed in Sections 4210.E. - Income, 4210.F. - Monthly Gross Income, and 4210.G. - Exclusions from Monthly Gross Income.

4841 Need to Determine Income for Income Eligible and Categorically Eligible Recipients

When an income related fee is charged for a service, it is necessary to determine and compute income levels for both categorically and non-categorically eligible recipients, since fees are charged to both groups.

4842 Fee Determination and Assessment at the Time of Application

When a client applies for and is determined eligible to receive a service for which a fee is charged, the provider must inform the client of the assessed fee, using forms DHHS-100 and DHHS-160. If income related fees are charged, fee tables provided by the division/office will be used. Fees begin at the time of service delivery.

4843 Fee Determination and Assessment at the Time of Re-Evaluation

If at the time of re-evaluation a recipient who is not paying fee is found to be in an income range for which a fee is charged, or if a recipient paying a fee is found to be in an income range for which a higher fee will be charged, an advance notice, Form DHHS-160, must be given or sent to the recipient informing him/her that a fee will be charged, or that it will change. If the advance notice is given in one month but the advance notice period extends into the following month, the recipient's status with regard to fee assessment will not change until after the last day of the month in which the change is actually effective. No advance notice is necessary if a fee is dropped or decreased; however, the client must be notified with a DHHS-160 of the change. The client's fee status will not change until after the last day of the month in which the change is effective.

4844 Fee Assessment in Cases of Retroactive Eligibility

If retroactive eligibility is authorized for any recipient under the provisions of Section 4500 of this manual, fees will be assessed for any units of service which are billed with the fee assessment period extending back to the time authorized for retroactive eligibility.

4850 Termination Due to Nonpayment of Fees

For services for which a fee has been set in this manual, a client shall be denied the service or terminated immediately upon failure to pay the established fee (unless the provider or a third party desires to pay the fee for the client). If a client is terminated for nonpayment of a fee, the client is not eligible for other services requiring a fee until the client pays the required fee and any fees previously due from the client and unpaid. The client can, if otherwise eligible, receive any services not requiring a fee.

4860 Fee Collection

Fees are collected and retained by the provider. Each provider's monthly billing is reduced in an amount equal to the total of all fees assessed in that month. Uniform collection procedures for all SSBG recipients are established by the provider who may choose to schedule collections to take place up to one week in advance of service delivery, at the time of service delivery, or shortly after service delivery.

4861 Relationship to Service Unit

When a fee is charged, the fee is collected for each unit of service delivered.

4862 Fees for Absentee Clients and Absentee Billing Procedures

When providers follow absentee billing procedures to obtain reimbursement for clients temporarily absent from the program, the provider must collect fees from the client for the absentee days and a fee must be collected for each unit billed to the state.

4863 Fee Collection for Past Due Accounts

If a recipient fails to make fee payments, the provider shall arrange for collection of the fee, or, if necessary, for the termination of the service.

4864 Records of Fees Collected and Internal Accountability

Client fee revenue and fee receivables accounts should be established in the provider's accounting system to reflect the assessment and collection of fees. All income from client fees should be properly receipted and documented in the provider's records.

5000 SOCIAL SERVICES BLOCK GRANT (SSBG) FINANCIAL GUIDELINES

The following financial guidelines are in addition to those published in the Financial Guidelines for Purchased Services and, taken together, provide the rules and regulations governing the methodology of financial control of SSBG funds administered by the Department of Health & Human Services (DHHS), Office of Finance and Administration.

5100 Matching Funds

5110 Match Rates for the SSBG

Agreements for SSBG purchase of services in the State of Arkansas are normally required to be matched from state and/or local funds at a rate of 25 percent of the total contracted amount, unless otherwise specified in the official allocation.

The standard matching requirement may be increased or decreased for particular services if requested by the DHHS division/office responsible for the service and approved by the Chief Fiscal Officer of DHHS.

See Section 3700 of the Financial Guidelines for Purchased Services for regulations regarding matching funds.

5120 Funds and Expenditures Not Allowable for Matching

In addition to the items listed in Section 3700 of the Financial Guidelines for Purchased Services, the following cannot be used to satisfy the matching requirement for SSBG funds:

A. Fees from SSBG clients except when authorized by DHHS;

B. Funds received from SSBG reimbursement; and

C. Funds received from any other state or federal funds, except when the state or federal legislation authorizing the funds specifically allows them to be used as the local matching share for other federal programs.

It should also be noted that SSBG funds are not allowed to be used as matching funds for other state or federal funds except as allowed by specific state or federal statute.

5130 Donation or Use of Property as Match

An agency may donate property or the use of property to a provider to be considered as match. If title to the property is donated, the fair market value of the property may be considered as match. If the use of property or equipment is donated, the fair rental value may be considered as match. Please see the *Financial Guidelines for Purchased Services* for the acceptable methods of establishing fair rental or fair market value.

5200 Payment Limitations

The Department may not receive more than 25 percent of the total federal fiscal year SSBG funds per quarter on a cumulative basis. In order to be able to maintain payment capabilities to all providers, the Department requires that payments to individual providers be limited by quarter.

5300 Reimbursement Methodologies

Scheduled payments and advance payments reimbursement methodologies are not allowable under SSBG funding. Please refer to Section 3300 of the Financial Guidelines for Purchased Services for additional information.

5400 Exceptions/Additions

5410 Unallowable Costs

In addition to the unallowable costs listed in Section 7400 of the Financial Guidelines for Purchased Services, the following are unallowable under SSBG funding:

A. The provision of cash payments for costs of subsistence or the provision of room and board (other than costs of subsistence during rehabilitation, room and board provided for a short term as an integral but subordinate part of a social service, or temporary shelter provided as a protective service);

B. The payment of wages to any individual as a social service (other than payment of wages to welfare recipients employed in the provision of child day care services.

C. The provision of medical care (other than family planning services, rehabilitation services or initial detoxification of an alcoholic or drug dependent individual), unless it is an integral but subordinate part of a social service for which funds may be used;

D. Social services (except services to an alcoholic or drug dependent individual or rehabilitation services) provided in and by employees of any hospital, skilled nursing facility, intermediate care facility, or prison, to any individual living in such institution;

E. The provision of any educational service which the state makes generally available to its residents without cost and without regard to income;

F. Any child day care service unless such service meets applicable standards of state and local law;

G. The provision of cash payments as a service;

5410 Unallowable Costs
(Continued)

H. The purchase or improvement of land, or the purchase, construction, or permanent improvement of any building or other facility;

I. Payment for any item or service, other than an emergency item or service, furnished by an individual or entity during the period when such individual or entity is excluded pursuant to Section 1128 or Section 1128(A) of the Social Security Act from participation in this program; or at the medical direction or on the prescription of a physician during the period when the physician is excluded based on 1128 or 1128(A) from participation in the program and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person); or

J. The use of SSBG funds in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14401 et seq.)

K. The use of SSBG funds to match other state or federal funds.

5420 Client Contributions

The provider may only post suggested contribution schedules or distribute schedules to service recipients if authorized in writing by the Chief Fiscal Officer of the Department of Health & Human Services. Approval for provider posting and distributing of such schedules will comply with Department requirements, including but not limited to the following:

A. No client will be coerced into making contributions;

B. The service provided will not be affected by whether or not the client chooses to contribute;

C. Any schedule authorized must be conspicuously posted at the service delivery site and will include wording clearly stating that contributions are entirely voluntary;

D. Whenever discussing the schedule with the clients, the provider will make every effort to ensure that the clients understand that contributions are entirely voluntary; and

The contributions must be used only to fund allowable costs incurred in providing service to additional eligible clients and/or improved or expanded services

5420 Client Contributions
(Continued)

to eligible clients. Any required audit must specify both the total amount of contributions received and the expenditure of the contributions.

5500 Billing Policies and Procedures

5510 Billing for Absentee Clients

Billing for absentee client provisions apply only to fixed enrollment service programs for which an enrollment limitation is specified. Clients may be temporarily absent from the program because of illness or some reason connected with the plan of service. The intent of the absentee billing policy is to avoid penalizing either the client (by filling the client's slot in the program due to temporary absence) or the provider (by not allowing reimbursement for the client's slot while it is held open pending the client's return). The facility must be open and the services available before absentee billing is allowable. Programs affected by this policy include day service centers, adult day care programs, residential facilities providing substitute care for children or youth, and supervised living services for adults.

5511 Daily Attendance Fixed-Enrollment Services

For programs normally operating five days a week, billing for clients who are temporarily absent continue until the client has been absent for ten (10) consecutive program days regardless of the calendar month(s) involved. Note, however, that certain programs may have more restrictive policies that supersede this subsection.

5512 Residential Care Fixed-Enrollment Services

For residential programs operating seven (7) days a week, billings for clients who are temporarily absent may continue until the client has been absent for fourteen (14) consecutive program days regardless of the calendar month(s) involved. Note, however, that certain programs may have more restrictive policies that supersede this subsection.

Absences from a residential program which are a part of the client's service plan (such as a home visit) are not counted as absences for billing purposes.

5513 Restrictions on Billings for Absentee Clients

A. Programs For Which Billing for Absentee Clients Is Not Permitted

Billing for absentee clients is not permitted for those providers whose service programs are planned to serve different clients on different days. Absentee billing

5513 Restrictions on Billings for Absentee Clients (Continued)

is also not permitted when a facility has negotiated a unit rate based on average daily attendance, or when a utilization factor has been added with the intent of offsetting absences.

B. Client Must Be Expected To Return

Billing for absent clients is allowable only when there is a reasonable expectation the client will return to the program following the specified period of necessary absence. If the client is either discharged or leaves a facility and is not expected to return, billing must cease on the date the client leaves the facility.

C. Subcontracted Services

If a subcontractor performs some or all of the contracted services for a provider, absentee billing will be permitted only to the extent that the provider is required to and actually does make payment to the subcontractor.

5514 Required Documentation for Absentee Billing

The provider must document the reason for each instance of billing for an absent client. The client's name, and days absent are minimum requirements. Furthermore, certain programs may require additional documentation.

5520 Inclement Weather Billing Policy

Since providers delivering services on a daily basis may suffer financial losses when centers do not open because of inclement weather, a policy has been developed allowing the provider to submit billing for these situations. The policy may be applied when particular circumstances exist (as outlined below) and specified conditions are met. The policy differs from absentee billing policy in that it is applied when the center must close, while absentee billing takes place when the center is open and one or more clients fail to attend.

The policy may be applied by providers delivering a service to clients who must travel to and from a center on a daily basis. For providers serving clients on a fixed enrollment basis, billing will be for the total number of contracted program slots; for those with average daily attendance programs, billing will be for the average number of slots normally billed.

Billing for inclement weather is not allowable for Division of Developmental Disabilities Services.

When fees are charged, the policy provides for full unit rate reimbursement for those units billed on inclement weather

5520 Inclement Weather Billing Policy
(Continued)

days. This will avoid charging fees to a client for days when the center is closed.

Billing may be submitted for a maximum of five (5) days in a calendar month, for up to fifteen (15) days in a calendar year. The policy may only be applied when public schools in the provider's area of service have been forced to close because of inclement weather. (This should not be taken to mean that a provider must close when local schools close.)

If the provider's service area covers more than one public school district and not all of those districts close because of inclement weather, the provider will still have the option of closing the center; however, if clients are able to travel to and from the center, the provider is expected to open the center.

Before closing, every effort should be made to discuss the situation with the contract officer to determine alternatives to closing.

5521 Policy for Additional Inclement Weather Billing in Special Cases

In certain cases, it may be necessary for a provider to close because of inclement weather even when local public schools remain open, or the provider may be forced to exceed the limitation on days stated in the above inclement weather policy. In these situations, the provider must request and receive special authorization to bill for additional inclement weather days from the Chief Fiscal Officer or designee.

5600 Billing Instructions to SSBG Providers

5610 Form DHHS-0145, Client and Service Data Sheet

Form DHHS-0145, Client and Service Data Sheet, is completed at the end of each billing period by the provider. The first page of this form summarizes:

A. The units of service provided;
B. The number of clients served by each type of service; and
C. The rate by service code that is allowed under the contract.

By multiplying units times rate for each and all types of services, the provider can arrive at the gross amount due for services provided during the month. The fees assessed SSBG clients for the billed services should then be subtracted, showing the net amount due from SSBG.

The second and subsequent pages of the DHHS-0145 detail the services by client and include client data.

5610 Form DHHS-0145, Client and Service Data Sheet (Continued)

Billing forms are included in "Appendix D."

The DHHS-0145 is sent to the division/office with which the contractor/grantee has a legal agreement unless the contractor/grantee is given other instructions. (See Chapter thirteen of the *Contract Manual* for invoicing procedures.)

5620 Other Billing Methods

Division of Developmental Disabilities Services, Arkansas Rehabilitation Services, Division of Behavioral Health Services – Alcohol and Drug Abuse Prevention, Division of Aging and Adult Services and Arkansas Spinal Cord Commission all have their own method other than the DHHS-0145 to invoice and report client units served.

5630 Procedures for Inclement Weather Billing

Inclement weather billing may be submitted for a maximum of five (5) days in a calendar month or fifteen (15) days in a calendar year. If possible, the provider should make every effort to discuss the situation with the contract officer before closing.

The provider will complete monthly billing for each client on a DHHS-0145 as usual, with units billed for normal operation entered as usual. Units billed under the inclement weather policy will be shown separately and as follows:

* enter the service code and description of service again immediately below the line showing normal billing;
* complete the Number of Units section showing total units billed under this policy; and
* enter the letter "W" in the Fee column to identify units billed in this manner and to show that no fee will be charged to the client by the provider.

A. When Local Schools Are Closed

When local schools are closed and the number of days (5 days per calendar month not to exceed 15 days per calendar year) have not been exceeded, the following applies:

(1) On page one of the DHHS-0145, clearly state the dates the facility was closed due to inclement weather and indicate that the local schools were closed those dates;

(2) Show separately the number of units of each service code billed under the inclement weather policy on the DHHS-0145 (Page one summary and on subsequent pages by client) with a "W" in the Fee column;

5630 Procedures for Inclement Weather Billing (Continued)

(3) Since no fees are charged the client for inclement weather units, enter the fees actually charged the clients on the DHHS-0145; and

(4) Ensure that the units of services billed are based on the daily average number of clients/units normally charged to SSBG.

B. When Local Schools Are Open

When local schools are open and the provider determines that due to the weather conditions, closure of the facility is required or the number of days (5 days per calendar month not to exceed 15 days per calendar year) have been exceeded, the following procedure is followed:

(1) Complete steps (1) - (4) above; and

(2) Attach a written request for approval of the inclement weather billing to the billing being submitted. Include the dates the facility was closed, a statement as to whether the local schools were open or closed, and a statement justifying the closure. This request should be addressed to the Chief Fiscal Officer or designee.

5640 Actual Cost Billing and Payment Process

In addition to the DHHS-0145 described above, a provider billing under actual cost reimbursement must submit a letter bill indicating what allowable expenditures were made during the month and the number of service units provided for each service. The total allowable expenditure for each service is divided by the number of units of that service to determine the unit rate. The unit rate is then multiplied by the number of units to compute the amount of reimbursement due the provider for that month. The provider will sign and date the letter and submit it to the division/office with which the contractor/grantee has a legal agreement unless the contractor/grantee is given other instructions. The billing and payment process is the same as described in Section 5610. For example, if a contractor provided 482 units of service in month X and the contract provides for a unit rate reimbursement of $22.50 per unit, then the total amount for the letter invoice should be $10,845.00 (482 X $22.50). Or, if the actual operational costs for the provider for month X was $22,792.45 and they serviced 823 units, the unit rate is calculated to be $27.69 ($22,792.45/823). Please see the Financial Guidelines for Purchased Services, Appendix C, for more examples of the Unit Rate Calculation.

5650 Third Party Payment to SSBG Providers

If Medicare, Medicaid, private insurance, or any other source of third party payment for a SSBG client is available, those sources must first be exhausted. Every effort must be made by

service providers to utilize Medicaid whenever possible. Documentation of the exhaustion of such benefits must be included in the client's case record. (Protective Service cases are exempt.)

If the source of third party recovery reimburses only a portion of the cost of a SSBG service, then only that portion not covered by the third party source may be billed to SSBG.

5660 Overpayment

If an SSBG service provider receives an overpayment or duplicate payment for service to a SSBG client, the error must be promptly reported to CSS. An adjustment may be made on the next month's billing. Recoupment and/or appropriate audit activity will then be initiated.

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6000 APPENDICES

The following appendices are adopted by reference in their entirety and are intended to be a part of the Social Services Block Grant Program Manual as if set forth fully herein.

Appendix A	A-1	Glossary of Terms
	A-2	Component Definitions
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Appendix B		List of Service and Unit Codes
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Appendix D		SSBG Forms and Instructions
Appendix E		SSBG Program Description from the Catalog of Federal Domestic Assistance

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APPENDIX A-1

GLOSSARY OF TERMS

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GLOSSARY OF TERMS

Adult: By legal definition, either an individual who is 18 years of age or over or an emancipated minor.

Adult Single: See Single Adult.

Alcohol Abuse: Excessive use of or dependency on alcoholic beverages; or the use of alcoholic beverages to the extent that health is substantially impaired or endangered, or social or economic functioning is substantially disrupted.

Blind: Legal blindness is the condition in which visual acuity does not exceed 20/200 in the better eye with best correction or in which the field of vision is restricted to 20 degrees or less. Casework services may be extended to individuals with conditions involving progressive visual loss or a progressive eye disorder that will result in blindness.

Child: An individual between birth and 18 years of age unless the individual has been emancipated. (See definition of Emancipated Minor.) Individuals between 18 and 21 may be considered children in order that they may receive certain specified services. These services are: Substitute Care for Children for foster children under 21 when in school or training, in specialized foster care, in a residential treatment facility, or in a therapeutic foster care situation; Substitute Care for Youth for individuals ages 8 through 18.

Children, Foster: See Foster Children.

Client, Primary: The individual for whom or on behalf of, a service is given, i.e., the person for whom a goal is set. The terms "individual", "customer", "consumer" and "service recipient" are interchangeable with the term "client". *

Deaf and Hearing Impaired: Those individuals with physical impairment causing severe irreversible damage to the sensorineural and/or cortical structures of the ear necessary for normal hearing and whose condition has been present since birth or from the formative years and is not amenable to current medical or surgical treatment. The loss of functional hearing is of such magnitude as to severely impede or preclude the ability to hear conversational speech, as well as most information messages conveyed through sound, both vocal and non-vocal.

Delinquent Youth: Youth adjudicated as delinquent or youth referred by an official of the justice system because of an alleged delinquent act or a pattern of delinquent acts.

Developmental Disabilities: Any one or a combination of conditions which has continued or can be expected to continue indefinitely related to autism, cerebral palsy, epilepsy, and mental retardation (or a person who functions like a person with mental retardation) existing from birth or as a result of illness, accidents, or unknown causes prior to the age of twenty-two (22).

Disabled/Handicapped: Any individual who has a physical or mental condition which substantially limits one or more of such person's major life activities, who has a record of such an impairment, or who is regarded as having such impairment (includes alcohol and drug dependence).
Drug Abuse: A physical or psychological condition characterized by excessive abuse of or dependency on drugs with increasing detachment from the normal assumption of responsibility for personal needs and those of dependents.

Emancipated Minor: An individual who has been given the right by a court to manage his own affairs or one who has acquired emancipation by common law. A common law emancipated minor is one upon whom has been conferred the right to his own earnings and whose parents' legal duty to support him has been terminated. This emancipation may be expressed by a voluntary agreement of parent and child (unless the child is mentally incompetent) or by the marriage of the minor. An emancipated minor or a child living in a residential facility or foster home or with an individual not legally responsible for his support is considered a one-person eligibility unit. A child living in a residential facility may make regular weekend visits home when authorized by the facility as a part of the treatment plan and still be considered a resident of the facility and therefore a one-person eligibility and fee assessment unit.

Estimate of Expenditures: All proposed costs for services including outlay for staff, purchase of service supplies, and other administrative costs.

Exclusions from Monthly Gross Income: See Income, Monthly Gross, Exclusions from.

Family: One or more adults and children, if any, related by blood or law and residing together in the same household. Spouses are legally responsible for each other and shall be considered as a part of the same family unit unless they reside in separate households (e.g., one spouse in a supervised living facility). If either spouse has legal responsibility for a child, then both spouses and the child are considered as a family unit. Where adults other than spouses reside together, each is considered a separate family by the state. Emancipated minors and children living under the care of individuals not legally responsible for their care are considered one-person families by the state.

FINS (Family in Need of Services): Any family whose juvenile shows evidence of behavior which includes, but is not limited to, the following:

- Being habitually and without justification absent from school while subject to compulsory school attendance;
- Being habitually disobedient to the reasonable and lawful commands of his parent, guardian, or custodian; or
- Having absented himself from his home without sufficient cause, permission, or justification.

Foster Children: Children for whom a Division has legal custody or guardianship.

Foster Family Home: A home approved by the Division of Children and Family Services to provide room, board, and care including parenting for children.

Functional Dependency: A physical condition which limits an individual's ability to perform necessary self-care activities.

Income: Income is any monetary remuneration received on a regular basis, including a TEA payment. Only income currently available on a regular basis shall be considered. Lump sum and other one time payments shall be annualized, except for stock dividends. Unpredictable income of indeterminate amounts will not be considered, e.g., insurance settlement.

Income Monthly Gross: The following sources are considered in computing the family's monthly gross income: 1) Money, Wages, or Salary - i.e., total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes. 2) Net Income from Nonfarm Self-Employment -i.e., gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include cost of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income. Deficit income (i.e., when total operating expenses are greater than gross receipts) will be treated the same as income. The amount of the deficit is subtracted from the gross income from other sources to obtain the total gross income. 3) Net Income from Farm Self-Employment -i.e., gross receipts minus operating expenses from the operation of a farm by a person on his account, as an owner or renter. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income. Deficit income (i.e., when total operating expenses are greater than gross receipts) will be treated the same as income. The amount of the deficit is subtracted from the gross income from other sources to obtain the total gross income. 4) Social Security - Social Security pensions and survivor's benefits, and permanent disability insurance payments made by the Social Security Administra-tion, prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. Government. 5) Dividends, Interest (on savings or bonds), Income from Estates or Trusts, Net Rental Income or Royalties - dividends from stockholdings or member-ship in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store,

or other property to others, receipts from boarders or lodgers, and net royalties. 6) Public Assistance or Welfare Payments - public assistance payments such as TEA, SSI, State Supplemental Payments, and general assistance. Even though the primary client may not be a recipient of this type assistance, if any member of the unit receives public assistance then the payment must be considered as income to the entire eligibility unit for the purpose of determining eligibility. 7) Pensions and Annuities - pensions or retirement benefits paid to a retired person or his survivors by a former employer or by a union, either directly or through an insurance company; periodic receipts from annuities or insurance. 8) Unemployment Compensation - compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds. 9) Worker's Compensation - compensation received periodically from private or public insurance companies for injuries incurred at work. The costs of this insurance must have been paid by the employer and not the person. 10) Alimony 11) Child Support 12) Veterans' Pensions - money paid periodically by the Veterans Administration to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence allowance paid to veterans for on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums. 13) Joint Income - will be divided equally when both spouses are living in a supervised living facility. 14) Wages paid for OJT (on-the-job training) and upgrading and retraining under the JTPA (Job Training Partnership Act) program.

Income, Monthly Gross, Exclusions from: The following are excluded from the computation of monthly gross income: 1) Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Courts of Claims; 2) Payments made pursuant to the Alaska Native Claim Settlement Act to the extent such payments are exempt from taxation under section 21(a) of the Act; 3) Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment); 4) Withdrawals of bank deposits; 5) Money borrowed; 6) Tax refunds; 7) Gifts; 8) Lump sum inheritances or insurance payments; 9) Capital gains; 10) The value of the coupon allotment under the Food Stamp Act of 1964, as amended; 11) The value of USDA donated foods; 12) The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended; 13) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970; 14) Earnings of a child under 14 years of age (no inquiry shall be made); 15) Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs; 16) Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered the Commissioner of Education under the Higher Education Act; (17) Home produce utilized for household consumption; 18) Allowances, earnings and payments made to individuals participating in any JTPA programs; and allowances, earnings and payments made to individuals participating in other employment and training programs except for wages paid for OJT (on-the-job training) and upgrading and retraining in these other programs; and 19) Income received through VISTA.

Medical Maintenance: Care directed toward the correction, amelioration, or stabilization of a medical condition which has been diagnosed as such by a licensed medical practitioner operating within the scope of medical practice as defined by state laws, and which care is provided by or under the direct supervision of such a medical practitioner or other health professional licensed by the state or accredited by the appropriate professional organization. Some medical services are allowable when: (1) an integral but subordinate part of a defined service; (2) necessary for the client to receive the service; (3) specifically defined as a component of the service being received by the client; (4) determined to be needed on a case-by-case basis; and (5) the medical service is not available through Titles XVIII or XIX.

Mental Retardation: A condition manifested in childhood, characterized by significantly sub-average general intellectual functioning existing concurrently with deficiencies in adaptive behavior, and diagnosed by a licensed or accredited medical or psychological practitioner.

Minor, Emancipated: See Emancipated Minor.

Monthly Gross Income: See Income, Monthly Gross.

Monthly Gross Income, Exclusions from: See Income, Monthly Gross, Exclusions from.

Primary Client: See Client, Primary.

Provider: See Social Services Block Grant (SSBG) Provider.

Services: Those activities provided the client to enable him to over-come barriers (problems) to goal achievement.

Single Adult: Where adults other than spouses reside together, each shall be considered a separate eligibility/fee assessment unit. An adult is an individual 18 years of age or older. Individuals 18-21 years of age may be considered a family member (approved on a case-by-case basis) for the purpose of determining income eligibility on behalf of the family. This applies only to individuals if they continue to receive the majority of their support from the family due to training, education (completion of high school activities) or unemployment.

Specific Learning Disabilities: Children with Specific Learning Disabilities are those who (despite average intellectual capacity) have significant discrepancies among developmental levels in language, perception, sensory motor integration, cognition, attention, activity level, and memory which interfere with achievement in the basic educational skills of reading, spelling, writing, and mathematics, and whose problems are not secondary to other handicapping conditions.

Spinal Cord Injured: Those individuals suffering from an injury to the spinal cord (through trauma, disease, or congenital dysfunctions such as spina bifida) who are substantially disabled. (See Disabled/Handicapped in GLOSSARY OF TERMS.)

Social Services Block Grant Services (SSBG) Provider: An organization, public or private, or individual that delivers services, directly or through contract, which are paid for in whole or in part by SSBG funds.

Status Offenders: Youth found by the court to be in need of service based on truancy, running away, or incorrigibility; or youth referred by an official of the justice system because of an alleged status offense or pattern of truancy, running away, or incorrigibility. (See FINS.)

Visually Impaired: Those individuals who have visual acuity in the better eye with best correction between 20/70 and 20/200; or an angle of vision subtending between 20 and 30 degrees; or a severe functional visual problem; or a progressive condition which will lead ultimately to a severe visual handicap or to blindness.

Youth at Risk: Youth who are clearly at risk of being processed as a delinquent or a status offender.

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COMPONENT DEFINITIONS

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COMPONENT DEFINITIONS

Advocacy: See SUPPORTIVE ACTIVITIES.

Aftercare: Services provided to youth committed to a youth service facility under the authority of the Division of Youth Services. Services to specific individuals may include: providing a field evaluation including recommendations for release plans; services to families of committed youth; visiting youth at the Youth Services facilities; developing an individualized case plan; advocacy on behalf of the youth; supervision; transportation and follow-up.

Arrangement: See SUPPORTIVE ACTIVITIES.

Assessment: An investigative process which may include administration and interpretation of appropriate evaluative tools in order to determine a client's adaptive behavior and functioning level, so that appropriate programming activities may be planned.

Attendant Activities: See PERSONAL CARE.

Camping: An experience which provides a creative recreational, social and educational opportunity to encourage each camper's mental, physical, and social growth through personal and social adjustment, recreational activities (such as swimming, classes, field trips, archery, and cookouts), and room and board.

Case Plan Development: Setting of client goals and objectives and determination with client of strategy to meet goals and objectives; selection of appropriate services, service providers, and treatment modes; scheduling of service delivery dates and times; estimating length of time or units of service required to meet client need; re-planning if necessary.

Casework Management: Significant communication, either directly or by correspondence, with or on behalf of a client. These communications must be in relation to the development of individualized case plans or the delivery of services based on a case plan. Services to specific individuals may include: gathering and processing social and medical information; developing an individualized case plan, including establishment of time-framed and measurable objectives; problem solving; consultation with youth and family; arrangement with other appropriate services; advocacy on behalf of the youth; supportive services; transportation and follow-up.

Child Day Care: Services to provide appropriate care for eligible children during any part of the calendar day (including after-school care) which met not only the normal supervisory, physical, health, and safety needs, but also provide for the intellectual, social, emotional, and physical growth and development of the child. These

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services are provided to enable employment of the parent or legal caretaker or relatives with physical custody (where the parent or parents are not residing in the household) to participate in training or education programs; or to prevent or remedy a family crisis.

Commodity Distribution: Activities involved in provision of food to eligible recipients, including transporting the commodities to distribution sites and storing and distributing the commodities.

Communication Equipment: Device or apparatus which enables or aids an individual to receive and transmit information orally, in writing, or in any other form which will assist that person to function more effectively in daily living or employment.

Community Integration Companion: Activities to instruct the individual in daily living and community living skills in integrated settings. Included are such activities as shopping, sports, participation in clubs, etc. Such services are focused on training/mentoring and are not meant to be recreational.

Comprehensive Training Center Activities: Activities provided to assist individuals in attaining needed skills. These are provided in a residential setting. Activities are: vocational assessment; aptitude testing; instruction in personal grooming and self-care; training; tutoring; attendant services; placement services; purchase of special clothing necessary to engage in training (such as cosmetology uniforms, protective aprons, mechanics' uniforms); and occupational therapy.

Consultation: See SUPPORTIVE ACTIVITIES.

Counseling, Group: Same as INDIVIDUAL AND FAMILY COUNSELING, but offered in a group setting where individuals can benefit from inter-action among group members and counselor(s).

Counseling, Individual and Family: Exploration of interests and skills; problem identification and resolution; identification of feasible goal; provision of emotional support and guidance; advice about community resources; provision of basic skills for functioning in the community; exploration with client of possible alternative behavior patterns; development and strengthening of capacity for personal and social functions. In family counseling, service is provided to one or more family members to help them fulfill their roles. Counseling is provided by a qualified professional (as defined by the DHHS Division or Office administering the program).

Court Study: Same as INVESTIGATION.

Court Testimony: In response to a subpoena, the person who developed a home study appears in court to give information and respond to questions under oath regarding the development of the report and to provide

recommendations regarding the suitability of the home on which the report was developed for placement of children.

Counseling, Nutrition: See INSTRUCTION.

Day Treatment: A set of services rendered to patients who require more intensive care than that found in an outpatient program, but who do not require twenty-four hour inpatient or residential care. Day Treatment involves an integrated and programmed segment of care which includes a variety of services (such as group therapy and a variety of other techniques) in a group setting. Meals may be included in services. (Such meals should meet the nutritional requirements outlined in MEAL, GROUP.)

Devices, Aids, and Appliances: Purchase or repair of devices and appliances such as hearing aids, artificial limbs, eyeglasses, mobility assistance appliances (e.g., wheelchairs, canes), aids for daily living, and necessary personal hygiene items. They may be purchased when necessary for a client to receive the specific social service and must not be currently available to the client through Titles XVIII or XIX.

Detoxification (Medical): Initial withdrawal from alcohol and other drug addiction in a medical environment as a portion of the overall addiction treatment process.

Diagnosis: Determination or re-determination of the detailed nature and extent of the client's problem, need, or condition; thorough investigation and analysis of the cause of the client's situation; usually includes a written description of the diagnosis prepared by a professional worker. (Distinguished from ASSESSMENT which is a brief evaluation and from DIAGNOSIS AND EVALUATION (MEDICAL) which usually focuses more on medical condition.) Also includes Psychosocial Evaluation and Vocational Evaluation. Diagnosis is performed by a qualified professional (as defined by the DHHS Division or Office administering the program).

Diagnosis and Evaluation (Medical): Determination of: (1) general nature of physical or mental condition; (2) type and extent of medical need or problem; (3) urgency of need; and (4) appropriate service provider. Also includes administration of necessary tests. Diagnosis and Evaluation is performed by a qualified professional (as defined by the DHHS Division or Office administering the program).

Drug Testing: Includes screening for any type of drug.

Emergency Shelter: Temporary care and protection, until a satis- factory plan can be made, for adults and children who have left or been removed from their homes and are in need of such immediate shelter and supervision services. Emergency shelter is provided for a maximum ninety days per placement depending on the needs of the client.

(Individual contracts may limit the number of days per placement or the number of placements per year.)

Escort Services: Personal accompaniment of individual to and from service providers and other community resources. Assisting passenger in entering and leaving a vehicle; helping clients obtain needed services upon arrival at their destination; assistance with climbing stairs, entering doorways, crossing streets. Also includes personal accompaniment on common carriers for both intrastate and interstate transportation.

Follow-Along: Same as FOLLOW-UP.

Follow-Up: Maintenance of contact with client; determination of whether client has progressed toward objectives or goal, of service effectiveness and need for additional services, and of necessity for rescheduling service appointments.

Guidance and Job Placement: A process to aid individuals in developing work skills, habits, and attitudes to assist in job placement, education, and training. (Distinguished from COUNSELING which is not specifically focused on job placement.) Includes Vocational and Occupational Guidance. Placement activities include screening, selecting and

referring job seekers to job openings; matching needs and ability of job seekers to jobs.

Habilitation Training: This activity includes planned experiencesthat are aimed at assisting the person to acquire, retain or improve their skills in a wide variety of areas that directly affect their ability to function as independently as possible in the community. This training will occur entirely, or in part, in clinical settings licensed by the Division of Developmental Disabilities Services

Health Education: Included in INSTRUCTION.

Health Screening: Brief determination of (1) general nature of physical or mental condition; (2) type and extent of need or problem; (3) urgency of need; and (4) appropriate service provider. Also includes administration of simple tests. These services are administered at service program sites only.

Hearing Evaluation (Non-Medical): Administration and interpretation of tests and evaluation of hearing by a qualified professional (as defined by the DHHS Division or Office administering the program).

Home Study: Determination of the type(s) of family (or families) appropriate for placement of a child, assessment of parenting potential of a family for the child(ren), and preparation of the family for permanent placement. Sometimes done in response to an out-of-town inquiry.

Household Tasks: Household tasks include home cleaning, laundry, yard maintenance, shopping, and meal preparation.
Information and Referral: See SUPPORTIVE ACTIVITIES.

Institutional Placement Services: Included in PLACEMENT.

Instruction: Direction and assistance in acquiring skills for adequate personal functioning, including household management, home maintenance, personal care, consumer affairs, nutrition, parenting, child care, infant stimulation, social skills, home health care, retirement planning, and safety. (Distinguished from training which consists of more formal activity. Instruction is usually provided on an individual basis, while training is provided in a group setting.)

Intake: Investigative process which may include initial interview; needs assessment; assistance with or completion of forms; eligibility determination; assessment of fees, if any; supervisory conferences; travel; preparation of written narratives/reports; and development of a preliminary case plan.

Integrated Support Services: Integrated Support Services provide the necessary support for an individual with a developmental disability to live in an independent situation (e.g., apartment, duplex, home) and/or a family environment. These services enable persons with a develop-mental disability to live, work, and enjoy recreational opportunities in the community.

Intensive Family Services: Services intended for families whose children are at imminent risk of out-of-home placement. Service goals are to prevent unnecessary out-of-home placements and to promote reunification of families with children in placement. Services are a combination of counseling services and support services based on a service model that

emphasizes immediate, intense, short-term, in-home, and behaviorally oriented services to families.

Interpreter Services: Communication assistance for deaf, deaf/blind, blind, or non-English speaking individuals; assistance in understanding instructions or directions.

Intervention: Action to relieve a stressful situation or series of problems which are immediately threatening to a person's health and/or welfare.

Intervention, Crisis: Crisis intervention involves an immediate response to an unanticipated family disruption. Timely actions are taken to support and intervene to prevent further deterioration and, when possible, to utilize the momentum of the crisis to catalyze constructive changes. Crisis intervention is limited to thirty days.

Investigation: Gathering of information needed to provide service, to establish the need for service or to prepare court documents; verification and substantiation of information. May include: COURT STUDY, OUT OF TOWN INQUIRY.

Legal Activities: Provision of legal advice, counseling and representation by attorneys and/or trained legal paraprofessionals in legal matters and the payment of associated legal costs.

Legal Guardianship Activities: See LEGAL ACTIVITIES.

Light Duties: See HOUSEHOLD TASKS and PERSONAL CARE TASKS.

Lodging: Purchase of temporary overnight accommodations associated with the intrastate or interstate transportation of clients. (Distinguished from ROOM AND BOARD and EMERGENCY SHELTER.)

Meal, Delivered: Meal delivery and service to a client's home. The meal must be a minimum of one-third of the daily recommended dietary allowance as established by the National Research Council. In certain instances such as emergencies or inclement weather, a meal which does not meet dietary allowance standards may be provided.

Meal, Group: Meal served to a client in a group setting (such as a senior citizen center), including food purchase and preparation. The meal must be a minimum of one-third of the daily recommended dietary allowance as established by the National Research Council. (In certain instances such as emergencies and inclement weather, a meal which does not meet dietary allowance requirements may be provided. For the same reasons, it may also be necessary to provide the meal in other than the usual group setting.) For day care for children, the cost of a snack may also be included as an allowable cost.

Medical Care: Care directed toward the correction, amelioration, or stabilization of a medical condition which has been diagnosed as such by a licensed medical practitioner operating within the scope of medical practice as defined by state laws. Care is provided by or under the direct supervision of such a medical practitioner or other health professional licensed by the state or accredited by the appropriate professional organization. Some medical services are allowable when:

(1) an integral but subordinate part of a defined service; (2) necessary for the client to receive the service; (3) specifically defined as a component of the service being received by the client; (4) determined to be needed on a case-by-case basis; and (5) the medical service cannot currently be provided to the client through Titles XVIII or XIX.

Medical History: See DIAGNOSIS AND EVALUATION (MEDICAL).

Medical Support Services: Services provided in cases where additional medical diagnostic needs are identified at the time of the evaluation.

This may occur after it is determined that the same service is not being provided through another source.

Out of Town Inquiry: See HOME STUDY and INVESTIGATION.

Outreach: Contact initiated by provider to identify clients (only those certified eligible) in need of services, to provide information about services, to inform about benefits, and to encourage the use of appropriate services; activities to assist individuals in gaining access to service; in some cases, associated with physically working outside in the community.

Peer Support: Provision of guidance, support, advice and information to a disabled person by a person with a disability who has successfully developed ways of coping with disability related issues. Supervision of peer supporters is provided by professional service agency staff.

Personal Care: Personal care is assistance with daily living tasks such as bathing, body hygiene and dressing, feeding, grooming, and assistance with special devices such as braces and artificial limbs.

Personal Care Instruction: See INSTRUCTION.

Personal Supplies: Obtaining and providing supplies to clients which are necessary for personal care. Also includes school supplies.

Placement: Locating, determining the suitability of placement, and situating client in an alternate living arrangement, including visit to facility with client. Includes INSTITUTIONAL PLACEMENT.

Prescription, Purchase and Administration of Drugs: Prescription, purchase, and administration of drugs to a client by legally authorized personnel. Prescription, purchase, or administration of drugs is allowable when: (1) an integral but subordinate part of a defined service; (2) necessary for the client to receive the service; (3) specifically defined as a component of the service being received by the client; (4) determined to be needed on a case-by-case basis; and (5) such prescription, purchase, or administration of drug cannot currently be provided to the client through Titles XVIII or XIX.

Recreation: An activity in a group setting for individuals as participants, performers, or spectators. Activities (such as sports, performing arts, crafts, and games) are made available in order to increase social interaction, reduce isolation, and promote mental and physical health of the participants.

Recreational Supplies: Supplies provided to the client which are used in therapeutic recreational activities (for instance, sports equipment).

Report Development: The act of compiling a written report on the suitability of a home and/or persons being studied for the placement of children.

Residential Treatment: Care for individuals whose physical, emotional, or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in their own home. Activities include: treatment planning; psychiatric and/or group therapy; psychosocial casework and/or counseling services to individuals and their families; educational consultation; tutoring; independent living training skill such as self care; non-medical speech therapy; health education; socialization experiences; recreational activities; non-medical transportation; personal supplies (such as notebooks or note paper); room and board; prescription, purchase, and administration of drugs.

Room and Board: Provision of shelter and three meals a day or any other full nutritional regimen. Room and board is allowed for selected social services of which it is a necessary but minor component, and is provided for a maximum of six (6) months per placement per year.

School Supplies: Included in PERSONAL SUPPLIES.

Social Interaction: Interaction of client with other clients or individuals through in-person contact in community facility or other facility outside the client's home, facilitated by a service provider process by which client learns to interact with society, including development of roles and expectations. Activities include: talking, listening, reading, writing, and other types of communication. (Distinguished from TELEPHONING and VISITING.)

Speech Evaluation (Non-Medical): Administration and interpretation tests and the evaluation of speech, the voice, and spoken and written language by a qualified professional to determine if defects in these areas exist. The evaluation is performed by a qualified professional (as defined by the DHHS Division or Office administering the program).

Staffing: Interaction among agency staff to ensure continuity of services for clients. (Distinguished from CONSULTATION which is usually among inter-agency providers.)

Subsistence Services: Payment made to or on behalf of a client to cover basic subsistence expenses such as food, shelter, clothing, and other essential living costs incurred by the client during rehabilitation. The payment is provided only when the client requires the assistance to achieve his or her rehabilitation goals and objectives. (These payments are authorized in Section 2005 (a) (2) of the Social Services Block Grant Act.)

Supervision: Supervision of client, including leadership, direction, guidance, and watchful attention; overseeing of actions and behavior to

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safeguard rights and interest; protection against self-harm and harm to others.

Supportive Activities: Interaction of service recipient and profess-ional staff member and other associated activities. Activities include: talking, listening, reading, and writing to assist the client to attain appropriate goal. (Distinguished from SOCIAL INTERACTION and VISITING.)

This unit is a part of case management activities and therefore, is different from counseling and therapy. Other activities not involving interaction between recipient and service staff are also allowable. They are:

Advocacy: Interaction between service providers and other individuals or agencies acting on behalf of the client to obtain rights and services and to represent client interests.

Consultation: Interaction between providers and specialists to share knowledge about client problems; outlining of case management responsibilities and decision on mix of services and appropriate service providers. (Distinguished from STAFFING which is usually intra-agency consultation.)

Information and Referral: Provision of answers to questions and of factual data about public or private services and service providers. Linkage with service provider; guidance and direction to appropriate community resources. (Distinguished from ARRANGEMENT because no appointment is made.)

Arrangement: Making appointments with service providers on behalf of the client. Also called SCHEDULING or ASSISTANCE. (Distinguished from REFERRAL where no appointment is made.)

Telephoning: Interacting with client by telephone for purposes of reducing social isolation and insuring health and safety; determining if special assistance is required; providing psychological reassurance; notifying contact person in case of no answer. (Distinguished from SOCIAL INTERACTION which takes place at a community facility and VISITING which involves going to the client's home.) Also called TELEPHONE REASSURANCE.

Testing, Psychological: Administration and interpretation of one or more of a variety of psychological tests by a licensed psychological examiner.

Therapy, Group: Contact between a group of clients and one or more clinical staff for the purpose of remediation of the client's problem and determination of client's progress.

Therapy, Individual (Medical): Individual therapy delivered by a psychiatrist.

Therapy, Individual (Non-Medical): Individual, psychosocial, non-medical therapy delivered by a MSW/MA, by a Ph.D. psychologist, or by other clinical staff.

Therapy, Lay: Contact with the parents or guardian of a child on behalf of the child, in a protective service case, by a trained and supervised volunteer lay-therapist, directed toward improving parental functioning and, therefore, the child's environment to aid in eliminating or preventing child abuse and neglect.

Therapy, Occupational: The art or science of directing a client's response to selected activities to promote and increase independence in the home, maintain health and prevent disability, and train individual to function most effectively in his/her environment.

Therapy, Physical: Physical and mechanical treatment by a qualified professional using techniques such as massage and regulated exercise.

Physical therapy is provided by a qualified professional (as defined by the DHHS Division or Office administering the program).

Therapy, Speech (Non-Medical): The treatment of defects and diseases of the voice, of speech, and of spoken and written language. Non-medical speech therapy is that therapy which is not medical care.

Training Supplies: Supplies which are made available to an individual to assist her or him in training or in performing a job. In general, the devices are provided to a service recipient to help that person achieve the goals of a service plan. Items must be specifically related to training or employment. For example, special goggles needed for training could be purchased, but ordinary clothing could not. Other examples of these devices would be tools, shop aprons, and special adaptive items such as magnification aids for the visually impaired.

Transportation: Conveyance of client from one location to another.

Tutoring: Instruction supporting the continuance of education, usually on a one-to-one basis.

Visiting: Interaction of a socially and/or geographically isolated individual and a professional, paraprofessional, or volunteer by in-person contact in the client's home. Activities include: talking, listening, reading, and writing.

Vocational Training: Activities to aid individual in obtaining needed skills, including specific skills training, individual instruction, and purchase of special clothing required for training, such as uniforms and aprons.

APPENDIX A-3

SERVICE DELIVERY AREAS

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SERVICE DELIVERY AREAS

For purposes of Social Services Block Grant planning and service delivery, Arkansas is divided into five Service Delivery Areas. Each Service Delivery Area (SDA) is comprised of a number of counties

The Service Delivery Areas, counties included in each area and the locations of the Department of Health & Human Services county offices are listed on the following page. The map following the list shows the Service Delivery Areas and counties

SSBG SERVICE DELIVERY AREAS AND LOCATIONS OF DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

Service Area I

Baxter	Mountain Home
Benton	Bentonville
Boone	Harrison
Carroll	Berryville
Crawford	Van Buren
Franklin	Ozark
Logan	Booneville/Paris
Madison	Huntsville
Marion	Yellville
Newton	Jasper
Polk	Mena
Scott	Waldron
Searcy	Marshall
Sebastian	Fort Smith
Washington	Fayetteville

Service Area II

Clay	Piggott
Craighead	Jonesboro
Fulton	Salem
Greene	Paragould
Independence	Batesville
Izard	Melbourne
Jackson	Newport
Lawrence	Walnut Ridge
Mississippi	Blytheville/Osceola
Poinsett	Harrisburg
Randolph	Pocahontas
Sharp	Ash Flat

Service Area III

Cleburne	Heber Springs
Conway	Morrilton
Faulkner	Conway
Johnson	Clarksville
Lonoke	Lonoke
Perry	Perryville
Pope	Russellville
Prairie	DeValls Bluff
Pulaski	Little Rock/North Little Rock
Stone	Mountain View
Van Buren	Clinton
White	Searcy
Woodruff	Augusta
Yell	Danville

Service Area IV

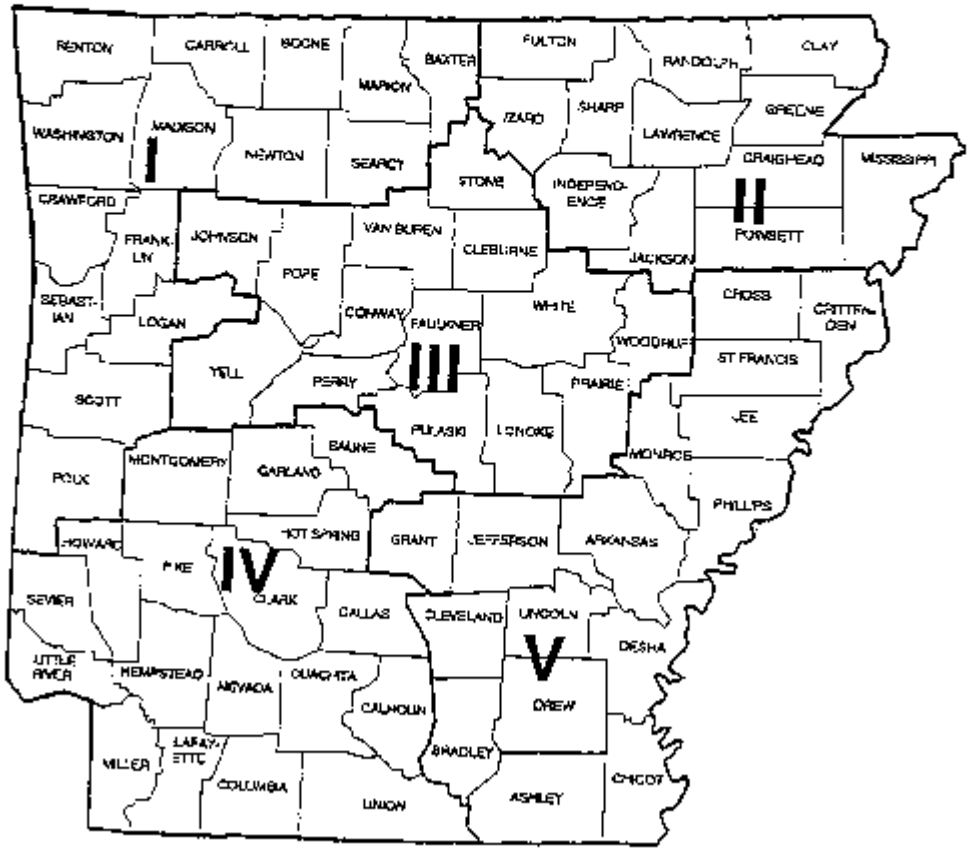
Calhoun	Hampton
Clark	Arkadelphia
Columbia	Magnolia
Dallas	Fordyce
Garland	Hot Springs
Hempstead	Hope
Hot Spring	Malvern
Howard	Nashville
Lafayette	Lewisville
Little River	Ashdown
Miller	Texarkana
Montgomery	Mount Ida
Nevada	Prescott
Ouachita	Camden
Pike	Murfreesboro
Saline	Benton
Sevier	DeQueen
Union	El Dorado

Service Area V

Arkansas	DeWitt/Stuttgart
Ashley	Hamburg
Bradley	Warren
Chicot	Lake Village
Cleveland	Rison
Crittenden	West Memphis
Cross	Wynne
Desha	McGehee
Drew	Monticello
Grant	Sheridan
Jefferson	Pine Bluff
Lee	Marianna
Lincoln	Star City
Monroe	Clarendon
Phillips	Helena
St. Francis	Forrest City

DEPARTMENT OF HUMAN SERVICES

Map of Service Delivery Areas



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APPENDIX B

LIST OF SERVICE AND UNIT CODES

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LIST OF SERVICE AND UNIT CODES

Refer to the service chapters (Appendix C) for service definitions, methods of delivery, eligible categories, descriptions of service activities, goal(s) for which services are rendered, objective(s), and the geographic area in which each service is available.

02 CASE MANAGEMENT SERVICES

- 20. Targeted

03 CHORE SERVICES

- 20. Chore Services

05 DAY CARE FOR ADULTS

- 20. Day Care

12 HOME DELIVERED MEALS

- 20. Home Delivered Meals

17 PROTECTIVE SERVICES FOR ADULTS

- 10. Intake
- 40. Protective Services
- 50. Legal Services
- 60. Casework
- 70. Information and Referral Services
- 80. Alternate Living Arrangement
- 90. Emergency Shelter

18 PROTECTIVE SERVICES FOR CHILDREN

- 20. Emergency Removal
- 40. Casework
- 50. Intake/Assessment
- 60. Legal Support Services
- 80. Counseling, Individual and Family
- 90. Staffing/Case Plan

20 NON-RESIDENTIAL SERVICES FOR YOUTH

- 10. Casework Management
- 20. Therapy
- 30. Diagnosis and Evaluation

21 SOCIALIZATION/RECREATION SERVICES

- 20. Socialization Services

22 SUPPORTIVE SERVICES FOR THE BLIND

- 20. Supportive Services for the Blind

23 SPECIAL SERVICES FOR THE DISABLED

- 10. Guidance and Job Placement
- 20. Special Services for the Disabled
- 30. Casework
- 40. Diagnosis and Evaluation
- 50. Outpatient Services
- 60. Extended Services
- 70. Medical Support Services
- 80. Work Activity

24 SUBSTITUTE CARE FOR CHILDREN

10. Intake/Assessment
20. Staffing/Case Plan
30. Casework Services
40. Legal Support Services
60. Emergency Shelter for Children
80. Residential Treatment Care
00. Termination of Care

25 SUPERVISED LIVING SERVICES

10. Diagnosis and Evaluation
20. Residential Care Services
30. Supervised Living Services
40. Casework
50. Detoxification
60. Transportation
70. Medical Support Services

26 TRAINING AND EDUCATION SERVICES

10. Assessment Services
20. Employability Evaluation Programs
30. Training Center Services
40. Training Center Services (Continued)
50. Training Center Services (continued)
60. Psychosocial Programs
70. Student Affairs/Room and Board

27 TRANSPORTATION SERVICES

20. Transportation - One Way
30. Transportation - Mile
40. Transportation - Other

29 MENTAL HEALTH SERVICES

10. Diagnosis
20. Treatment Program Plan
30. Individual, Outpatient Treatment
40. Individual, Partial Day Treatment
50. Group, Outpatient Treatment
60. Group, Partial Day Treatment

29 MENTAL HEALTH SERVICES (Continued)

70. Collateral Services
80. Transportation
90. Crisis Intervention

30. DAY SERVICES FOR DD CHILDREN

10. Early Intervention
20. Preschool

35 COORDINATED COURT SERVICES

40. Home Study
50. Supervised Visitation

36 CONGREGATE MEALS

20. Congregate Meals

38 SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

10. Intake/Assessment
20. Staffing/Case Plan
30. Casework
40. Legal Support Services
60. Supportive Activities
70. Counseling, Individual and Family
80. Diagnosis and Evaluation
90. Medical Support Services

42 SUBSTITUTE CARE FOR YOUTH

70. Comprehensive Residential Treatment
80. Residential Treatment
90. Therapeutic Foster Care

43 MENTAL HEALTH SERVICES, ADDITIONAL UNITS

10. Identification/Assessment/ Reassessment and Care Plan
20. On-Site Intervention
30. Off-Site Intervention
40. Therapeutic Day Treatment Acute
50. Crisis Stabilization Intervention
60. Collateral Intervention

43 MENTAL HEALTH SERVICES,)
ADDITIONAL UNITS (Continued

70. Rehabilitative Day Services
80. Diagnosis and Evaluation (Medical)
90. Residential Treatment

46. DEVELOPMENTALLY DISAABLED SERVICES

10. Alternative Community Services
20. Adult Development
50. Therapy
70. Family/Individual Support
80. Vocational Maintenance
90. Personal Care
00. Physical Therapy

50 SUPPORTED LIVING SERVICES

10. Integrated Support

52 SUBSTITUTE CARE FOR YOUTH, ADDITIONAL UNITS
10. Transitional Living Services
20. Therapeutic Group Home

53 DEVELOPMENTALLY DISABLED SERVICES – ADDITIONAL UNITS

10. Therapy

54 COMMUNITY INTREGRATION SERVICES

10. Supportive Activities
20. Transportation
30. Integrated Support Services

55 SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES - ADDITIONAL UNITS

10. Intensive Family Services
20. Home Study

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APPENDIX C

SERVICE CHAPTERS

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SERVICE CHAPTERS

A. Purpose of Service Chapters

Service chapters provide complete information of each service offered through the purchased services program. Each chapter is devoted to a separate service and includes the following: (1) a service definition; (2) pages showing eligibility categories, goals, components, and availability criteria (with a separate page for each division/office offering the service); and (3) unit definitions.

B. Relationship to Comprehensive Services Program Plan

The Arkansas Comprehensive Services Program Plan (CSPP), published annually by DHHS, lists the services authorized under the SSBG program. To be provided, a service must be listed or referenced in the CSPP or be a pilot project. (Certain aspects of Purchased Services may be initiated as pilot projects and may continue until sufficient data has been gathered and verified to determine the feasibility of incorporating the project into general use.) Service definitions in the service chapters are based on the CSPP. Unit definitions appear in service chapters. Updates to service chapters will be issued to reflect any changes or amendments to the CSPP.

C. Chapter Organization

The numbering system for the service chapters is based on the two-digit service code used by the Arkansas Department of Health & Human Services for service identification and billing. Each service is treated separately in a single service chapter, with here (3) major sections in each service chapter. The three sections in each chapter are:

Section A - SERVICE DEFINITION: This section shows the name of the service, the two-digit service code assigned to that service (as shown in Appendix B), and a brief definition of the service. (For easy reference, the name of the service and the service code will be repeated at the top of each page in Section B and Section C.)

Section B - SERVICE PAGES: These pages show how a division or office has tailored the service to meet the needs of that agency’s client population. If more than one division or office is offering that service, the divisions/offices are presented in alphabetical order.

Section C -UNITS OF SERVICE: In addition to a review of the unit codes and unit titles (which were covered in Appendix B), unit definitions that exist for the service are provided in this section.

Here is a simple example of how the Service Chapters are organized. The two-digit service code for CHORE SERVICES is 03. Thus, the first two digits on all pages in that service chapter are 03. Section 03.A. lists the definition of “chore services.” Section 03.B shows how the Division of Aging and Adult Services provides that service to its clients. Section 03.C shows the unit codes and titles, along with the unit definitions.

CASE MANAGEMENT SERVICES
SERVICE CODE 02

02.A SERVICE DEFINITION

Services provided by a certified case manager chosen by the consumer whose role is to locate, coordinate and monitor a group of services. Services may include: (1) responsibility for ensuring the development, implementation, monitoring and modification of the Individual Service Plan through an interdisciplinary team process; (2) linkage with appropriate community resources: (3) coordination of services providers responsible for furnishing services needed; and (4) monitoring of progress towards the achievement of objectives specified in the Individual Service Plan.

CASE MANAGEMENT SERVICES
SERVICE CODE 02

02.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

This service is available statewide.

Allowable Components (Purchase)

Case Plan Development	Follow Up
Counseling, Group	Intake
Counseling, Individual and Family	Supportive Activities

CASE MANAGEMENT SERVICES
SERVICE CODE 02

02.C UNITS OF SERVICE

20. Targeted: Service is delivered in units as follows:

One (1) unit = 5 minutes through 15 minutes
Two (2) units = 16 minutes through 30 minutes
Three (3) units = 31 minutes through 45 minutes
Four (4) units = 46 minutes through 60 minutes

CHORE SERVICES
SERVICE CODE 03

03.A SERVICE DEFINITION

The performance of household chores such as running errands, preparing food, simple household tasks, heavy cleaning, and yard and walk maintenance which client is unable to do alone and which do not require the services of a trained homemaker or other specialist. Chore does not include medically-oriented personal care tasks or any household management tasks such as menu planning, bill paying, checking account management, etc.

CHORE SERVICES
SERVICE CODE 03

03.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Services available statewide. Services currently being provided in Service Delivery Areas III, IV, and V. (Aging and Adult Services Regions V and VII)

Allowable Components (Purchase)

Case Plan Development	Supportive Activities
Household Tasks	Transportation

Special Notes

This service is available to individuals sixty years or older or to the spouse of an individual who is sixty years or older and receiving services through SSBG or Title III of the Older Americans Act. The service is also available to a handicapped/disabled individual who is a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

CHORE SERVICES
SERVICE CODE 03

03.C UNITS OF SERVICE

20. Chore Services: Unit for reporting is one hour of service: one unit constitutes one (1) full hour of chore services.

DAY CARE FOR ADULTS
SERVICE CODE 05

05.A SERVICE DEFINITION

Adult day care is a group program designed to provide care and supervision to meet the needs of four or more functionally impaired adults for periods of less than twenty-four hours, but more than two hours per day in a place other than the adult's home.

DAY CARE FOR ADULTS
SERVICE CODE 05

05.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide. Service is delivered in Service Delivery Areas III, IV, and V (Aging and Adult Services Regions V and VII) and may be provided in additional service delivery areas if funding becomes available.

Allowable Components (Purchase)

Case Plan Development	Meal, Group
Escort Services	Social Interaction
Health Screening	Supportive Activities
Instruction	Transportation
Interpreter Services	

Special Notes

This service is available to individuals sixty years or older. The service is also available to a handicapped/ disabled individual who is a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

DAY CARE FOR ADULTS
SERVICE CODE 05

05.C UNITS OF SERVICE

20. Day Care: Client's participation in all or part of program activities.

HOME DELIVERED MEALS
SERVICE CODE 12

12.A SERVICE DEFINITION

Service to provide a hot meal (or other as appropriate) that contains at least one-third (1/3) of the nutritional value of the Recommended Daily Allowance (R.D.A.). Meal is delivered to the client's home.

HOME DELIVERED MEALS
SERVICE CODE 12

12.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development	Meal, Delivered
Instruction	Outreach

Special Notes

This service is available to individuals sixty years or older or to the spouse of an individual who is sixty years or older and receiving services through SSBG or Title III of the Older Americans Act. The service is also available to a handicapped/disabled individual who is a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

The Instruction component of this service will be limited to the provision of nutritional information to clients.

In the event of weather-related emergencies (for instance, snow and ice, extreme heat and cold, tornados, or other disasters), participants may be provided either the regular home-delivered meals or an alternative meal arrangement which ensures that participants receive meals.

HOME DELIVERED MEALS
SERVICE CODE 12

12.C UNITS OF SERVICE

20. Home Delivered Meals: All activities necessary to purchase, prepare, and deliver one meal constitute one (1) unit of service. Unit for reporting is a meal.

PROTECTIVE SERVICES FOR ADULTS
SERVICE CODE 17

17.A SERVICE DEFINITION *

Services to or on behalf of adults (age eighteen and over) who are threatened by harm through the action or inaction of another individual or through other hazardous circumstances.

PROTECTIVE SERVICES FOR ADULTS
SERVICE CODE 17

17.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients SSI Recipients Income Eligibles Without Regard to Income	3. Prevention of Neglect, Abuse, or Exploitation

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development	Instruction
Child Day Care	Intervention
Counseling, Group	Investigation
Counseling, Individual/ Family	Legal Activities
Diagnosis	Outreach
Emergency Shelter	Social Interaction
Follow-up	Supportive Activities
	Transportation

Special Note

Service limited to individuals who are victims of domestic violence and living in a domestic violence shelter.

PROTECTIVE SERVICES FOR ADULTS
SERVICE CODE 17

17.C UNITS OF SERVICE

10. Intake: Process at the initial phase of casework or psychosocial therapy during which a social worker or their professional gathers social and medical information. In some settings, the term applies to the accumulation of basic data necessary for completion of application document.

40. Protective Services: Safeguarding a person who is unable to protect himself by providing services such as advocacy, consultation, supportive counseling, supervision in an alternate living arrangement, and other protective services directly related to the specific problem(s) of the individual. Service provided for any part of a calendar day constitutes one unit of service.

50. Legal Services: All activities rendered by an attorney or a para-professional working under the supervision of an attorney to protect the adult individual from conditions of abuse, danger to his or her own life, neglect, and exploitation. Each contact with or on behalf of the client constitutes one unit of service.

60. Casework: Treatment planning and therapy which enables intrapersonal, interpersonal, and environmental change to enhance an individual's social functioning. In the course of treatment, these activities may include counseling with the client, family, or a group regarding appropriate behavior or resources, facilitating receipt of services, supporting the client psychologically, and acting as an advocate on the client's behalf. Each contact with or on behalf of the client constitutes one unit of service.

70. Information and Referral Services: Service consists of the direct provision of information about services-related service programs by staff with defined responsibility for providing this service to all persons requesting it. The service is carried out before intake procedures are initiated.

80. Alternate Living Arrangement: Services consist of identification, selection, and arrangement for institutional placement or other community-based care for individuals whose special needs cannot otherwise be met.

PROTECTIVE SERVICES FOR ADULTS
SERVICE CODE 17

17.C UNITS OF SERVICE
(Continued)

90. Emergency Shelter: Services to provide temporary care and protection, until a satisfactory plan can be made, for adults and children who have left their home and are in need of such immediate shelter. Emergency shelter is provided for a maximum of 90 days per placement depending on the needs of the client. (Individual contracts may limit the number of days per placement or the number of placements per year.) All or part of a calendar day constitutes one unit of service.

PROTECTIVE SERVICES FOR CHILDREN
SERVICE CODE 18

18.A SERVICE DEFINITION

Services on behalf of neglected, abused, or exploited children (including runaways), which are designed to prevent or remedy that situation and include strengthening parental child care capacity, preserving family life, and providing a safe environment for the child.

PROTECTIVE SERVICES FOR CHILDREN
SERVICE CODE 18

18.B DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	Goals
TEA Recipients SSI Recipients Income Eligibles Without Regard to Income	3. Prevention of Neglect, Abuse or Exploitation

Geographic Availability

Available statewide.

Counseling, Group	Instruction
Counseling, Individual and Family	Intervention, Crisis
Home Study	Supervision

PROTECTIVE SERVICES FOR CHILDREN
SERVICE CODE 18

18.C UNITS OF SERVICE

20. Emergency Removal: All activities performed in an emergency acceptance of a child (including runaways and abandoned children) from a parent, relative, law enforcement official or any other source to prevent the child from being neglected, abused or exploited will count as one (1) unit.

40. Casework: Treatment method that includes direct intervention to address the problems, needs, or adjustments of an individual and/or family. Activities may include counseling; identifying problems; discussing alternatives; planning for solutions; travel; telephone contacts with or on behalf of a client; group work; arrangement for supplemental services and follow-up to insure services were received; preparation of written narratives/reports; supervisory conferences; facilitating receipt of services; supporting the client psychologically; acting as an advocate on the client's behalf; assistance in finding resources; and termination. A unit of service will be determined in each individual contract.

50. Intake/Assessment: All activities performed from the initial receipt of a report of suspected child abuse and/or neglect through the establishment of an initial case plan. Activities include receipt of report; travel; interviews with child(ren), parent(s)/substitute(s) and collaterals; preparation of written reports/narratives; an initial supervisory conference to determine case status; needs assessment; preliminary development of the case plan with the client; and preparation of the assessment report. Each quarter hour expenditure of time on the part of the worker constitutes one unit. Quarter hour units do not apply to direct services.

60. Legal Support Services: The activities rendered by the caseworker involving court action to protect a child. Activities may include preparation of court reports or summaries; travel; preparation of the client for court appearance; court time; conferences with attorney or Guardian Ad Litem to prepare for court and case record documentation; all activities involved in arranging for a Guardian Ad Litem to represent a client; and provision of information. Each quarter hour expenditure of time on the part of the worker constitutes one unit. Quarter hour units do not apply to direct services.

80. Counseling, Individual and Family: Services to support individual and family functioning. Services will focus on strengthening individual and family functioning; on encouraging individuals and families to build upon their existing strengths; on developing capacities to meet their needs; and on acquiring new skills. Activities may include problem identification and resolution; provision of emotional guidance and support; exploration of skills; exploration of community resources; exploration of

PROTECTIVE SERVICES FOR CHILDREN
SERVICE CODE 18

18.C UNITS OF SERVICE
(Continued)

possible alternative behavior patterns; and development and strengthening of capacity for personal and social functioning. A unit of service will be a quarter of an hour.

90. Staffing/Case Plan: A formal meeting of involved persons held to determine case progress and finalize case plans. Activities include preparation of written invitations to participants; preparation of staffing summaries; telephone contacts; travel; preparation of draft and final case plan; participation in the meeting; and preparation of the staffing report and narrative entry. Each quarter hour expenditure of time on the part of the worker constitutes one (1) unit. Quarter hour units do not apply to direct services.

NON-RESIDENTIAL SERVICES FOR YOUTH
SERVICE CODE 20

20.A SERVICE DEFINITION

Services are non-residential support services directed toward amelioration of behavioral and/or emotional problems in order to allow the juvenile to transition back into his or her home or community, and to prevent or reduce the need for re-institutionalization.

NON-RESIDENTIAL SERVICES FOR YOUTH
SERVICE CODE 20

20.B DIVISION OF YOUTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization
Status Eligible	

Geographic Availability

Available statewide. The service is delivered through programs located in Service Delivery Areas II and III.

Allowable Components (Purchase)

Casework Management: Significant communication, either directly or by correspondence, with or on behalf of a client. These communications must be in relation to the development of individualized case plans or the delivery of services based on a case plan. Services to specific individuals may include: gathering and processing social and medical information; developing an individualized case plan, including establishment of time-framed and measurable objectives; problem solving; consultation with youth and family; arrangement with other appropriate services; advocacy on behalf of the youth; supportive services; transportation; and follow-up.

Assessment	Follow-up
Case Plan Development	Intervention
Counseling, Group	Investigation
Counseling, Individual and Family	Supportive Activities
	Transportation

Therapy: Therapeutic relationship between a client and a qualified therapist (as defined by the individual's professional license in the State of Arkansas) for the purpose of accomplishing changes that are identified as goals in the treatment plan. May include individual therapy or group therapy, and consultation with the referral source as needed.

Case Plan Development	Supportive Activities
Counseling, Group	Testing, Psychological
Counseling, Individual and Family	Therapy, Group
Diagnosis	Therapy, Individual (Medical)
Intervention	Therapy, Individual (Non-Medical)

NON-RESIDENTIAL SERVICES FOR YOUTH
SERVICE CODE 20

20.B DIVISION OF YOUTH SERVICES
(Continued)

Diagnosis and Evaluation: Assessment of the nature and ex- tent of a youth's emotional and/or behavioral problems and recommendations for treatment strategies to remedy the identified problems. The specific diagnostic services provided and/or the level of sophistication of reports produced for the referring agency in any individual case would be based on an assessment of the youth and information needs of the referring agency. Services to specific individuals may include: educational evaluation, social assessment, psychological evaluation, psychiatric evaluation, and consultation with the referring/treatment agency. Assessment and planning may also include medical evaluation, if one of the above assessments indicates a physical association with the emotional and/or behavioral problem(s).

Diagnosis	Supportive Activities
Diagnosis and Evaluation (Medical)	Testing, Psychological

Special Note

For purposes of income eligibility determination, youth over the age of eighteen can be considered for this service through a special waiver request.

NON-RESIDENTIAL SERVICES FOR YOUTH
SERVICE CODE 20

20.C UNITS OF SERVICE

10. Casework Management: Significant communication, either directly or by correspondence, with or on behalf of a client. These communications must be in relation to the development of individualized case plans or the delivery of services based on a case plan. Services to specific individuals may include: gathering and processing social and medical information; developing an individualized case plan, including establishment of time-framed and measurable objectives; problem solving;, consultation with youth and family; arrangement with other appropriate services; advocacy on behalf of the youth; supportive services; transportation; and follow-up. Each quarter hour expenditure of time, with or on behalf of the client, constitutes one unit of service.

20. Therapy: Therapeutic relationship between a client and a qualified therapist (as defined by the individual's professional license in the State of Arkansas) for the purpose of accomplishing changes that are identified as goals in the treatment plan. May include individual therapy or group therapy and consultation with the referral source as needed. Each quarter hour expenditure of time, with or on behalf of the client, constitutes one unit of service.

30. Diagnosis and Evaluation: Assessment of the nature and extent of a youth's emotional and/or behavioral problems and recommendations for treatment strategies to remedy the identified problems. The specific diagnostic services provided and/or the level of sophistication of reports produced for the referring agency in any individual case would be based on an assessment of the youth and information needs of the referring agency. Services to specific individuals may include educational evaluation, social assessment, psychological evaluation, psychiatric evaluation, and consultation with the referring/treatment agency. Assessment and planning may also include medical evaluation, if one of the above assessments indicates a physical association with the emotional and/or behavioral problem(s). Each quarter hour expenditure of time, with or on behalf of the client, or as specified in an individual contract, constitutes one unit of service.

SOCIALIZATION/RECREATION SERVICES
SERVICE CODE 21

21.A SERVICE DEFINITION

* Services to facilitate client's involvement (as spectator or participant) in activities, sports, arts, crafts, games and for social interaction to promote personal enrichment, satisfying use of leisure time, or development of new skills or knowledge, and/or to reduce social isolation.

SOCIALIZATION/RECREATION SERVICES
SERVICE CODE 21

21.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide. (Aging and Adult Services Regions I, II, III, IV, VI, VII and VIII)

Allowable Components (Purchase)

Case Plan Development	Recreation
Health Screening	Social Interaction
Instruction	Supportive Activities
Interpreter Services	Telephoning
Outreach	Visiting

Special Notes

This service is available to individuals sixty years or older or to the spouse of an individual who is sixty years or older and receiving services through SSBG or Title III of the Older Americans Act. This service is also available to handicapped/ disabled individuals who are a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

SOCIALIZATION/RECREATION SERVICES
SERVICE CODE 21

21.C UNITS OF SERVICE

20. Socialization Services: Unit for reporting is a session: a session consists of all or part of a calendar day with a minimum of thirty (30) minutes in a socialization/recreation service.

SUPPORTIVE SERVICES FOR THE BLIND
SERVICE CODE 22

22.A SERVICE DEFINITION

Supportive services uniquely required by blind and visually impaired persons. These services are designed to provide the client with personal training to overcome barriers to effective participation in community life skills activities.

SUPPORTIVE SERVICES FOR THE BLIND
SERVICE CODE 22

22.B DIVISION OF SERVICES FOR THE BLIND

Eligibility Categories	Goals
TEA Recipients SSI Recipients Income Eligibles	2. Self-Sufficiency

Geographic Availability

Available statewide. The service is delivered through a program located in Service Delivery III.

Allowable Components (Direct)

Communication Equipment

SUPPORTIVE SERVICES FOR THE BLIND
SERVICE CODE 22

22.C UNITS OF SERVICE

20. Supportive Services for the Blind: All activities necessary for individual client assessment, case planning, training, and education.

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.A SERVICE DEFINITION

Services are designed to assist persons to function at their highest level of independence despite any limiting physical or mental conditions which may include drug and alcohol dependency.

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available Statewide.

Allowable Components (Purchase)

Guidance and Job Placement Meal, Group

Special Notes

Work activity center services are provided by the Division only to individuals with developmental disabilities as defined in the Glossary.

Services are available to individuals twenty-one years old or older. Individuals under twenty-one may also receive the service, but only if they have completed public school activities. This service does not take the place of public school education or services.

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.B DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Assessment	Counseling, Individual and Family
Counseling, Group	Supportive Activities

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.B ARKANSAS REHABILITATION SERVICES

Eligibility Categories

TEA Recipients
SSI Recipients
Income Eligibles

Goals

1. Self-Support
2. Self-Sufficiency
3. Prevention of Neglect, Abuse, or Exploitation
4. Prevention of Unnecessary Institutionalization
5. Appropriate Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Direct)

Case Plan Development
Counseling, Group
Counseling, Individual and Family
Devices, Aids and Appliances
Diagnosis
Diagnosis and Evaluation (Medical)
Follow-Up
Guidance and Job Placement
Instruction
Interpreter Services
Intervention
Subsistence Services
Supportive Activities
Therapy, Occupational
Therapy, Physical
Therapy, Speech (Non-Medical)
Training Supplies
Transportation

Allowable Components (Purchase)

Case Plan Development
Communication Equipment
Counseling, Group
Counseling, Individual and Family
Devices, Aids and Appliances
Follow-Up
Guidance and Job Placement
Instruction
Interpreter Services
Meal, Group
Peer Support
Personal Care
Recreation
Subsistence Services
Supportive Activities
Therapy, Physical
Therapy, Speech (Non-Medical)
Transportation
Tutoring
Vocational Training

Special Notes

Arkansas Rehabilitation Services (ARS) requires that there be an open ARS case for any client to whom this service is provided. This requirement is made to ensure that services are offered as part of a complete ARS case plan. The designated ARS representative may authorize services for clients under the age of 18 if all other eligibility requirements are met. For direct and purchased service components, a client 16 years of age or older is considered an adult.

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.B ARKANSAS SPINAL CORD COMMISSION

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization
	5. Appropriate Institution-alization

Geographic Availability

Available statewide.

Allowable Components (Direct)

Camping	Outreach
Case Plan Development	Personal Care
Communication Equipment	Personal Supplies
Counseling, Individual and Family	Placement
Devices, Aids and Appliances	Prescription, Purchase and Administration of Drugs
Diagnosis	Supervision
Diagnosis and Evaluation (Medical)	Supportive Activities
Escort Services	Telephoning
Follow-Up	Therapy, Individual (Medical)
Household Tasks	Therapy, Individual (Non-Medical)
Instruction	Therapy, Physical
Intervention	Transportation
Investigation	

Special Notes

To meet individual client needs, the Commission's case managers may arrange for the purchase of services, supplies, or devices to supplement the services they provide.

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.B DIVISION OF COUNTY OPERATIONS

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	

Geographic Availability

Available statewide. Developed through a program located in Service Delivery Area III.

Allowable Components (Purchase)

Case Plan Development	Instruction
Counseling, Group	Outreach
Counseling, Individual and Family	Supportive Activities
Follow-Up	Transportation
Guidance and Job Placement	

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.C UNITS OF SERVICE

00. Intake and Assessment for Substance Abuse: A one-time charge per client per admission. Admission is designed as a unit of Residential, a unit of Partial Day, or a unit of Outpatient services. **The client cannot be admitted and discharged on the same day. Intake and Assessment for Substance Abuse must include** the administration of an interview to provide information on the client, the client's alcohol/drug use history, employment history, family background and prior treatment episodes. **The administration of the Addiction Severity Index (ASI) must be included**. Other items may include physical exam, drug testing and other screening or assessment tools for substance abuse and mental health.

10. Guidance and Job Placement: Process which aids individuals in developing work skills, habits, and attitudes and which assists in job placement. The service includes vocational and occupational guidance, and screening, selecting, and referring job seekers to job openings.

20. Special Services for the Disabled: Individualized and specialized services provided for eligible disabled or handicapped persons. Unit will vary with purchased service agreement.

30. Casework: Treatment method composed of intake, psycho-social diagnosis or assessment, treatment planning, and therapy which enables intrapersonal, interpersonal, and environmental change to enhance an individual's social functioning. In the course of treatment, these activities may include counseling with the client, family, or a group regarding appropriate behavior or resources, facilitating receipt of services, supporting the client psychologically, and acting as an advocate on the client's behalf. Each 15 minute period spent with or on behalf of the client constitutes one (1) unit of service.

40. Diagnosis and Evaluation: A physiological, medical or developmental testing to determine a person's eligibility for services. The evaluation includes procedures to determine continued eligibility and programming needs. A diagnosis and evaluation is one unit and must be a minimum of one hour.

50. Outpatient Services: May include intake, social diagnosis, and evaluation; group and individual counseling; day treatment; antabuse purchase and administration; and medical, social, and other service referral. Unit may vary with the contract.

60. Extended Services: A system of goal-directed training provided over an extended period of time for clients who

SPECIAL SERVICES FOR THE DISABLED
SERVICE CODE 23

23.C UNITS OF SERVICE
(Continued)

appear employable and are in need of continued adjustment services. Individualized plans utilize social casework and adjustment services which are goal-directed and which maximize the individual's, vocational, educational, personal and social functioning. As training, Extended Services should be provided to individuals covered by the Workcenter Evaluation and Training Certificate in accordance with the Fair Labor Standards Act. Each day of service constitutes one unit. A minimum of 5 hours of service must be provided in order to bill one unit - full day. Three to 5 hours constitutes one unit - partial day. The number of hours of Extended Services excludes transportation time.

(SSBG recipients of Extended Services must have an open Division of Rehabilitation Services case and the service must have been authorized by one of the Division's counselors.)

70. Medical Support Services: Activities may include antabuse purchase and administration; emergency attention by a medical professional; initial psychiatric and/or medical examinations and required follow-up visits; and psychological or drug testing and/or medication maintenance as necessary for successful completion of the treatment plan and which are not available through Title XVIII or XIX. Unit may vary with the contract. Drug testing unit of service is one test for one drug. A maximum of three tests are reimbursable.

* 80. Work Activity: A program which provides services and uses work training as a method of providing training skills to adults (age twenty-one years or older, or graduated from public school) who have been diagnosed as having a developmental disability. Center must possess a Wage and Hour Certificate. Service is provided in units of one hour (less than a full hour cannot be utilized) with a maximum of five hours total time accumulated daily.

SUBSTITUTE CARE FOR CHILDREN
SERVICE CODE 24

24.A SERVICE DEFINITION

Service provides selective placement in an alternate living situation, such as a foster home, group home, or residential treatment facility for a planned period of time for a child who has to be separated from his natural or legal parents. This service includes casework and intervention services with the child, his parents/guardians, caregivers, and community resources.

SUBSTITUTE CARE FOR CHILDREN
SERVICE CODE 24

24.B DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories

TEA Recipients
SSI Recipients
Income Eligibles

Goals

1. Self-Support
2. Self-Sufficiency
3. Prevention of Neglect, Abuse, or Exploitation
4. Prevention of Unnecessary Institutionalization
5. Appropriate Institution-alization

Geographic Availability

Services are available statewide. Purchased services are delivered in Service Areas III and V.

Allowable Components (Purchase)

Emergency Shelter for Children: Emergency shelter available on a twenty-four hour basis for up to forty-five days in a six-month period for children who have left or have been removed from their homes and are in need of such immediate shelter and supervision services.

Case Plan Development
Counseling, Group
Counseling, Individual and Family
Follow-up
Instruction
Intervention
Intervention, Crisis
Legal Activities
Medical Care
Outreach
Personal Supplies
Placement
Prescription, Purchase, and Administration of Drugs
Recreational Supplies
Room and Board
Social Interaction
Supportive Activities
Therapy Group
Therapy, Individual (Non-Medical)
Transportation

SUBSTITUTE CARE FOR CHILDREN
SERVICE CODE 24

24.B DIVISION OF CHILDREN AND FAMILY SERVICES (Continued)

Residential Treatment Care: Treatment provided in a residential facility. Service is provided for individuals whose physical, emotional, or behavioral problems cannot be remedied in their own home, as diagnosed by a qualified professional. (Services may include therapeutic camping experiences for clients served in a residential treatment program.) The following activities (described in terms of standard components) are offered as needed to individual clients:

Case Plan Development
Counseling, Group
Counseling, Individual and Family
Diagnosis
Diagnosis and Evaluation (Medical)
Follow-Up
Home Study
Instruction
Intervention, Crisis
Medical Care
Personal Supplies
Placement
Prescription, Purchase, and Administration of Drugs
Recreation
Recreational Supplies
Room and Board
Social Interaction
Supportive Activities
Testing, Psychological
Therapy, Group
Therapy, Individual (Non-Medical)
Therapy, Speech
Transportation
Tutoring

Special Notes

This service is provided to children (defined under "Child" in the Glossary) and to individuals between eighteen and twenty-one years of age if already a client of DCFS.

SUBSTITUTE CARE FOR CHILDREN
SERVICE CODE 24

24.C UNITS OF SERVICE

10. Intake/Assessment: All activities from the initial contact up to and including development of a preliminary case plan. Activities may include interview, needs assessment, case status determination, eligibility determination, travel, supervisor conferences, preparation of written narratives/reports, and development and writing of a preliminary case plan.

20. Staffing/Case Plan: All activities involved in the formal staffing process. These activities include preparation of staffing summaries, travel, preparing a draft case plan, contacts made to notify participants, actual time spent in the meeting to staff a case, and writing of the formal case plan.

30. Casework Services: Treatment method that includes direct intervention to address the problems, needs, or adjustments of an individual and/or family. Activities may include counseling, identifying problems, dis- cussing alternatives, planning for solutions, travel, telephone contacts with or on behalf of a client, group work, arrangement for supplemental services and follow- up to insure that services were received, preparation of written narratives/reports, supervisory conferences, facilitating receipt of services, supporting the client psychologically, acting as an advocate on the client's behalf, assistance in finding resources, and termina- tion. Each quarter hour expenditure of time by the worker constitutes one unit. Quarter hour units do not apply to direct services.

40. Legal Support Services: Activities rendered by the caseworker involving court action to protect a child. Activities may include preparation of court reports or summaries; travel; preparation of the client for court appearance; court time; conferences with attorney or guardian ad litem to prepare for court and case record documentation; all activities involved in arranging for a guardian ad litem to represent a client; and provision of information. Each quarter hour expenditure of time by the worker constitutes one (1) unit. Quarter hour units do not apply to direct services.

SUBSTITUTE CARE FOR CHILDREN
SERVICE CODE 24

24.C UNITS OF SERVICE
(Continued)

60. Emergency Shelter for Children: Emergency shelter available on a 24-hour basis for up to 45 days in a six-month period for children whose circumstances or behavior require immediate removal from their home. The purposes of emergency shelter are to provide shelter while emergency arrangements are made, to develop a case plan with time-framed, measurable objectives for each youth geared toward permanent placement (the plan must be evaluated within 72 hours of intake, excluding weekends and holidays), and to provide a short-term (15-day maximum recommended) alternative to secure detention. The client must be a resident of the facility at midnight in order for payment to be made to the provider.

80. Residential Treatment Care: Treatment provided in a residential facility. Service is provided to individuals whose physical, emotional, or behavioral problems cannot be remedied in their own home, as diagnosed by a qualified mental health professional (as defined by the DHHS division/office administering the program). The Client must be a resident of the facility at midnight in order for payment to be made to the provider.

00. Termination of Care: Activities include appointments and transportation necessary for the child's transfer, preparation of the child for the move and short-term follow-up services to the child. All activities from the point that a permanent plan for the child has been arranged, including the child's placement, constitute one (1) unit.

SUPERVISED LIVING SERVICES
SERVICE CODE 25

25.A SERVICE DEFINITION

The service is provision of care in a group living facility for all or part of a calendar day for individuals with socially diagnosed problems of functional dependency, alcoholism, drug abuse, medically and/or psychologically diagnosed problems of emotional illness, or mental retardation/ developmental disabilities, and youth in need.

SUPERVISED LIVING SERVICES
SERVICE CODE 25

25.B DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Assessment	Residential Treatment

Special Notes

Any facility which serves clients under the age of eighteen must comply with the Child Care Facility Licensing Act.

While the Supervised Living Facility provides basic treatment in a residential setting, other CSPP services may be purchased separately for individuals, as needed, if not already included in the Supervised Living Services.

SUPERVISED LIVING SERVICES
SERVICE CODE 25

25.B ARKANSAS REHABILITATION SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	

Geographic Availability

Services are available statewide; delivered in residential program located in Service Delivery Area III.

Allowable Components (Purchase)

Case Plan Development	Follow-Up
Counseling, Group	Personal Care
Counseling, Individual and Family	Room and Board
Diagnosis	Supervision
	Supportive Activities

Special Notes

Any facility which serves clients under the age of eighteen must comply with the Child Care Facility Licensing Act.

While the Supervised Living Facility provides basic treatment in a residential setting, other CSPP services may be purchased separately for individuals, as needed, if not already included in the Supervised Living Services.

SUPERVISED LIVING SERVICES
SERVICE CODE 25

25.C UNITS OF SERVICE

10. Diagnosis and Evaluation: Includes a full battery of tests designed to provide comprehensive assessment in all major areas, including intelligence, achievement, personality, organic-perceptual, and vocational aptitude and/or interest. Testing shall be done by a Psychological Examiner or a Licensed Counselor. This service may also include an independent review and evaluation of social history, test data, and other pertinent information for diagnostic purposes with a written narrative report by a Psychiatrist licensed by the State of Arkansas. One evaluation or full battery of tests constitutes one unit of service.

20. Residential Care Services (includes room and board): Services provided for all or part of a calendar day in a supervised living program, which includes payment for room and board under SSBG, constitute one unit of service.

30. Supervised Living Services (does not include room and board): Services provided for all or part of a calendar day in a supervised living program, which does not include payment for room and board under SSBG, constitute one unit of service.

31. Group Home: Program that must have staff available as needed due to individuals' functioning levels.

32. Apartments: Program that provides services as needed to assist individuals.

40. Casework: Treatment method composed of intake, psycho-social diagnosis or assessment, treatment planning, and therapy which enables intrapersonal, interpersonal, and environmental change to enhance an individual's social functioning. In the course of treatment, these activities may include counseling with the client, family, or a group regarding appropriate behavior or resources, facilitating receipt of services, supporting the client psychologically, and acting as an advocate on the client's behalf. Each contact with or on behalf of the client constitutes one unit of service.

50. Detoxification: Medical detoxification includes twenty-four hour medically supervised care in a hospital setting or medical model facility. Includes a short-term treatment (three to seven days) during which time prescribed medication is used to restore physiological functioning after it has been upset by toxic agents, including alcohol. Service shall be under the supervision and guidance of a licensed physician. One day (all or any part of a calendar day) constitutes a unit of service.

SUPERVISED LIVING SERVICES
SERVICE CODE 25

25.C UNITS OF SERVICE
(Continued)

* Residential detoxification includes twenty-four hour per day nursing care and daily physician services to clients while undergoing detoxification in a residential/live-in setting. Daily physician services must include physician-patient contact and the physician's review of the patient's progress. One day (all or any part of a calendar day) constitutes a unit of service.

60. Transportation: Conveyance of client from one location to another. Measurement of unit varies with contract.

70. Medical Support Services: When provided for residential alcoholism treatment, activities may include: antabuse purchase and administration; emergency attention by a medical professional; initial psychiatric and/or medical examinations and follow-up contacts; psychological or drug testing and/or medication maintenance as necessary for successful completion of the treatment plan and which are not available through Title XVIII, XIX, or other SSBG contracts. Unit may vary with purchase of service agreement. Unit of services for drug testing is one test for one drug. A maximum of three tests are reimbursable.

90. Intake and Assessment for Substance Abuse: A one-time charge per client per admission. Admission is designed as a unit of Residential, a unit of Partial Day, or a unit of Outpatient services. **The client cannot be admitted and discharged on the same day. Intake and Assessment for Substance Abuse must include** the administration of an interview to provide information on the client, the client’s alcohol/drug use history, employment history, family background and prior treatment episodes. **The administration of the Addiction Severity Index (ASI) must be included.** Other items may include physical exam, drug testing and other screening or assessment tools for substance abuse and mental health.

TRAINING AND EDUCATION SERVICES
SERVICE CODE 26

26.A SERVICE DEFINITION

Those activities which, when not otherwise available, are planned with individuals in order that they may fulfill their intellectual potential for employment through education or training denied to them without positive intervention.

TRAINING AND EDUCATION SERVICES
SERVICE CODE 26

26.B ARKANSAS REHABILITATION SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	

Geographic Availability

Available statewide. Service is delivered in a residential program located in Service Delivery Area IV.

Allowable Components (Direct)

Assessment	Room and Board
Case Plan Development	Supervision
Comprehensive Training Center Activities	Supportive Activities
	Testing, Psychological
Counseling, Group	Therapy, Group
Counseling, Individual and Family	Therapy, Individual (Non-Medical)
Guidance and Job Placement	Training Supplies
Interpreter Services	Tutoring
Medical Care	Vocational Training

Special Notes

Arkansas Rehabilitation Services (ARS) requires that there be an open ARS case for any client to whom this service is provided. This requirement is made to ensure that services are offered as part of a complete ARS case plan. The designated ARS representative may authorize services for clients under the age of eighteen if all other eligibility requirements are met. For direct and purchased service components, a client sixteen years of age or older is considered an adult.

TRAINING AND EDUCATION SERVICES
SERVICE CODE 26

26.C UNITS OF SERVICE

* 10. Assessment Services: Services will include orientation and prevocational testing. One hour constitutes one unit of service.

* 20. Employability Evaluation Programs: Those evaluative programs needed to determine a client's employability to include, but not be limited to, employability profile, 16PF, USES, GATB/NATB, Simulated Job Application, Simulated Job Interview, and Employability Maturity Assessment. One hour constitutes one unit of service.

* 30. Training Center Services: Those services needed to initiate educational training, technical training, and vocational training programs as established by the administration to provide rehabilitative services to those clients referred by the Division of Rehabilitation Services to the training center. One hour constitutes one unit of service.

* 40. Training Center Services: Services continued. One hour constitutes one unit of service.

* 50. Training Center Services: Continued

* 60. Psychosocial Programs: Treatment method to provide psychosocial diagnosis or assessment, treatment planning, and therapy which enables intrapersonal, interpersonal, and environmental change to enhance an individual's social functioning. Also includes instructions in personal grooming and self-care. One hour constitutes one unit of service.

* 70. Student Affairs/Room and Board: Services (including room and board) to support other training center activities. Activities may include, but are not limited to, counseling, facilitating receipt of services, recreation, and arrangements for and the provision of transportation. Room and board is an integral but subordinate component of the training services and cannot be billed unilaterally. All or part of a twenty- four hour period constitutes one unit of service.

TRANSPORTATION SERVICES
SERVICE CODE 27

27.A SERVICE DEFINITION

Transporting client from one location to another by public or private vehicle so that client has access to needed service, care or assistance. SSBG funding may be used for this service only when the service is not available through Title XVIII or XIX of the Social Security Act.

TRANSPORTATION SERVICES
SERVICE CODE 27

27.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development	Transportation
Escort Services	

Special Notes

This service is available to individuals sixty years or older or to the spouse of an individual who is sixty years or older and receiving services through SSBG or Title III of the Older Americans Act. The service is also available to a handicapped/disabled individual who is a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

TRANSPORTATION SERVICES
SERVICE CODE 27

27.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Transportation

TRANSPORTATION SERVICES
SERVICE CODE 27

27.C UNITS OF SERVICE

20. Transportation - One Way: A unit for reporting is a one-way trip: (e.g., from client's home to final destination with any stops in between is one (1) one-way trip; from destination to client's home is one (1) one-way trip). Segments of a trip cannot be counted separately [e.g., from home to doctor to senior center to grocery store is one (1) one-way trip, not three (3)]. (This unit of service applies only to the Division of Aging and Adult Services.)

* 30. Transportation - Mile: A unit for reporting is one (1) mile of conveyance during the time a person is actually being transported. It cannot include miles traveled to pick up a person, or miles traveled after the person has been delivered to their destination.

31. Individual
32. Group

40. Transportation - Other: A unit for reporting will be determined in each individual contract.

MENTAL HEALTH SERVICES
SERVICE CODE 29

29.A SERVICE DEFINITION

Organized efforts performed by trained personnel in certified mental health facilities to help individuals to overcome mental, emotional, social, and psychological dysfunctioning.

MENTAL HEALTH SERVICES
SERVICE CODE 29

29.B DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories

TEA Recipients
SSI Recipients
Income Eligibles

Goals

1. Self-Support
2. Self-Sufficiency
3. Prevention of Neglect, Abuse, or Exploitation
4. Prevention of Unnecessary Institutionalization
5. Appropriate Institution-alization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development
Counseling, Group
Counseling, Individual and Family
Day Treatment
Diagnosis
Diagnosis and Evaluation (Medical)
Follow-Up
Meal, Group
Prescription, Purchase, and Administration of Drugs
Residential Treatment
Speech Evaluation
Supportive Activities
Testing, Psychological
Therapy, Group
Therapy, Individual (Medical)
Therapy, Individual (Non-Medical)
Therapy, Speech (Non-Medical)
Transportation

MENTAL HEALTH SERVICES
SERVICE CODE 29

29.C UNITS OF SERVICE

10. Diagnosis: May include psychological testing, psychosocial history, and psychiatric and/or medical examinations and interpretation.

20. Treatment Program Plan: May include evaluation of data, consultation with other professionals, and the plan itself.

30. Individual - Outpatient Treatment: Psychosocial therapy on an individual basis for clients who are not residents of a mental institution. A session may consist of an emergency telephone call or intensive therapy. Only one technique will be utilized. May include prescribing and administering drugs. Each quarter hour of service constitutes one unit.

40. Individual - Partial Day Treatment: May be evening care, night care, and semi-day care, and may include one meal. May include prescribing and administering drugs. Room and board are not included. Each quarter hour of treatment constitutes one unit of service.

50. Group - Outpatient Treatment: Treatment of a client or family group in a group setting. May include prescribing and administering drugs. Each quarter hour of treatment constitutes one unit of service.

60. Group - Partial Day Treatment: May include group psychosocial therapy; milieu therapy; and speech, occupational, and recreational therapy. May include prescribing and administering drugs. Each quarter hour of treatment constitutes one unit of service.

70. Collateral Services: A direct service contact by a mental health professional or paraprofessional with other professionals, caregivers, gatekeepers, or other parties on behalf of an identified patient to obtain or share relevant information necessary to the enrolled patient's assessment, plan of care and/or rehabilitation. Each quarter hour of service constitutes one unit of service.

80. Transportation: Transportation to enable the client to receive services. Transportation is conveyance of client from one location to another. Unit varies with purchase of service agreement.

MENTAL HEALTH SERVICES
SERVICE CODE 29

29.C UNITS OF SERVICE
(Continued)

90. Crisis Intervention: Service to prevent an inappropriate, premature, or more restrictive placement and/or maintain the eligible patient in an appropriate outpatient modality. Crisis intervention is an unscheduled direct service contact occurring either on or off site between an eligible patient with a diagnosable psychiatric disorder and a mental health professional.

DAY SERVICES FOR DD CHILDREN
SERVICE CODE 30

30.A SERVICE DEFINITION

Services to children and families of children based on individual family services plan. These services allow children and families to receive training to strengthen the child/family functioning in their home and community.

DAY SERVICES FOR DD CHILDREN
SERVICE CODE 30

30.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	4. Prevention of Unnecessary Institutionalization
Income Eligibles	

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Habilitation Training	Meal, Group

DAY SERVICES FOR DD CHILDREN
SERVICE CODE 30

30.C. UNITS OF SERVICE

10. Early Intervention: To provide training and services for children, who have been diagnosed as developmentally disabled or developmentally delayed, in the age group of birth to five years, and their families. If a person reaches age five after the date set by the Department of Education, he/she is eligible for services until the following school year. A service unit must be a minimum of two hours duration with one hour of direct service to the child; include the parent, guardian, or caregiver; and have a ratio of one instructor to one child and family.

20. Preschool: To provide services to children who have been diagnosed as developmentally disabled, or developmentally delayed, in the age group of birth to five years. If a person reaches age five after the date set by the Department of Education, he/she is eligible for services until the following school year. A service unit is one hour (less than a full hour cannot be utilized), with a maximum of five hours daily.

COORDINATED COURT SERVICES
SERVICE CODE 35

35.A SERVICE DEFINITION

Services delivered at the request of a court or child welfare agency which may include gathering information about a family or families and presentation of the information to the court in a written report. Testimony in court about the report may be required. Supervision of visitation and development of a written report resulting from the visitation may also be included.

COORDINATED COURT SERVICES
SERVICE CODE 35

35.B DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	Goals
TEA Recipients SSI Recipients Income Eligibles	3. Prevention of Neglect, Abuse or Exploitation

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Court Testimony	Report Development
Home Study	Supervision

COORDINATED COURT SERVICES
SERVICE CODE 35

35.C UNITS OF SERVICE

40. Home Study: Determination of the type (s) of family (or families) appropriate for placement of a child(ren), assessment of parenting potential of a family for the child(ren), preparation of the family for permanent placement, development of report, and possibly, testimony in court.

50. Supervised Visitation: Monitoring court ordered visitation through the physical presence of professional staff or a trained volunteer who will observe interaction, terminate visitation if it becomes disruptive or traumatic to the child, and testify in court if needed.

CONGREGATE MEALS
SERVICE CODE 36

36.A SERVICE DEFINITION

Service to provide hot meals (or other as appropriate) that contain at least one third (1/3) of the nutritional value of the Recommended Daily Allowance (R.D.A.). Meals are served in a group setting such as a senior center or elderly housing facility.

CONGREGATE MEALS
SERVICE CODE 36

36.B DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse, or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development	Meal, Group
Instruction	Outreach

Special Notes

This service is available to individuals sixty years or older or to the spouse of an individual who is sixty years or older and receiving services through SSBG or Title III of the Older Americans Act. This service is also available to a handicapped/disabled individual who is a dependent of and residing with an individual who is sixty years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of the Division of Aging and Adult Services), any adult will be eligible for the service.

The Instruction Component of this service will be limited to the provision of nutritional information to clients.

CONGREGATE MEALS
SERVICE CODE 36

36.C UNITS OF SERVICE

20. Congregate Meals: All activities necessary to purchase, prepare, and provide one meal constitute one unit of service. Unit for reporting and billing is a meal.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.A SERVICE DEFINITION

* Supportive Services for Children and Families is a coordinated set of services designed to address a wide range of problems. This service is intended to help parents in their child-rearing role, promote healthy development and social functioning of children, prevent unnecessary removal of children from their homes, strengthen family functioning, and meet the needs of families in crisis.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.B DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse or Exploitation

Geographic Availability

This service is available statewide.

Allowable Components (Purchase)

Counseling, Group	Instruction
Counseling, Individual and Family	Intensive Family Services
Home Study	Intervention, Crisis
	Supervision

Special Notes

This service interfaces with Title IV-B and, as a child welfare service, is provided without regard to income. This service is a clustered service which comprises emergency services, supportive services to children in their own home, employment services, services to youth in need and transportation services. To meet individual client needs, the Division's staff may arrange for the purchase of services or supplies to supplement the services they provide.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.B DIVISION OF COUNTY OPERATIONS

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization
	5. Appropriate Institutionalization

Geographic Availability

Available statewide. Developed through programs located in Service Delivery Areas III and V.

Allowable Components (Purchase)

Case Plan Development	Outreach
Commodity Distribution	Supportive Activities
Instruction	

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	2. Self-Sufficiency
SSI Recipients	3. Prevention of Neglect, Abuse or Exploitation
Income Eligibles	4. Prevention of Unnecessary Institutionalization
	5. Appropriate Institutionalization

Geographic Availability

This service is available statewide.

Allowable Components (Purchase)

Diagnosis and Evaluation (Medical)

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.C UNITS OF SERVICE

10. Intake/Assessment: All activities from the initial contact up to and including development of a preliminary case plan. Activities may include interviewing, needs assessment, case status determination, eligibility determination, travel, supervisory conferences, preparation of written narratives/reports, and development and writing of a preliminary case plan. Each quarter hour expenditure of time on the part of the worker constitutes one unit. Quarter hour units do not apply to direct services.

20. Staffing/Case Plan: All activities involved in the formal staffing process. These activities include preparation of staffing summaries, travel, preparing a draft case plan, contacts made to notify participants, actual time spent in the meeting to staff a case, writing of the formal staffing report, and writing of the formal case plan. Each quarter hour expenditure of time on the part of the worker constitutes one unit. Quarter hour units do not apply to direct services.

30. Casework: Treatment method that includes direct intervention to address the problems, needs, or adjustments of an individual and/or a family. Activities may include counseling, identifying problems, discussing alternatives, planning for solutions, travel, telephone contacts with or on behalf of a client, group work, arrangement for supplemental services and follow-up to insure that services were received, preparation of written narratives/reports, supervisory conferences, receipt of services, supporting the client psycho- logically, acting as an advocate on the client's behalf, assistance in finding resources, and termination. A unit of service will be determined in each individual contract.

40. Legal Support Services: Activities rendered by the caseworker involving court action to protect a child. Activities may include preparation of court reports or summaries; travel; preparation of the client for court appearance; court time; conferences with attorney or guardian ad litem to prepare for court and case record documentation; all activities involved in arranging for a guardian ad litem to represent a client; and provision of information. Each quarter hour expenditure of time on the part of the worker constitutes one unit. Quarter hour units do not apply to direct services.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.C UNITS OF SERVICE
(continued)

60. Supportive Activities: Services to support families of at-risk children (birth to 21 years of age) in accessing appropriate medical, social, or psychological services. Service may include instruction, consultation, collateral contacts between service providers and other individuals or agencies involving the service recipient and/or their families, arrangement for services and follow-up. This service may also include medical care when: 1) integral but subordinate to the service; 2) delivered in an emergency/crisis intervention situation; and 3) necessary for the client to benefit from the service. One client/family or collateral contact constitutes one unit of service.

70. Counseling, Individual and Family: Services to support individual and family functioning. Services will focus on strengthening individual and family functioning; on encouraging individuals and families to build upon their existing strengths; on developing capacities to meet their needs; and on acquiring new skills. Activities may include problem identification and resolution; provision of emotional guidance and support; exploration of skills; exploration of community resources; exploration of possible alternative behavior patterns; and development and strengthening of capacity for personal and social functioning. A unit of service will be a quarter of an hour.

80. Diagnosis and Evaluation: A diagnostic evaluation using an interdisciplinary team approach to produce findings and recommendations for placement/care/ programming which is presented verbally and in written form. This service may include medical care when: 1) integral but subordinate to the service; 2) delivered in an emergency/crisis intervention situation; and 3) necessary for the individual to benefit from the service.

    81. Full Team
    82. One (1) Professional Team
    83. Two (2) Professional Team
    84. Three (3) Professional Team

90. Medical Support Services: Contacts with individuals (family members, agency staff, school personnel, or treatment professionals) on behalf of the patients. This service includes specific follow-up services with the client provided as a part of the team evaluation recommendation, such as psychosocial therapy, school

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

38.C UNITS OF SERVICE
(continued)

intervention or observation, or speech/language therapy. The service may also include medical care when: 1) integral but subordinate to the service; 2) delivered in an emergency/crisis intervention situation; and 3) necessary for the client to benefit from the service. Each quarter hour expenditure of time on the part of the worker constitutes one unit of service.

SUBSTITUTE CARE FOR YOUTH
SERVICE CODE 42

42.A SERVICE DEFINITION

Services provide selective placement in a foster home, group home, or residential treatment facility for a planned period of time for delinquent youth committed to the Division of Youth Services by a Juvenile/Chancery Court. This service includes casework and intervention service with the youth, parents/guardians, caregivers, and community resources.

SUBSTITUTE CARE FOR YOUTH
SERVICE CODE 42

42.B DIVISION OF YOUTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization
Status Eligible	

Geographic Availability

Available statewide.

Allowable Components (Purchase)

- Assessment
- Case Plan Development
- Casework Management
- Counseling, Group
- Counseling, Individual and Family
- Diagnosis
- Diagnosis and Evaluation (Medical)
- Follow-up
- Instruction
- Intervention, Crisis
- Medical Care
- Outreach
- Personal Supplies
- Placement
- Prescription, Purchase and Administration of Drugs
- Recreational Supplies
- Room and Board
- Social Interaction
- Supportive Activities
- Testing, Psychological
- Therapy, Group
- Therapy, Individual (Non-Medical)
- Transportation

Special Notes

For purposes of income eligibility determination, youth over the age of eighteen can be considered for this service through a special waiver request.

SUBSTITUTE CARE FOR YOUTH
SERVICE CODE 42

42.C UNITS OF SERVICE

70. Comprehensive Residential Treatment: Intensive therapeutic care in a residential treatment facility. The program is provided to individuals with severe emotional or behavioral problems which cannot be remedied by less-intensive treatment, as diagnosed by a qualified professional. The program is offered to prepare a client for less intensive treatment or for independent living. The activities on the preceding page (described in terms of standard components) must be offered when they are part of the youth's individual case plan.

80. Residential Treatment: Twenty-four hour treatment services available for up to one year for each individual (recommended average: four to six months) for youth whose emotional and/or behavioral problems as diagnosed by a qualified professional, cannot be remedied in their own home. An individualized treatment plan with time-framed, measurable objectives must be formulated and implemented for each youth. Room and Board is limited to a maximum of six months in a one year period.

90. Therapeutic Foster Care: Intensive therapeutic care for youth provided in family homes which operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a service fee is paid to specially trained foster families. Caregivers who provide this service in their homes, if not specially trained, are specifically qualified to provide the service because they have an educational or professional background that attests to qualifications equal to or greater than that of caregivers who have received special training. Youth to whom this service is provided have emotional or behavioral problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential treatment program. The activities on the preceding page (described in terms of standard components) must be offered when they are part of the youth's individual case plan.

MENTAL HEALTH SERVICES, ADDITIONAL UNITS
SERVICE CODE 43

43.A SERVICE DEFINITION

Organized efforts performed by trained personnel in certified mental health facilities to help individuals overcome mental, emotional, social, and psychological dysfunctioning.

MENTAL HEALTH SERVICES, ADDITIONAL UNITS
SERVICE CODE 43

43.B DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization
	5. Appropriate Institution-alization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Case Plan Development	Residential Treatment
Counseling, Group	Speech Evaluation
Counseling, Individual and Family	Supportive Activities
Day Treatment	Testing, Psychological
Diagnosis	Therapy, Group
Diagnosis and Evaluation (Medical)	Therapy, Individual (Medical)
Follow-Up	Therapy, Individual (Non-Medical)
Meal, Group	Therapy, Speech (Non-Medical)
Prescription, Purchase, and Administration of Drugs	Transportation

MENTAL HEALTH SERVICES, ADDITIONAL UNITS
SERVICE CODE 43

43.C UNITS OF SERVICE

10. Identification/Assessment/Reassessment and Care Plan: This procedure, completed by a mental health profess-ional, includes the initial assessment of treatment and care needs, the reassessment of needs each 180 days and development and/or updating of an individualized plan of care if a patient is considered to be severely and/or chronically mentally ill. The purpose of this service is to certify the patient as eligible for additional mental health care based on diagnosis, psychiatric history, and current level of functioning and to delineate the treatment and care to be provided during the certification period.

20. On-Site Intervention: A direct service contact occurring on site between a mental health professional or para-professional and an enrolled patient. The purposes of this service are the following: obtaining the full range of needed services; monitoring and supervising the patient's functioning; establishing support for the patient; and gathering information relevant to the patient's plan of care. May include prescribing and administering drugs by a physician or registered nurse. Each quarter hour of service constitutes one unit.

30. Off-Site Intervention: A direct service contact occurring off site between a mental health professional or paraprofessional and an enrolled patient. The purposes of this service are the following: obtaining the full range of needed services; monitoring and supervising the patient's functioning; establishing support for the patient; and gathering information relevant to the patient's plan of care. Each quarter hour of service constitutes one unit.

40. Therapeutic Day Treatment, Acute: Services rendered to patients who have any psychiatric symptoms that medically require the client to receive a more structured form of care than outpatient. It differs from the traditional outpatient program in that it requires more structured care for a long period of time. It is intended for maximum reduction of psychiatric symptoms and for eventual assimilation into the community. The intent is to prevent the need for acute in-patient hospitalization. Each quarter-hour of service constitutes one unit.

50. Crisis Stabilization Intervention: A direct service contact between an enrolled patient and a mental health professional or paraprofessional for the purpose of ameliorating a situation which places the client at risk of 24-hour inpatient care or other more restrictive 24- hour placement. The service may be provided within the

MENTAL HEALTH SERVICES, ADDITIONAL UNITS
SERVICE CODE 43

43.C UNITS OF SERVICE
(Continued)

client's permanent place of residence, temporary domicile or on site. Coding is as follows:

51. Scheduled service provided by a mental health professional.

52. Scheduled service provided by a mental health paraprofessional.

53. Crisis Intervention: Service to prevent an inappropriate, premature, or more restrictive placement and/or maintain the eligible patient in an appropriate outpatient modality. Crisis intervention is an unscheduled direct service contact occurring either on or off site between an eligible patient with a diagnosable psychiatric disorder and a mental health professional.

60. Collateral Intervention: A direct service contact by a mental health professional or paraprofessional with other professionals, caregivers, gatekeepers, or other parties on behalf of an identified patient to obtain or share relevant information necessary to the enrolled patient's assessment, plan of care and/or rehabilitation. Each quarter hour of service constitutes one unit of service.

70. Rehabilitative Day Service: A direct service rendered to enrolled patients who have psychiatric symptoms that require medical rehabilitation in a more structured form of care than outpatient care for the purposes of maximum reduction of psychiatric symptoms, increased functioning and eventual assimilation into the community. This service is rendered in a day program setting by a mental health professional or a paraprofessional supervised by a mental health professional. Each quarter hour of service constitutes one unit.

80. Diagnosis and Evaluation (Medical):

81. Physical Examination: A direct service contact provided to a severely mentally ill client by a psychiatrist or a physician, to review a patient's medical history and to examine the patient's organ and body systems' functioning for the purposes of determining the status of the patient's physical health. Each quarter-hour of service constitutes one unit.

MENTAL HEALTH SERVICES, ADDITIONAL UNITS
SERVICE CODE 43

43.C UNITS OF SERVICE
(Continued)

82. Routine Venipuncture for Collection of Specimen: This service must be performed by a physician or a licensed nurse under the direction of a physician. A specimen collection fee may be allowed only in circumstances including: drawing a blood sample through venipuncture (e.g., inserting into a vein a needle with syringe or vacutainer to draw the specimen); or

83. Catheterization for Collection of a Specimen: This service must be performed by a physician or a licensed nurse under the direction of a physician. A specimen collection fee may be allowed only in circumstances including: collecting a urine sample by catheterization. Each routine constitutes one unit of service.

90. Residential Treatment: Care for severely mentally ill clients who require a twenty-four hour day program. May include counseling services to individuals and their families; educational consultation; independent living training skills; health education; socialization experiences; recreational activities; non-medical transportation; personal supplies; and room and board. (Room and board can be provided when it is a necessary but minor component, and is provided for a maximum of six (6) months per placement per year.) All or part of a calendar day constitutes one unit of service.

DEVELOPMENTALLY DISABLED SERVICES
SERVICE CODE 46

46.A SERVICE DEFINITION

Services necessary to maintain a person with a developmental disability in their community. Services are based on an individual service plan and include such services as adult development, vocational maintenance and personal care.

DEVELOPMENTALLY DISABLED SERVICES
SERVICE CODE 46

46.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Services are available statewide.

Allowable Components (Purchase)

Child Day Care	Meal, Group
Emergency Shelter	Personal Care
Guidance and Job Placement	Supportive Activities
Habilitation Training	Therapy, Occupational
Integrated Support Services	Therapy, Physical
Intervention	Therapy, Speech (Non-Medical)

DEVELOPMENTALLY DISABLED SERVICES
SERVICE CODE 46

46.C UNITS OF SERVICE

10. Alternative Community Services: Services necessary to maintain a person with developmental disabilities in the community. Services must be based on an individual service plan which is developed by an independent case manager or monitored by an independent or targeted case manager.

13. Consultation: Those professional services which assist parents/persons or providers in carrying out the individual service plan. Consultation services are provided by professionals in psychology, speech therapy, occupational therapy, physical therapy, behavioral intervention and nursing care. Only those therapy services which are consultative (indirect) in nature, are allowed under consultation. A unit is one hour.

20. Adult Development: Provides services to adults (age 21 years or older, or graduated from public school) who have been diagnosed as developmentally disabled. The habilitation services are provided in a classroom setting and cannot include vocational training or work experiences, but may include prevocational activities. Service is provided in units of one hour (less than a full hour cannot be utilized), with a maximum of five hours daily.

50. Therapy: Speech or occupational therapy services, as defined by applicable state and federal rules and regulations, which are included as an essential part of the care plan of persons accepted for Developmental Disabilities Services. A billable service is as shown below:

51. Speech, Individual – One unit equals fifteen minutes
52. Speech, Group – One unit equals fifteen minutes (Maximum of four persons)
53. Occupational, Individual – One unit equals fifteen minutes
54. Occupational, Group – One unit equals fifteen minutes (Maximum of four persons)
55. Physical, Individual –One unit equals fifteen minutes
57. Speech, Evaluation – One unit equals thirty minutes
58. Occupational, Evaluation, Muscle Testing – One unit equals one hour
59. Occupational, Evaluation, Cognitive Testing – One unit equals thirty minutes

DEVELOPMENTALLY DISABLED SERVICES
SERVICE CODE 46

46.C UNITS OF SERVICE

70. Family/Individual Support: A program to provide support to individuals with a developmental disability who require support in more than one major life activity in order to participate in an integrated community setting and to enjoy a quality of life that is available to persons without a developmental disability. Support may be provided for life activities such as mobility, communication, self-care and learning as necessary for independent living, employment and self sufficiency. A billable service in one unit a month.

80. Vocational Maintenance: Those direct, personal, on-the-job services necessary to retain an individual on the job after successful completion of a vocational support employment program. This service includes long term support for supported employment in which appropriate ongoing services must be provided to a person who is severely disabled in order for the individual to work productively. Services may include providing information relating to on-the-job problems, job related training, performing situation analysis, providing on-the-job guidance, consultation and technical assistance and other such services. Service is delivered in fifteen (15) minute units.

90. Personal Care: Tasks pertaining to a person's functional abilities which enable the person to live in the community. Basic personal care service includes such things as bathing, grooming, helping person to/from bathroom, assistance with medications which are self administered, assistance with food, performance of incidental household chores, etc. One unit is fifteen minutes.

00. Physical Therapy: Services as defined by applicable state and federal rules and regulations, which are included as an essential part of the care plan for persons accepted for Developmental Disabilities Services. A billable service is as shown below:

01. Evaluation – One unit equals thirty minutes.

SUPPORTED LIVING SERVICES
SERVICE CODE 50

50.A SERVICE DEFINITION

A community residential service to provide supervision when necessary and coordinate support services to allow the individual to maintain an independent life style.

SUPPORTED LIVING SERVICES
SERVICE CODE 50

50.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse, or Exploitation
	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Available statewide.

Allowable Components (Purchase)

Integrated Support Services

Special Notes

While the Supported Living Facility provides basic treatment in a residential setting, other CSPP services may be purchased separately for individuals, as needed, if the services are not already a part of Supported Living Services.

Individuals who are not adults may also receive this service when a service provider determines on an individual basis that a child will benefit from and can be accommodated by the provider's program. In making this determination, the provider must adhere to all eligibility and service need criteria established by the Department of Health & Human Services.

Social Services Block grant funds are not used for the purchase of room and board; persons receiving the service may be charged for room and board.

This service is provided by the Division only to individuals with developmental disabilities as defined in the Glossary.

SUPPORTED LIVING
SERVICE CODE 50

50.C UNITS OF SERVICE

10. Integrated Support: A unit of service is one day of service with a minimum of one hour with the individual.

SUBSTITUTE CARE FOR YOUTH - ADDITIONAL UNITS
SERVICE CODE 52

52.A SERVICE DEFINITION

Services provide selective placement in a foster home, group home, or residential treatment facility for a planned period of time for delinquent youth committed to the Division of Youth Services by a Juvenile/Chancery Court. This service includes casework and intervention service with the youth, parents/guardians, caregivers, and community resources.

SUBSTITUTE CARE FOR YOUTH - ADDITIONAL UNITS
SERVICE CODE 52

52.B DIVISION OF YOUTH SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	4. Prevention of Unnecessary Institutionalization
Status Eligible	

Geographic Availability

Available statewide. The service is delivered through programs located in Service Delivery Areas I, II and III.

Allowable Components (Purchase)

- Assessment
- Case Plan Development
- Casework Management
- Counseling, Group
- Counseling, Individual and Family
- Diagnosis
- Diagnosis and Evaluation (Medical)
- Follow-Up
- Instruction
- Intervention, Crisis
- Medical Care
- Outreach
- Personal Supplies
- Placement
- Prescription, Purchase and Administration of Drugs
- Recreational Supplies
- Room and Board
- Social Interaction
- Supportive Activities
- Testing, Psychological
- Therapy, Group
- Therapy, Individual (Non-Medical)
- Transportation

Special Note

For purposes of income eligibility determination, youth over the age of eighteen can be considered for this service through a special waiver request.

SUBSTITUTE CARE FOR YOUTH - ADDITIONAL UNITS
SERVICE CODE 52

52.C UNITS OF SERVICE

10. Transitional Living Services: A residential program available for up to one year for low or medium risk adjudicated delinquents referred by the Division of Youth Services whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in their own home. An individualized treatment plan with time-framed, measurable objectives must be formulated and implemented for each youth. Room and board is limited to six months in a one year period. The activities on the preceding page (described in terms of standard components) must be offered when it is a part of the youth's individual case plan.

20. Therapeutic Group Home: Twenty-four (24) hour intensive therapeutic care provided in a small group home setting for youth with emotional and/or behavioral problems which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional. The program is offered to prepare a client for less intensive treatment, for independent living, or in order to return to the community. The activities on the preceding page (described in terms of standard components) must be offered when it is a part of the youth's individual case plan.

DEVELOPMENTALLY DISABLED SERVICES – ADDITIONAL UNITS
SERVICE CODE 53

53.A SERVICE DEFINITION

Services necessary to maintain a person with a developmental disability in their community. Services are based on an individual service plan and include such services as adult development, vocational maintenance and personal care.

DEVELOPMENTALLY DISABLED SERVICES – ADDITIONAL UNITS
SERVICE CODE 53

53.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse or Exploitation
	4. Prevention of Unnecessary Institutionalization

Geographic Availability

Services are available statewide.

Allowable Components (Purchase)

Therapy, Speech (Non-Medical)

DEVELOPMENTALLY DISABLED SERVICES - ADDITIONAL UNITS
SERVICE CODE 53

53.C UNITS OF SERVICE

10. Therapy: Speech or occupational therapy services, as defined by applicable state and federal rules and regulations, which are included as an essential part of the care plan of persons accepted for Developmental Disabilities Services. A billable unit is shown below:

    11. Speech Assistant, Individual – One unit equals fifteen minutes
    12. Speech Assistant, Group – One unit equals fifteen (Maximum of four persons)

COMMUNITY INTEGRATION SERVICES
SERVICE CODE 54

54.A SERVICE DEFINITION

Services to children and their families and adults based upon a Multi Agency Plan of Services (MAPS). The services are designed to allow persons the supports needed for them to function in a community setting.

COMMUNITY INTEGRATION SERVICES
SERVICE CODE 54

54.B DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse or Exploitation
	4. Prevention of Unnecessary Institutionalization
	5. Appropriate Institution-alization

Geographic Availability

Services are available statewide.

Allowable Components (Purchase)

Supportive Activities: Ancillary supportive activities necessary to maintain individuals in their home/community.

Child Day Care	Supportive Activities
Counseling, Group	Testing, Psychological
Counseling, Individual and Family	Therapy, Group
Diagnosis and Evaluation (Medical)	Therapy, Individual (Medical)
Emergency Shelter	Therapy, Individual (Non-Medical)
Instruction	Therapy, Occupational
Medical Care	Therapy, Physical
Personal Care	Therapy, Speech (Non-Medical)
Subsistence Services	Tutoring

Transportation: The conveyance of an eligible individual from one location to another.

Transportation

COMMUNITY INTEGRATION SERVICES
SERVICE CODE 54

54.B DIVISION OF DEVLEOPMENTAL DISABILITIES SERVICES
(Continued)

Integrated Support Services: Wrap around supportive services to individuals to fully integrate the individual into his/her home/community.

Community Integration Companion
Follow-up
Integrated Support Services
Intervention, Crisis
Social Interaction
Supervision

COMMUNITY INTEGRATION SERVICES
SERVICE CODE 54

54.C UNITS OF SERVICE

10. Supportive Activities: Ancillary supportive activities necessary to maintain individuals in their home/community. A unit of service is defined in the individual's Multi Agency Plan of Services.

20. Transportation: A unit of reporting is one (1) mile of conveyance during the time a person is actually being transported. It cannot include miles traveled to pick up a person, or miles traveled after the person has been delivered to their destination.

30. Integrated Support Services: Wrap around supportive services to individuals to fully integrate the individual into his home/community. A unit of service is defined in the individual's Multi Agency Plan of Service.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES, ADDITIONAL UNITS
SERVICE CODE 55

55.A SERVICE DEFINITION

* Supportive Services for Children and Families is a coordinated set of services designed to address a wide range of problems. This service is intended to help parents in their child-rearing role, promote healthy development and social functioning of children, prevent unnecessary removal of children from their homes, strengthen family functioning, and meet the needs of families in crisis.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 38

55.B DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	Goals
TEA Recipients	1. Self-Support
SSI Recipients	2. Self-Sufficiency
Income Eligibles	3. Prevention of Neglect, Abuse or Exploitation

Geographic Availability

This service is available statewide.

Allowable Components (Purchase)

Counseling, Group	Instruction
Counseling, Individual and Family	Intensive Family Services
Home Study	Intervention, Crisis
	Supervision

Special Notes

This service interfaces with Title IV-B and, as a child welfare service, is provided without regard to income. This service is a clustered service which comprises emergency services, supportive services to children in their own home, employment services, services to youth in need and transportation services. To meet individual client needs, the Division's staff may arrange for the purchase of services or supplies to supplement the services they provide.

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES
SERVICE CODE 55

55.C UNITS OF SERVICE

10. Intensive Family Services: Services for families whose children are at imminent risk of out-of-home placement. Service goals are to prevent unnecessary out-of-home placements and to promote reunification of families with children in placement. Services are a combination of counseling services and support services based on a service model that emphasizes immediate, intense, short-term, in-home, and behaviorally oriented services to families.

20. Home Study: Determination of the type(s) of family (or families) appropriate for placement of a child, assessment of parenting potential of a family for the child(ren), and preparation of the family for permanent placement. Sometimes done in response to an out-of-town inquiry.

APPENDIX D

SSBG FORMS AND INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPLICATION FOR SOCIAL SERVICES BLOCK GRANT SERVICES

Applicant's Name _____ **SSN** _____ **DOB**_____

Client's Name (if different from applicant)_____ **SSN**_____ **DOB**_____

Mailing Address _____

Telephone (Home)_____ **(Work)** _____

FAMILY MEMBERS **FAMILY INCOME**

Name	Relationship	Income Source	Monthly Amount

Total Number in Family _____ **Total Monthly Family Income** _____

Services Requested _____

Please review all of the following and should you have any need for further explanation or additional information, please ask the person taking this application.

1. You will be notified if you are eligible to receive services within thirty (30) days.
2. You can choose which services you receive (if you qualify) and you may refuse any service.
3. You can request a hearing from DHHS if your are unhappy with the handling of your case. Hearing requests must be filed (in writing) with the provider or the Office of Finance and Administration, Chief Fiscal Officer, P.O. Box 1437, Slot W401, Little Rock, Arkansas 72203-1437.
4. You must report the following changes within **5 days**:
   * a change of address;
   * member of your household enters a nursing home or institution;
   * if you or a member of your household has changes in income.;
   * any change in the number in the household; (ex., marriage, divorce, birth, death, or moving of a family member)
   * any other changes of information on the application form.
5. The provider will keep a case record about you and your family. It may include the reason(s) for services, the services provided, and general information such as name, address, and employment status. The provider is required to make information in your case record available to DHHS and the federal government, if requested. Your signature on this form is your consent to the release of this information. You may refuse to supply any or all of this information to the provider, but your refusal may result in the denial or termination of SSBG services.
6. Your eligibility for services may be reviewed by a representative of DHHS or the provider.
7. Both the provider and DHHS are required to keep information about you, your family, and your case record confidential, except as stated in item five (5) above, or unless you give your written consent.

Certification: The information I have furnished is correct and I understand my rights and responsibilities as outlined and that I am in need of the services requested.

_____ _____

Applicant's Signature (or parent/guardian's signature) **Date**

FOR PROVIDER OR DEPARTMENT USE ONLY

1. **Categorical Eligibility:** (check one)

_____ TEA _____SSI (if checked, indicate SSI# here_____) _____Income Eligible _____Without Regard to Income _____Status Eligible

2. Service Need Established: _____ Yes _____ No **3. Arkansas Resident _____Yes _____ No**

ELIGIBLE FOR SERVICES REQUESTED? _____ Yes _____ No **NATIONAL GOAL: (circle one) 1 2 3 4 5**

Certification: I have given the applicant a completed copy of this form.

_____ _____

Signature of Provider Date

DHHS-100 (R.9/01) Alternate formats (large print, audio, etc.) of this form will be provided upon request.

INSTRUCTIONS TO THE DHHS-100
APPLICATION FOR SOCIAL SERVICES BLOCK GRANT SERVICES

PURPOSE

The DHHS –100 is the client's application for SSBG services and a notice of the applicant's rights and responsibilities under the SSBG program. This form is used to collect information necessary to determine eligibility under the requesting services. This form should be filled in as completely and accurately as possible, even though the applicant may be status eligible or eligible without regard to income.

COMPLETION

Introduction: Note that the provider or caseworker should assist the applicant in completing this form. At the minimum, the provider / caseworker must provide assistance with the national goals, code numbers for services and calculation of gross monthly income. When completed, the applicant should thoroughly review all information before signing.

Applicant's Name, Social Security Number (SSN), and Date of Birth (DOB): Enter the name, Social Security number, and the date of birth of the person applying for services. In all non-foster care cases, a responsible adult must apply on behalf of a child or an incompetent adult.

Clients Name, Social Security Number (SSN) and Date of Birth (DOB): Enter the name, Social Security number, and date of birth of the individual who will actually be receiving the services, if other than the applicant.

Mailing Address and Telephone Numbers: Enter the applicant's address, home telephone and work telephone, if applicable.

Listing of Family Members: List all members of the eligibility unit as defined in Section 4210 of the SSBG Program Manual, beginning with the applicant. Enter the personal information requested for each member. If there are more than twelve family members, indicate that an additional sheet is attached and continue the listing on another form, completing only the name and family member sections.

The following numerical codes should be used for "Relationship":

Relationship to Applicant:

1 – Mother	3 – Son	5 – Brother	7 - Spouse
2 – Father	4 – Daughter	6 - Sister	8 – Other

Family Income: Carefully review the following as possible sources of income.

Earned Income	Farm Self-employment	Social Security
Veterans Administration	Non-farm Self Employment	TEA
Alimony	Worker's Compensation	Child Support
Pensions & Annuities	Rental Income	Interest
Dividends & Royalties	SSI	Other

In the space provided, enter the source and gross monthly amount of **ALL** income. If SSI is listed, indicate the name of the recipient and the SSI number. For additional information, refer to the SSBG Program Manual, Section 4200.

Total Number in Family: Enter the total number in the family. For additional information, refer to SSBG Program Manual, Section 4210.

Total Monthly Family Income: Enter the total monthly income for the family.

Services Requested: List the specific DHHS services being requested, as listed in the SSBG Program Manual, Section 4245.

Applicant's Signature: The applicant, parent, guardian, or authorized representative must sign and date the form indicating they understand their rights and responsibilities relating to this application.

FOR PROVIDER OR DEPARTMENT USE ONLY

This part is used by the provider or DHHS representative to determine the applicant's eligibility.

1. Categorical Eligibility: Check the appropriate space indicating the category of the applicant.

2. Verification of Service Need: Check to indicate that the applicant needs the services requested. This must be documented on the DHHS-100 or in the case narrative.

2. Arkansas Resident: Check "Yes" if applicant is an Arkansas resident. Check "No" if applicant is not an Arkansas resident.

Eligible for Services Requested ?
Indicate whether the applicant is eligible or not eligible for the services requested. If the applicant is eligible for some services requested but not others, indicate such below the line.

National Goal: Circle the National SSBG Goal to which services are addressed. For information, refer to SSBG Program Manual, Section 4244.

Signature of Provider: The provider completing this section must sign and enter the date in the spaces provided.

ROUTING

Upon completion, the DHHS-100 must be copied. The copy shall be given to the applicant, guardian, or authorized representative as a record of the application, and the original shall be filed in the case record. In a Protective Services case in which the applicant refused to sign the application, no copy to the applicant is required.

Alternate formats (large print, audio tape, etc.) will be provided upon request.

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIENT AND SERVICE DATA SHEET FOR
SOCIAL SERVICES BLOCK GRANT FUNDING

Name of Provider_____ **DFA # or Grant #**_____

Billing Period_____ **through**_____ **TIN** _____
(Billing Period not to Exceed One Calendar Month)

Fund Source/Use Code _____

Service Code	Number of Clients	Number of Units	Unit Rate	Total for Service

TOTAL for all services _____

Adjustment _____

Total fees _____

Net Total for all services, with adjustment, minus fees _____

I certify that the information contained on this form is true and complete and represents services actually provided to eligible clients in accordance with the terms of our contract. If this contractual agreement involves certified expenditures, I certify that an amount sufficient to cover the required percentage of this bill has been received by the provider and utilized for allowable costs for eligible clients in compliance with applicable DHHS financial guidelines.

_____ _____
Signature of Provider Date Submitted

Alternate formats (large print, audio tape, etc.) of this form will be provided upon request.

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIENT AND SERVICE DATA SHEET FOR SOCIAL SERVICES BLOCK GRANT FUNDING

Name of Provider_____ **DFA # or Grant** _____

Billing Period_____ **through**_____ **TIN** _____

(Billing Period Not to Exceed One Calendar Month)

Client Name	Client SSN	Client DOB	Nat'l Goal	Service Code	# of Units	Fees	Unit Rate	Total

Page _____ of _____

DHHS-0145 (09/01)

Alternate formats (large print, audio tape, etc.) of this form will be provided upon request.

Instructions for the

DHHS-0145

CLIENT AND SERVICE DATA SHEET FOR SOCIAL SERVICES BLOCK GRANT FUNDING

Purpose: Form DHHS-0145 is the billing form for purchased services provided to clients determined eligible for Social Services Block Grant (SSBG) services. It is completed and submitted by the provider as follows

Completion of "Page 1 of _____":
Name of Provider: Enter the legal name of the provider as it appears on the contract or grant to which services are being billed.

DFA or Grant #: Enter the seven-digit DFA contract number as it appears on the contract to which services are being billed.

Billing Period: Enter the beginning and ending date of the period of time for which billing is being submitted (month, date, and year).

TIN: Enter the provider's tax identification number.

Service Code: Enter the four digit service code(s) for which billing is being submitted. These codes must be authorized by the contract being billed for the time period being billed. Each four digit code will be entered on a separate line, and may be entered only once.

Number of Clients: Enter the total number of clients receiving services for each service code indicated.

Number of Units: Enter the total number of units of service provided for each service code indicated.

Unit Rate: Enter the unit rate specified in the contract or grant for each service code indicated.

Total for Services: Enter the total amount billed for each service code indicated. This is the total number of units multiplied by the unit rate.

TOTAL for all services: Enter the total amount billed for all services provided.

Adjustment: Enter any adjustment necessary and explain in the blank space to the left of the word "Adjustment".

Total Fees: If client fees are charged for the services being billed, enter the total amount of fees.

NET Total for all services, with adjustment, minus fees: Enter the total calculated from "Total for all services", plus or minus "Adjustment", minus "Total Fees".

Signature of Provider and Date Submitted: To be signed and dated by the individual authorized to sign for the provider.

Page 1 of (blank): In the blank space provided, enter the total number of pages of the DHHS-0145 being submitted for this billing.

Completion of "Page ____ of _____" As many pages will be completed as necessary to include all client data for this billing. Re-enter Name of Provider, DFA or Grant #, Billing Period, and TIN on each page.

Client Name: Enter the last name, first name, and middle initial of the individual(s) for whom services are being billed.

Instructions for the DHHS-0145

CLIENT AND SERVICE DATA SHEET FOR SOCIAL SERVICES BLOCK GRANT FUNDING

Client SSN: Enter the client's Social Security Number.

Client DOB: Enter the client's date of birth (month, date, year).

Nat'l Goal: Enter the national SSBG goal to which services are addressed. See SSBG Program Manual.

Service Code: Enter the four-digit service code(s) for services provided to this client during this billing period for which billing is being submitted. Each four digit code will be entered on a separate line, and may be entered only once per client. **Note:** if more there is more than one service code for a client, the "Client Name", "Client SSN", "Client DOB", and "Nat'l Goal" need only be entered on the first line for that client.

# of Units: Enter the number of units of service provided to each client for each service code indicated.

Fees: Enter the amount of fees charged the client, if applicable.

Unit Rate: Enter the unit rate for each service code indicated for each client.

Total: Enter the total amount billed for each client for each service. This is the total number of units, for each client for each service, multiplied by the unit rate for that service.

Page (blank) of (blank): Enter the page numbers in the spaces provided.

Routing

The DHHS-0145 will be completed by the provider and a copy made for the retention by the provider. Unless otherwise indicated in the terms of the contract or grant, the original DHHS-0145 should be forwarded to:

Office of Finance and Administration
Contract Support Section
P.O. Box 1437, Slot W205
Little Rock, AR 72203-1437

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF ACTION
TO APPLICANTS FOR AND RECIPIENTS OF SSBG SERVICES

TO (Applicant):

Name: _____

Address _____

_____

Telephone: (Home) _____

(Work) _____

FROM:

Name: _____

Address: _____

_____

Telephone: _____

ACTION TAKEN:

ONLY THOSE ITEMS INDICATED PERTAIN TO YOU

This is to notify you that effective: _____
(month/day/year)

1. ___ You are eligible too receive the following services and will be charged the corresponding fee per unit:

Service	Fee	Service	Fee

2. ___ Your application for services has been/will be denied.

3. ___ The following services have been terminated.

_____ _____ _____

_____ _____ _____

Reason(s) for above:

_____

_____

_____ _____
Provider Date

If you are not satisfied with the action we plan to take or you feel that you have been discriminated against, you have the right to discuss your case with a member of the provider staff. You may also request a hearing by DEPARTMENT OF HEALTH AND HUMAN SERVICES staff by filing a written request with the Chief Fiscal Officer of DHHS, P.O. Box 1437, Slot W401, Little Rock, Arkansas 72203-1437. Services are provided in compliance with Title VI and Title VII of the Civil Rights Act and Section 504 of the Rehabilitation Act.

DHHS-160 (R.2/04)

Alternate formats (large print, audio tape, etc.) of this form will be provided upon request.

INSTRUCTIONS TO THE DHHS-160

NOTICE OF ACTION TO APPLICANTS FOR AND RECIPIENTS OF SOCIAL SERVICES BLOCK GRANT SERVICES

Purpose

Form DHHS-160 notifies applicants for and recipients of SSBG services of approval (if a fee is charged), denial and closure of their case.

Completion

TO: Enter the applicant's/recipient's name and mailing address.

FROM: Enter the name and mailing address of the provider making the case action. A rubber stamp may be used if desired.

EFFECTIVE: Enter the month, day and year that the action is effective. If a 10 day advance notice is being given, this date should be the last day of the month in which the advance notice period ends. (See Section 4630.A. of the SSBG Program Manual.)

Check the appropriate item to indicate the action being taken.

1. Approval with Fees: Check Item 1 if an application is being approved and/or fees are to be charged. Then, in the spaces below enter the service and unit names and the fee(s) per unit. (Also, list the reason(s) for the charging of fees in the space after item 3.) In situations where no fee will be charged, notification of approval may be done verbally, or this form may be used by simply inserting 0 (zero) in the space for fees.

2. Denial: Check Item 2 if the action being taken is the denial of an application. (Also, list the reason(s) for denial in the space after item 3.)

3. Termination: Check Item 3 if the action being taken is the termination of services. (Also, list the reason(s) for termination in the space after item 3.)

Reason(s) for the above: Enter explanation(s) for the action taken which will assist the applicant or recipient in understanding the action. The provided must sign and date the form in the spaces provided.

Routing

The original must be mailed or hand delivered to the applicant or recipient. One copy must be retained in the case record.

APPENDIX E

SSBG PROGRAM DESCRIPTION FROM THE CATALOG OF FEDERAL DOMESTIC ASSISTANCE

CATALOG OF FEDERAL DOMESTIC ASSISTANCE

The following is the description of the Social Services Block Grant as found in the Catalog of Federal Domestic Assistance. The catalog (CFDA) is published by the Office of Management and Budget (OMB) and the General Services Administration (GSA) and is made available through the Government Printing Office (GPO).

93.667 SOCIAL SERVICES BLOCK GRANT

FEDERAL AGENCY: ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUTHORIZATION: Social Security Act, Title XX, as amended; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Jobs Training Bill, Public Law 98-8; Public Law 98-473; Medicaid and Medicare Patient and Program Act of 1987; Omnibus Budget Reconciliation Act of 1987, Public Law 100-203; Family Support Act of 1988, Public Law 100-485; Omnibus Reconciliation Act of 1993 Public Law 103-66; 42 U.S.C. 1397 et seq.

OBJECTIVES: To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) to prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate. In addition, special funding was provided to some states in fiscal year 1995 and 1996 for supplemental SSBG grants in support of comprehensive community revitalization projects in 104 federally designated Empowerment Zones (EZs) and Enterprise Communities (ECs). The supplemental funding is called “EZ/EC SSBG.” The States, through the designated localities, may use the EZ/EC SSBG funds for activities included in each locality’s strategic plan for comprehensive revitalization and directed toward goals 1, 2 or 3 listed above. These funds will remain available until December 21, 2004. Information about this component of the SSBG is included below as appropriate.

TYPES OF ASSISTANCE: Formula Grants.

USES AND USE RESTRICTIONS: Federal funds may be used by States for the proper and efficient operation of social service programs. Except for items (1) and (4) below, for which a waiver from the Secretary may be requested, Federal funds cannot be used for the following: (1) the purchase or improvement of land, or the purchase, construction, or permanent improvement of any building or other facility; (2) the provision of cash payments for costs of subsistence or the provision of room and board (other than costs of subsistence during rehabilitation, room and board provided for a short term as an integral but subordinate

USES AND USE RESTRICTIONS: (Continued)

part of a social service, or temporary shelter provided as a protective service); (3) the payment of wages to any individual as a social service (other than payment of wages to welfare recipients employed in the provision of child day care services); (4) the provision of medical care (other than family planning services, rehabilitation services or initial detoxification of an alcoholic or drug dependent individual) unless it is an integral but subordinate part of a social service for which grants may be used; (5) social services (except services to an alcoholic or drug dependent individual or rehabilitation services) provided in and by employees of any hospital, skilled nursing facility, intermediate care facility, or prison, to any individual living in such institution; (6) the provision of any educational service which the State makes generally available to its residents without cost and without regard to their income; (7) any child day care service unless such service meets applicable standards of State and local law; (8) the provision of cash payments as a service; or (9) for payment for any item or service (other than an emergency item or service furnished by an individual or entity during the period when such individual or entity is excluded pursuant to Section 1128 or Section 1128(A) of the Social Security Act from participation in this program; or at the medical direction or on the prescription of a physician during the period when the physician is excluded based on Section 1128 or 1128(A) from participation in the program and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person). A State may transfer up to 10 percent of its allotment for any fiscal year to the preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income home energy assistance block grants.

ELIGIBILITY REQUIREMENTS:

Applicant Eligibility: The 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa.

Beneficiary Eligibility: Under Title XX, each eligible jurisdiction determines the services that will be provided and the individuals that will be eligible to receive services.

Credentials/Documentation: Prior to expenditure of funds, the State must report on the intended use of the payments the State is to receive, including information on the types of activities to be supported and the categories or characteristics of individuals to be served.

APPLICATION AND AWARD PROCESS:

Pre-application Coordination: None. This program is excluded from coverage under E.O. 12372.

Application Procedure: Submission of a pre-expenditure report application is required.

Award Procedure: States are awarded funds quarterly.

Deadlines: None

Range of Approval/Disapproval Time: Not applicable.

Appeals: See 45 CFR, Part 16, Procedures of the Departmental Appeals Board.

Renewals: Not applicable.

ASSISTANCE CONSIDERATIONS:

Formula and Matching Requirements: Section 2003 of Title XX of the Social Security Act specifies how the allotments for each State and jurisdiction will be determined. Each State is entitled to payments in an amount equal to its allotment for that fiscal year. There is no matching requirement. Allotments for Title XX are subject to a limitation of $2,800,000,000 (estimate). The allotment for the jurisdictions of Puerto Rico, Guam, the Virgin Islands, and the Northern Mariana Islands shall be an amount which bears the same ratio to the amount authorized for Title XX as the fiscal year 1981 allocation bore to $2,900,000,000. The allotment for American Samoa shall be an amount which bears the same ratio to the amount allotted to the Northern Mariana Islands for that fiscal year as the population of American Samoa bears to the population of the Northern Mariana Islands. Each State's and the District of Columbia's allotment are proportional to its portion of the national population of the amount authorized for Title XX minus the amount authorized to the other jurisdictions. The statistical factors used for fund allocation are the State population and total U.S. population (ratio of population of all States and the District of Columbia to total population); source, "Current Population Reports," P-25, Bureau of the Census.

Length and Time Phasing of Assistance: Grants are awarded quarterly on a fiscal year basis. The Electronic Transfer System will be used based on quarterly grant awards for monthly cash draws from Federal Reserve Banks. The funds will remain available for projects and programs in the designated localities until December 21, 2004.)

POST ASSISTANCE REQUIREMENTS:

Reports: An annual report is required. The report shall be in such form and contain such information as the State finds necessary to provide an accurate description of such activities, to secure a complete record of the purposes for which funds were spent, and to determine the extent to which funds were spent in a manner consistent with the pre-expenditure reports required under Section 2004 of the Act. The report must include the services provided in whole or in part with block grant funds; the number of children and the number of adults receiving each service; expenditure data for both children and adults for each service; the criteria applied in determining eligibility for each service, including fees; and the

method(s) by which each service was provided. States must provide DHHS with an annual report (Standard Form 269). For EZ/EC SSBG, States are also required to provide a final report at the end of the grant period. The grant period ends for EZ/EC SSBG on December 21,2004.

Audits: In accordance with the provisions of OMB Circular No. A-133 (Revised June 27, 2003), Audits of States, Local Governments and Non-Profit Organizations," Non-Federal entities that expend $300,000 ($500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of this part. Non-Federal entities that expend less than $300,000 ($500,000 for fiscal years ending after December 31, 2003) a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in section.215(a), but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office (GAO).

Records: States are required to maintain records documenting the purposes for which expenditures were made.

FINANCIAL INFORMATION:

Account Identification: 75-1534-0-1-506.

Obligations: (Grants) FY 04 $1,700,000,000; FY 05 est. $1,700,000,000; and FY 06 est. $1,700,000,000.

Range and Average of Financial Assistance: The range is from $56,000 to $207,311,000; $30,263,000.

PROGRAM ACCOMPLISHMENTS: Fifty-seven grants were awarded in fiscal year 2004. It is estimated that 57 grants will be awarded in fiscal year 2005.

REGULATIONS, GUIDELINES, AND LITERATURE: 45 CFR 96.

INFORMATION CONTACTS:

Regional or Local Office: Local Office: Not Applicable. Regional Office: Office of Community Services Regional Liaisons in the Office of the Regional Administrator.) See Appendix IV of the Catalog for Regional Offices.)

Headquarters Office: Director, Office of Community Services, Division of State Assistance, 370 L'Enfant Promenade, SW., Washington, DC 20447. Telephone: (202) 401-2333. Contact Margaret Washnitzer or e-mail address mwashnitzer@acf.dhhs.gov.

Web Site Address: http://www.acf.dhhs.gov/programs/ocs/ssbg.

RELATED PROGRAMS: 93.600, Head Start; 93.630, Developmental Disabilities Basic Support and Advocacy Grants; 93.044, Special Programs for the Aging-Title III, Part B-Grants for Supportive Services and Senior Centers; 93.045, Special Programs for the Aging - Title III, Part C-Nutrition Services; 93.645, Child Welfare Services-State Grants;

93-647, Social Services Research and Demonstration; 93.658, Foster Care-Title IV-E; 93.669, Child Abuse and Neglect State Grants; 93.671, Family Violence Prevention and Services/Grants for Battered Women's Shelters – Grants to States and Indian Tribes.

EXAMPLE OF FUNDED PROJECTS: States and other eligible jurisdictions determine their own social services programs. Examples of funded services include child day care, protective and emergency services for children and adults, homemaker and chore services, information and referral, adoption, foster care, counseling, and transportation.

CRITERIA FOR SELECTING PROPOSALS: All States, the District of Columbia, and the five(5) other jurisdictions will receive their share of funds if they submit a pre-expenditure report that meets the requirements.