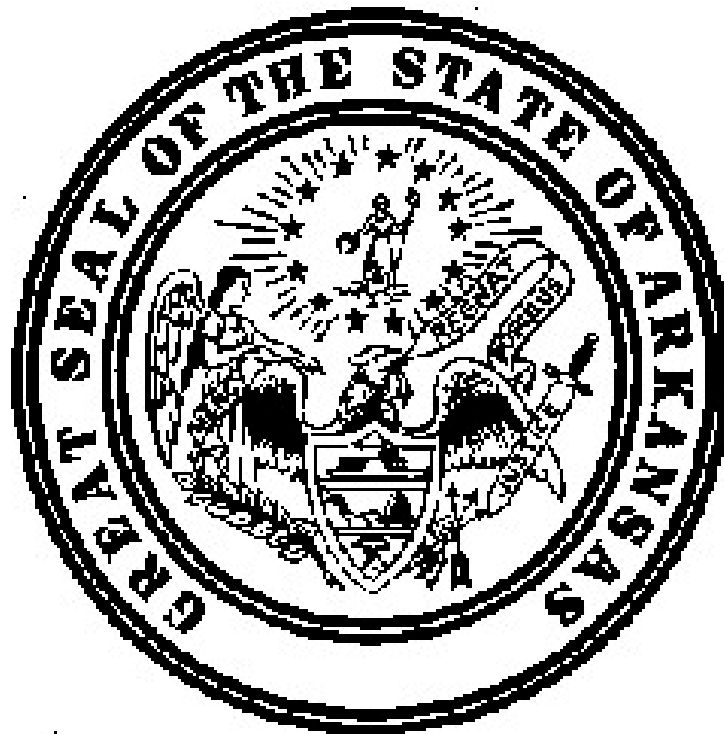


ARKANSAS DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES BLOCK GRANT



PROGRAM MANUAL

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

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ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

ACRONYMS

CAFR	Comprehensive Annual Financial Report
CFO	Chief Fiscal Officer
CFR	Code of Federal Regulations
CSS	Contract Support Section
DAAS	Division of Aging and Adult Services
DBHS	Division of Behavioral Health Services
DCFS	Division of Children and Family Services
DCO	Division of County Operations
DDS	Division of Developmental Disabilities Services
DHS	Department of Human Services
DHHS	Department of Health and Human Services, United States
DSB	Division of Services for the Blind
DYS	Division of Youth Services
FINS	Families in Need of Service
OCC	Office of Chief Counsel
OFA	Office of Finance and Administration
OMB	Office of Management and Budget
PAPM	Policy and Administrative Program Management
SSBG	Social Services Block Grant
SSI	Supplemental Security Income
TEA	Transitional Employment Assistance

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

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 to individuals and families that are most appropriate to the 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 SSBG program effective October 1, 1981. Under the SSBG program, states have the responsibility, within the federal regulations, for determining what services will be provided, who will be eligible for services, and how the funds will be distributed within the state.

Services funded by the SSBG must be directed at one or more of five broad statutory goals:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
3. Preventing or remedying neglect, abuse, or exploitations of children and adults unable to protect their own interest or preserving, rehabilitating, or reuniting families
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care

5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions

1300

Legal Basis

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

Catalog of Federal Domestic Assistance 93.667 – Social Services Block Grant (see Appendix F)

Title XX of the Social Security Act – see Social Security Act website at: http://www.ssa.gov/OP_Home/ssact/title20/2000.htm

Omnibus Budget Reconciliation Act of 1981 (Section 2352)

- B. In addition, these laws apply to all federally funded programs.

Public Law 103-333 – Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 1995.

Section 507 – Purchase of American-made Equipment and Products. It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American made.

Section 508 – When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all States receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. the percentage of the total costs of the program or project which will be financed with Federal money;
2. the dollar amount of Federal funds for the project or program; and
3. the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Public Law 103-227, Part C –PRO-KIDS Act of 1994;

Smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. The law does not apply to

children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions or facilities used for inpatient drug and alcohol treatment.

The above language must be included in any sub-awards that contain provisions for children's services and all sub-grantees shall certify compliance accordingly.

Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended;

Recipients, recipients' employees, sub-recipients, and sub-recipients' employees may not:

1. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
2. Procure a commercial sex act during the period of time that the award is in effect; or
3. Use forced labor in the performance of the award or sub-awards under the award.

C. Regulations

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 (CFR). Copies of the CFR and the Federal Register are available in most public libraries.

2 CFR Part 215 – (Office of Management and Budget [OMB] Circular A-110) Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

This Circular sets forth standards for obtaining consistency and uniformity among Federal agencies in the administration of grants to and agreements with institutions of higher education, hospitals, and other non-profit organizations.

2 CFR Part 225 – (OMB Circular A-87) Cost Principles for State, Local, and Indian Tribal Governments

This part establishes principles and standards for determining costs for Federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local governments and federally-recognized Indian tribal governments (governmental units).

2 CFR Part 230 – (OMB Circular A-122) Cost Principles for Non-profit Organizations

This part addresses the cost principles to which non-profit recipients are subject.

2 CFR Part 376 – Non-procurement Debarment and Suspension

This common rule restricts sub-awards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

45 CFR Part 16 – Procedures of the Departmental Grant Appeals Board

This part is designed to provide a fair, impartial, quick, and flexible process for appeal on written final decisions. This part supplements the provisions in Part 74 of this title.

45 CFR Part 30 – Claims Collection

This part prescribes the standards and procedures for the Department of Health and Human Services' (DHHS') use in the administrative collection, offset, compromise, and suspension or termination of collection activity for claims.

45 CFR Part 80 – Nondiscrimination Under Programs Receiving Federal Assistance through DHHS, Effectuation of Title VI of the Civil Rights Act of 1964

The purpose of this part is to effectuate the provisions of Title VI of the Civil Rights Act of 1964 to the end that no person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from DHHS.

45 CFR Part 81 – Practice and Procedure for Hearings Under Part 80 of this Title

The rules of procedure in this part supplement §§80.9 and 80.10 of this subtitle and govern the practice for hearings, decisions, and administrative review conducted by DHHS, pursuant to Title VI of the Civil Rights Act of 1964 and Part 80 of this subtitle.

45 CFR Part 84 – Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance

The purpose of this part is to effectuate section 504 of the Rehabilitation Act of 1973, which is designed to eliminate discrimination on the basis of handicap in any program or activity receiving Federal financial assistance.

45 CFR Part 86 - Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving or Benefiting from Federal Financial Assistance

The purpose of this part is to eliminate discrimination on the basis of sex in any education program or activity receiving Federal financial assistance, whether or not such program or activity is offered or sponsored by an educational institution as defined in this part.

45 CFR Part 87 – Equal Treatment for Faith-based Organizations

Religious organizations are eligible, on the same basis as any other organization, to participate in any DHHS program for which they are otherwise eligible. Organizations that receive direct financial assistance from DHHS, however, may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from DHHS. An organization that participates in programs funded by direct financial assistance from DHHS shall not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

45 CFR Part 91 – Nondiscrimination on the Basis of Age in DHHS Programs or Activities Receiving Federal Financial Assistance

The Age Discrimination Act of 1975 and the regulations set out in Part 90 prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance. Recipients of federal funds may, however, continue to use age distinctions and factors other than age which meet the requirement of the Act and its implementing regulations.

45 CFR Part 92 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments

This part establishes uniform administrative rules for Federal grants and cooperative agreements and sub-awards to State, local and Indian tribal governments.

Including:

45 CFR 92.35 – Sub-awards to debarred and suspended parties. Grantees and sub-grantees must not make any award or permit any award (sub-grant or contract) at any tier to any party which is debarred or suspended or is otherwise excluded from or ineligible for

participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension".

45 CFR 92.40(a) – Monitoring by grantees.

Grantees are responsible for managing the day-to-day operation of grant and sub-grant supported activities. Grantees must monitor grant and sub-grant supported activities to assure compliance with applicable Federal requirements and achievement of performance goals. Grantee monitoring must cover each program, function, or activity.

45 CFR Part 93 – New Restrictions on Lobbying

Federal grant funds may not be used by the grantee or sub-grantee to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations.

45 CFR Part 96 – Block Grants

This part addresses the prerequisites to obtain block grant funds, the basis of awards, grant payments, reallotments, time period for obligation and expenditure of grant funds, waivers, and annual reporting requirements. Appendix A to Part 96 provides the Uniform Definitions of Services.

45 CFR Part 100 – Intergovernmental Review of DHHS Programs and Activities

These regulations are intended to foster an intergovernmental partnership and a strengthened Federalism by relying on state processes and on state, area wide, regional and local coordination for review of proposed Federal financial assistance and direct Federal development.

48 CFR Part 31 – Contract Cost Principles and Procedures

This part addresses the cost principles to which organizations, vendors and subcontractors are subject.

D. OMB Circulars:

OMB Circular A-102 – Grants and Cooperative Agreements with State and Local Governments

This Circular establishes consistency and uniformity among Federal agencies in the management of grants and cooperative agreements with State, local, and federally-recognized Indian tribal governments.

OMB Circular A-133 – Audits of States, Local Governments, and Non-Profit Organizations

This Circular addresses the provisions to which sub-recipients and sub-grantees are subject.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES BLOCK GRANT PROGRAM**

2000 ADMINISTRATION OF THE SSBG PROGRAM IN ARKANSAS

The Department of Human Services (DHS) shall comply with all applicable laws and regulations. DHS is operated and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, creed, color, or national origin.

2100 Responsibilities of DHS

The DHS Office of Finance and Administration (OFA) is responsible for the overall management and administration of the SSBG program, including centralized planning, policy development, financial management, financial standards, overall financial monitoring, and reporting.

In the course of its centralized planning and policy development, OFA shall involve the public by providing them a 30-day public review and comment period annually and when interim changes are made.

DHS program divisions/offices and agencies outside DHS to which DHS allocates SSBG funding are responsible for the planning for and monitoring of the programs for which they are allocated funding and for submitting appropriate information to OFA upon request for planning and reporting purposes.

2110 Responsibilities of OFA

OFA consists of the DHS Chief Fiscal Officer (CFO) and the following units and sections which deal with SSBG:

- Contract Support Section (CSS)
- Policy and Administrative Program Management Unit (PAPM)
- General Operations Section
- Managerial Accounting Section, and
- Comprehensive Annual Financial Report Section (CAFR)

CFO

The CFO makes an annual allocation of SSBG funds to affected DHS program divisions/offices and to agencies outside DHS to which DHS allocates funding. The CFO makes adjustments throughout the year, as necessary, based upon the forecasting of long and short-term needs and availability of funds.

CSS

CSS provides a standard and uniform approach to the financial management requirements for DHS contracts and sub-grants, including those with SSBG funds. CSS' areas of responsibility include:

- Providing centralized administration, review and quality control of all DHS contracts and sub-grants with an SSBG funding component;
- Developing contracts and sub-grants containing SSBG funding;
- Providing technical assistance and training to DHS contractors and sub-grantees on overall compliance requirements;
- Providing standardization, technical assistance, and training to DHS program divisions on compliance requirements;
- Participating in resolution of billing problems;
- Conducting contract reviews of DHS-held contracts to determine overall administrative compliance, for those contractors receiving over \$5,000;
- Conducting service-to-billing audits, on DHS-held contracts, for those contractors receiving over \$5,000 and whose contracts contain SSBG funding;
- Developing the policies and procedures relating to the SSBG program, including the **SSBG Pre-expenditure Report** and **SSBG Program Manual**;
- Analyzing and disseminating laws and regulations regarding SSBG.

PAPM

PAPM is responsible for the promulgation of DHS policies, including the **SSBG Pre-expenditure Report** and the **SSBG Program Manual**.

General Operations Section

The General Operation Section coordinates the payment of invoices for the SSBG program.

CAFR

The CAFR Section prepares and submits to the federal government the annual **SSBG Post-expenditure Report**.

Managerial Accounting Section

The Managerial Accounting Section provides reports of expenditures by program codes to CAFR for their use in preparing the **SSBG Post-expenditure Report**.

2120

Responsibilities of Program Divisions and Offices and Agencies outside DHS Receiving SSBG Funding

Each SSBG-funded division/office and agency is responsible for the operation of its own SSBG program(s), as approved and monitored by OFA. Their responsibilities may include:

- Delivery of direct services;
- Selection, in compliance with Arkansas Procurement Law and Regulations, of contract providers of purchased services;

- Monitoring of the performance of the contract service providers (hereinafter referred to as providers), and
- Management of allocated funds.

The divisions/offices and agencies must accomplish these responsibilities in accordance with the policies and procedures established by OFA as well as all applicable State and Federal laws and regulations.

The functions of each division/office and agency involved in the delivery of services funded by SSBG are described below.

- A. DHS, Division of Aging and Adult Services (DAAS): DAAS is charged with representing older citizens by advocating, planning, and developing programs to meet their specific needs. Priority services include transportation, nutrition, and socialization. DAAS is also involved with chore services, adult day care, in-home services, and protective services.
- B. DHS, Division of Behavioral Health Services (DBHS): DBHS is responsible for the following:
- 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;
 - Providing detoxification services;
 - Providing 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;
 - Administering the Governor's Office portion of the Department of Education Drug-Free Schools and Communities;
 - Developing and implementing broadly-based programs of alcohol and drug abuse education and prevention, including programs for high-risk youth;
 - Providing drug abuse resistance education and replication of successful drug education programs.

DBHS assists several facilities to provide varying types of mental health and substance abuse services, including the Arkansas State Hospital at Little Rock, AR, (for intensive care), the Arkansas Health Center at Benton, AR (for comprehensive care), local private nonprofit organizations (which provide in-patient and out-patient mental health services), and drug and alcohol abuse treatment services.

- C. DHS, Division of Children and Family Services (DCFS): DCFS is responsible for the delivery and coordination of services for children and families, including foster care, protective services and other child welfare services. DCFS also purchases treatment services for youth with emotional/behavioral problems. DCFS 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). DCFS is a member of the Child Welfare League of America.

- D. DHS, Division of County Operations (DCO): DCO is responsible for the administration of the DHS county offices. DCO provides assistance through Temporary Assistance to Needy Families (Transitional Employment Assistance [TEA] and WORK PAYS), Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), Commodity Distribution, Community Services (which includes Community Services Block Grant services, Homeless services, Weatherization, and Low-Income Home Energy Assistance) and Emergency Food.
- E. DHS, Division of Developmental Disabilities Services (DDS): DDS 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. DDS makes technical assistance and program support available to all providers of DDS services. The Board of Developmental Disabilities Services operates the six human development centers which offer residential care to persons with developmental disabilities.
- F. DHS, Division of Services for the Blind (DSB): DSB provides services which aid blind and visually impaired persons in attaining self-sufficiency and self-support through training, counseling, and other supportive activities. DSB operates programs focusing on independent living and vocational counseling. In addition, DSB operates the state's blind vending facility program.
- G. DHS, Division of Youth Services (DYS): DYS provides over-all management and administration of juvenile services for adjudicated delinquents, Families in Need of Services (FINS), and certain categories of non-adjudicated youth. DYS is responsible for funding, monitoring and providing technical assistance to the Youth Services facility at Alexander, AR, to contracted serious offender programs, and to a statewide network of community-based programs. DYS 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 sub-grant approval.
- H. DHS, Office of Chief Counsel (OCC): OCC, through its sections of Legal Operations, County Operations, Quality Assurance (Fraud Investigations and Audit), and Appeals and Hearings provides legal review and representation, fraud and internal investigations, audit functions, and administrative hearings for all of DHS.
- I. Arkansas Rehabilitation Services (ARS): ARS is a comprehensive state agency dedicated to providing a wide range of vocational services with the objective of putting people with disabilities to work.
- J. Arkansas Spinal Cord Commission (SCC): SCC's mission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in the state.

2200

Allocation Process

Prior to each state fiscal year, the DHS CFO shall make an allocation of SSBG funds to each division/office and agency, based upon historical data, funding availability, and anticipated needs. In turn, the funded entities, in accordance with applicable laws and regulations, shall determine the services to be provided and the funding levels for those services, based upon historical usage, public input, anticipated needs, and available resources. Each division/office and agency is responsible for managing its funds and for approving purchased, direct, and administrative expenditures for programs within its areas of expertise.

2300

SSBG Pre-expenditure Report

Federal law authorizing SSBG requires the state to develop (with public input), and to submit to the federal government, an annual **SSBG Pre-expenditure Report** and an interim, revised **SSBG Pre-expenditure Report** if the planned use of SSBG funds changes during the year.

The **SSBG Pre-expenditure Report** is based upon the allocations made during the allocation process and addresses:

- The extent to which funds are planned to be used for purchase of service agreements and/or for staff (i.e., are planned to be used for “purchased” services and/or “direct” services);
- Services to be provided;
- Estimated expenditures per service;
- Estimated number of service recipients (hereinafter referred to as clients), by age range, to be served per service.

Upon completion of an annual or interim **SSBG Pre-expenditure Report**, in accordance with **DHS Policy 1052**, OFA shall submit the **SSBG Pre-expenditure Report** to DHS Executive Staff and OCC for review and comment.

Upon their approval, OFA shall initiate the public review and comment period by publishing the short Notice of Rule Making in a newspaper of general, statewide circulation. In addition, OFA shall forward a longer Notice of Rule Making to the Arkansas Secretary of State for their posting for a 30-day review and comment period on the Secretary of State website. This affords all interested members of the public a 30-day opportunity to submit comments.

At the end of the comment period, and following review of the proposed update by the Arkansas Legislative Council, Administrative Rules and Regulations Subcommittee, the **SSBG Pre-expenditure Report** is considered finalized and OFA shall forward a copy to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Washington D.C.

2400

SSBG Post-expenditure Report

Section 2006 of Title XX of the Social Security Act requires an annual **SSBG Post-expenditure Report**. The CAFR Unit shall prepare the report in such form as 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 **SSBG Pre-expenditure Report**. The report must include the services provided in whole or in part with SSBG funds; the

number of children and the number of adults receiving each service; the expenditures per each service, and the method by which each service was provided (i.e., purchased or direct).

2500

Departmental Policy Issuances and Interpretation

DHS issues several manuals and other policy issuances to guide providers and staff in the implementation of the SSBG program. These manuals and policy issuances are based upon Federal and State law as well as DHS program decisions. Formal issuance through the promulgation process makes these policies and manuals accessible to all DHS divisions/offices, to other agencies, to providers, and to the general public.

All policy is issued under the authority of DHS. DHS policy may not be changed or modified by any individual or agency except through a superseding policy issuance or a written waiver (see Section 2600 below).

Following is a listing and brief explanation of relevant policy issuances in addition to the **SSBG Program Manual** and **SSBG Pre-expenditure Report**:

- The DHS Contract Manual contains policy, procedures and instructions for the purchase of Professional Services by DHS.
- The Financial Guidelines for Purchased Services provides the rules and regulations governing the financial control of funds administered for the purchase of services within DHS. It includes financial standards for the operation of programs as well as policy and procedures for fiscal accountability. The Financial Guidelines for Purchased Services is the official authority (along with the applicable OMB circulars and federal regulations) on allowable costs, required fiscal reporting and record keeping, audit, and other fiscal requirements. The Financial Guidelines for Purchased Services contains 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 DHS.

OFA shall issue, interpret, and distribute all policies and procedures for the SSBG program. Inquirers shall refer any questions on client eligibility, overall financial guidelines, or other matters of general program policy or procedures to the DHS CFO for interpretation, explanation, and, if necessary, development of revised or additional policies and procedures. Except in an emergency, inquirers must submit such inquiries in writing to the CFO. The CFO will reply in writing or, if replying orally, will confirm in writing. Inquirers should mail inquiries to:

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

2600

Waiver Process

Individuals/divisions requesting a waiver of policy contained in the **SSBG Program Manual** must submit a formal written request to the DHS CFO or designee for approval. The request must include the following:

- Evidence of approval by the Division Director or Agency Director;

- Indication of the specific section of policy for which the waiver is requested;
- Complete justification for the waiver; and
- Indication of the duration for which the waiver is requested.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL**

3000 ELIGIBILITY DETERMINATION UNDER SSBG

3100 Provider Determined Eligibility

Providers shall determine client eligibility or ineligibility in accordance with the policy and procedures outlined in this 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 DHS 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 an individual's request for information about available services in the community.

3300 Freedom to Accept Services

Families and individuals are 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 DHS employee or 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 from or is provided in a different manner from that provided to others under the SSBG program. (This provision is not intended to prohibit the preparation or implementation of individualized service plans, 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/her 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 or afford him/her an opportunity to do so which is different from that afforded others under the SSBG program.

The provider shall inform applicants and clients that services are provided on a non-discriminatory basis and that they have a right to file a complaint with DHS or the 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 clients, or an individual acting on behalf of an applicant or client, may appeal the denial, reduction, or termination of a service, or failure to act upon a request for service with reasonable promptness.

Interested individuals shall make their first level of appeal to the director of the program where the alleged inequity occurred. If the individual filing the appeal (hereinafter referred to as complainant) receives no satisfaction at the program level, he/she shall send a written request for a hearing to the DHS CFO or designee, P.O. Box 1437, Slot W401 Little Rock, Arkansas 72203. The complainant must submit the written request within 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, the CFO or designee shall attempt to resolve the appeal informally. The CFO or designee shall first refer the hearing request to a CSS contract officer.

The contract officer, accompanied by a division representative selected by the division director or designee, shall make initial inquiries into the complainant's situation. The contract officer and division representative shall interview both the provider representative and the complainant and review pertinent records of both. Based on the findings, the contract officer shall compile a report outlining the problems and proposing solutions. The contract officer shall submit the report to the CFO or designee within 15 working days of receipt of the request for a hearing.

The CFO or designee and the division director shall review the report and submit recommendation for resolving the problem to the contract officer within 15 calendar days from date of receipt of the report.

The contract officer shall present the proposed solution to the complainant and provider representative within 5 working days of the date the contract officer received the proposed solution. If the solution is satisfactory to the complainant and provider representative, no formal hearing is required. The contract officer shall obtain the signature of the complainant on the

document detailing the proposed solution. Contract officer shall provide copies of the signed document to the complainant, provider representative, and division representative and shall submit the original signed document to the CFO or designee. CFO or designee shall file the original signed solution in a hearing file.

If the proposed solution from the informal review is not acceptable to the complainant, he/she may file a request for a formal appeal utilizing the Administrative Appeals and Hearings procedure.

3520

Administrative Appeals and Hearings

The Administrative Appeals and Hearings process provides a mechanism by which an applicant or client may appeal adverse action taken under a program funded through DHS. Complaints which solely assert an objection to federal or state laws or regulations are not subject to appeal under this procedure.

When a complainant wishes to request an administrative hearing, he or she shall do so by submitting a request in writing to the DHS Appeals and Hearings Office. The request must be received by the Appeals and Hearings Office no later than 10 calendar days from the date of complainant's receipt of the informal review decision from the CFO. The complainant shall submit the written request to:

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

Complainant shall submit a copy of the request to the DHS CFO or designee, as well.

The complainant shall include the following in the appeal request:

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

Upon receipt of a request for a formal hearing, the Appeals and Hearings Office shall request a copy of the client's or applicant's file from the responsible program division.

Note to the program division: The file should contain relevant records which constitute documentary evidence to support the notice of adverse action sent, verification obtained which resulted in the adverse action, relevant correspondence, and any information supplied by the complainant. The file must also contain a Hearing Statement prepared by the program division which summarizes the basis for the adverse action and the position of the division. The Hearing Statement, however, is not original evidence, so complete documentation is required in the file to support the Hearing Statement. The

Hearing Statement shall contain the issue as stated by the complainant. The Hearing Statement shall also list the name of the program division representative for the administrative hearing.

Appeals and Hearings Office shall notify the complainant by form notice that he or she has 15 calendar days from the date of the notice to review the Hearing File at the program division or at a specified DHS 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 division must advise the Appeals and Hearings Office of any witnesses the program division wishes to have subpoenaed to document the adverse action taken. The reverse side of the Hearing Statement provides space to request subpoenas for witnesses. Appropriate program division employees shall attend administrative hearings without being subpoenaed.

The Appeals and Hearings Office shall notify the program division of any witnesses the complainant has requested to be subpoenaed. The program division representative shall have 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 shall schedule the hearing to afford the parties, and attorneys, if any, at least 10 calendar days notice of the date, place, and 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 officer may reschedule the hearing upon a showing of good cause.

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

The program division representative shall be familiar with the case and be able to answer pertinent questions relating to the issue at hand. The program division representative shall be prepared to cross-examine adverse witnesses. The program division representative may request legal assistance when preparing for the hearing and may also request representation at the hearing by written request directed to the DHS Chief Counsel.

A hearing officer from the DHS Appeals and Hearings Office will conduct the hearing. No person who had any part in the decision being appealed may serve as the hearing officer. The complainant may secure representation by a friend, attorney, or other designated representative. The hearing officer shall conduct the hearing in an informal but orderly and controlled manner.

The hearing officer shall explain the hearing procedure to the parties. The program division representative shall read the Hearing Statement. The complainant may also present an opening statement.

The complainant has the burden of proving whatever facts it must establish to sustain its position by a preponderance of the evidence. The program division shall present its case first, which includes presenting evidence and questioning witnesses. The complainant shall then present his/her case. He/she may do so with the aid of others. The hearing officer shall give the complainant opportunity to present witnesses, to advance arguments, to offer additional evidence, and to question or refute any testimony or evidence. The hearing officer shall allow the complainant to question the program division representative and to confront and cross-examine any adverse witnesses. Questioning of parties and witnesses shall 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 complainant fails to appear for the hearing and does not contact the Appeals and Hearings Office prior to the date of the hearing of his/her inability to attend, the appeal will be considered abandoned.

The hearing officer shall prepare a Final Order based on a comprehensive report of the proceedings, in a format consisting of an Introduction, Findings of Fact, Conclusions of Law and a Decision. The Appeals and Hearings Office shall issue the Final Order within 90 calendar days from the receipt of the appeal. The hearing officer may shorten the time when appropriate upon good cause demonstrated by a party to the proceeding.

If the complainant 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. The complainant must file the petition in an appropriate Circuit Court within 30 calendar days from the date he/she received the Final Order of the Appeals and Hearings Office. The Court will serve copies of the petition on the program division, the DHS Appeals and Hearings Office, and any other parties of record in a manner authorized under the Arkansas Rules of Civil Procedure.

3600

Safeguarding Information

DHS and providers shall keep all applicants and client records confidential and in a secure file. They shall not disclose information in case records for any purpose other than:

- To authorize services to the individual;
- To share information among professional staff involved in the program of services for the individual, or
- To respond to requests by DHS and representatives of the federal government involved in the administration of the SSBG program.

DHS and providers shall retain applicant/client records for a period of 5 years from the date of expiration or termination of the SSBG contract under which services are provided. If an audit is in process at the end of the 5-year period, they shall retain the records until the resolution of the audit.

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/her 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 or Intermediate Care Facility for the Mentally Retarded 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:

- Skilled nursing care and related services for residents who require medical or nursing care,
- Rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or
- 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 specialized and supportive rehabilitative services, social services as needed by the resident, and an activities program designed to encourage restoration to self-care and maintenance.

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

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

4000 PROCEDURES FOR DETERMINING ELIGIBILITY

4100 Application for Services

4110 Initial Application for Assistance

Individuals desiring to apply for direct services delivered by DHS divisions or offices must do so at the appropriate DHS division/office.

To apply for purchased services, he/she must apply 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 shall provide assistance in the completion of such application forms upon request.

Providers shall take reasonable steps to ensure that applicants with limited English proficiency have meaningful access to the programs, services, and information available..

IMPORTANT: The use of alternate forms from those specified in this Manual may be used only upon the approval of the DHS CFO prior to their usage.

Except in the following cases, applications must be made on the **Application for Social Services Block Grant Services (Form DHS-0100)** (see Appendix E):

- A. Information and referral services do not require a **Form DHS-0100**.
- B. Services delivered to investigate or remedy the abuse, neglect, or exploitation of children and adults do not require a **Form DHS-0100** if the services are delivered by DHS staff. Neither do they require a **Form DHS-0100** if they are delivered by a provider who has received a written referral from DHS indicating services are needed as a result of abuse, neglect or exploitation. This referral must be on file with the provider.
- C. Services to DCFS clients needed as a result of a case plan for any of the following do not require a **Form DHS-0100**:
 - Family support/reunification,
 - Prevention or remedy of abuse, neglect or exploitation of children,
 - Crisis intervention with children and families, or
 - Assistance to adoptive and extended families at risk or in crisis.

This includes all court ordered services with regard to child safety/protection and family support. Appropriate documentation (court order, referrals, etc.) must be on file with the provider.

- D. Services to DYS clients who are eligible under the Status Eligible category do not require a **Form DHS-0100**. The required documentation for status eligibility is a written referral for the youth to the provider for services by the courts, a law enforcement agency, a parent or guardian, a school, a mental health professional, or the Division of Youth Services. The documentation must be on file with the provider.

NOTE:

In those circumstances where a division authorizes the service by way of a referral or a case plan and the provider does not secure a **Form DHS-0100**, it is the responsibility of the division and/or the provider to ensure that those service recipients are SSBG-eligible.

If the service requires a **Form DHS-0100** and the individual for whom the services are requested is under age 18, the application must be signed by a parent or guardian unless the individual is considered an emancipated minor. If an adult has a legally appointed guardian or custodian, the guardian or custodian must sign the application. In both of these cases, the provider representative shall advise the parent or guardian that he/she is responsible for notifying DHS of changes in circumstances and performing other responsibilities of the client.

Form DHS-0100 advises the applicant of his/her rights and his/her responsibility to give accurate information for determination of eligibility. The provider representative assisting with the application shall explain these rights and responsibilities to the applicant. The provider representative shall determine eligibility on the basis of the applicants' statements (referred to as the declaration method).

4111 Authorized Representative

An authorized representative is someone designated by the client, in writing, 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 individual 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/her parents regard themselves as being responsible for his/her care and control and declares that he/she has no intention to return.

The provider representative shall document in the case record the reason for considering a minor emancipated.

4120 **Steps in Application Process for Purchased Services**

4121 **Application Interview**

The provider representative shall complete the following tasks during the application interview:

- A. Determine the applicant's problem(s), goal, and needed service(s);
- B. Explain to the applicant the following:
 - 1. The provider representative's responsibility for carrying out policy in determining eligibility;
 - 2. The applicant's responsibility for cooperating in the establishment of eligibility;
 - 3. The information needed to establish eligibility and the confidential way in which DHS and providers treat information;
 - 4. The applicant's right to a hearing if the applicant is dissatisfied with DHS' or the provider's handling of his/her application or of his/her case if he/she is determined eligible for services;
 - 5. The fact that the application must be processed within 30 days.

4122 **Securing Information to Determine Eligibility**

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

4123 **Completion of Forms at Application**

During the initial application interview the applicant shall complete the **Form DHS-0100**. The provider representative may assist the applicant in completing the application upon the applicant's request. In certain situations, the provider representative may actually complete the application rather than the applicant, as indicated above. Upon completion of the **Form DHS-0100**, the provider representative shall give a copy of the form to the applicant, guardian, or authorized representative as a record of the application and retain the original application in the client's record.

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 provider representative shall deny the application immediately. Provider representative shall complete and give or send to the applicant the **Notice of Action to Applicants for and Recipients of SSBG Services (Form DHS-0160)**. Provider representative shall maintain a copy of the **Form DHS-0160** in the client's record.

4125 **Home Visit**

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

4126 **Securing Nonfinancial Information from Collateral Source**

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

The provider representative shall obtain applicant's signature on a Consent for Release of Information form before attempting to secure information from a collateral source. The consent form must specify the information needed and the name(s) of the collateral source(s). If an applicant refuses to sign a consent form and collateral information must be obtained, provider representative shall refer to Section 4140.B.

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

4130 **Time Limits on Disposition of Applications**

The provider representative shall dispose of the application within 30 days from the date of application by 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 provider shall notify the applicant, using the **Form DHS-0160**, by the 20th day following the date of application of the reason for the delay and of his/her right to an appeal.

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, using the **Form DHS-0160**, by the 20th day of the exact reason for the delay and shall explain that he/she has 10 days from the date of the notification to provide information to clear

the remaining eligibility factor(s) or the application shall be denied. 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 still be disposed of within 30 days. Provider representative need not send a second **Form DHS-0160** announcing the final action.

4200 **Eligibility Determination**

4210 **Definitions Regarding Eligibility**

- A. Client, Primary – The primary client is 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.
- 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 resides in a supervised living facility).
 - In a stepparent situation (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.
 - 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.
- 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 DHS CFO 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.
- D. Emancipated Minor - An emancipated minor is 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.

- E. Income - Income is any monetary remuneration received on a regular basis, including a Transitional Employment Assistance (TEA)/WORK PAYS payment. Only income currently available on a regular basis shall be considered. Lump sum and other onetime payments shall be annualized, except for stock dividends. Unpredictable income of indeterminate amounts shall not be considered, e.g., an insurance settlement.
- F. Monthly Gross Income - The following sources shall be 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) shall be treated the same as income. The amount of the deficit shall be 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) shall be treated the same as income. The amount of the deficit shall be subtracted from the gross income from other sources to obtain the total gross income.

4. Social Security – i.e., 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 – i.e., 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 – i.e., public assistance payments such as TEA/WORK PAYS, Supplemental Security Income (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 – i.e., 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 – i.e., 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 – i.e., 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 – i.e., 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 – Joint income shall be divided equally when both spouses are living in a supervised living facility.
14. Wages Paid for on the Job Training and upgrading and retraining under the Job Training Partnership Act program.

G. Exclusions from Monthly Gross Income - The following shall be 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 SNAP allotment (formerly known as Food Stamps);
11. The value of United States Department of Agriculture 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 (provider representative need make no inquiry in this regard);
 15. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living expenses;
 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 Job Training Partnership Act programs; and allowances, earnings and payments made to individuals participating in other employment and training programs except for wages paid for on-the-job training and upgrading and retraining in these other programs; and
 19. Income received through AmeriCorps VISTA.
- H. Services - those activities provided the client to enable him/her to overcome barriers to goal achievement.

4220 Factors of Eligibility

The provider representative must document in the client record that each eligibility requirement has been met before services may be provided. These points of eligibility include:

- A. Categorical Requirement;
- B. Need for Service; and
- C. Legal Arkansas Residency.

4230 Categorical Requirements

4231 Applicant Eligibility Status

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

- A. TEA/WORK PAYS: This category refers to recipients of TEA/WORK PAYS, essential persons, and adult relatives whose needs were taken into account in determining the TEA/WORK PAYS grant.
- B. SSI: This category refers to recipients of SSI.
- C. Income Eligible: This category refers to individuals who qualify for specific services, but who are not receiving TEA/WORK PAYS or

SSI, and whose family's monthly gross income is at or below the income scale.

D. Without Regard to Income: This category refers to the following:

1. Individuals who need services as a result of a protective services case plan designed to prevent the abuse, neglect, or exploitation of a child or adult.
 - a. The client's case record retained by the provider must contain documentation to reflect that the services are being delivered as a part of a protective services case plan.
 - b. 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.
 - c. Any service funded by SSBG and listed in this manual may be provided without regard to income if the above conditions are met.
2. Individuals who need services from DCFS as a result of a case plan for any of the following (including all court ordered services with regard to child safety/protection and family support):
 - a. family support/reunification,
 - b. prevention or remedy of abuse, neglect or exploitation of children,
 - c. crisis intervention with children and families, and
 - d. adoptive and extended families at risk or in crisis

Appropriate documentation (court order, referral, etc.) must be in the client's record on file with the provider.

3. Individuals receiving services provided by DDS as a result of a case plan for DDS. The documentation required to be retained in the client's record consists of an Individual Program Plan and DDS eligibility determination.

E. Status Eligibility - DYS:

This category shall 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 FINS, or at risk when referred by parent or guardian, law enforcement, school, or mental health professional. 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 status eligibility is a written referral for the youth to the provider for services by the courts, a law enforcement agency, a parent or guardian, a school, a mental health professional, or the Division of Youth Services. 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. This documentation must be retained in the provider's file.

4232 Services Income Scale

Eligibility for SSBG based on income is determined by income and family size of the eligibility unit of the primary client, using the following income scale:

1988 Gross Median Income, 60% Scale:

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

For over 10 family members, add \$693 to the annual income for a family size of 10 for each additional member.

4233 Determination and Verification of Income

The amount of any currently available income not specifically excluded must be determined and considered.

The applicant's statement shall 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 applicant'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 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 applicant'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 to resolve the problem within the 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 an applicant 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, the provider representative would be expected to investigate further.
- If the income or family size of an applicant changes drastically without explanation between reevaluations or shortly after services were denied, the provider representative would be expected to investigate further.
- If an applicant 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 representative would be expected to investigate further.

4234 Computation of Earnings from Employment

The provider representative shall determine the monthly gross amount of any earnings from employment. He/she shall compute the monthly gross income by multiplying weekly earnings by $4 \frac{1}{3}$, bi-weekly earnings by $2 \frac{1}{6}$, or 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 provider representative shall retain the computation of earnings in the client's 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, provider representative shall:
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, provider representative shall:
1. Calculate the monthly gross income.
 2. Subtract monthly costs incurred in producing the income.

4236 Determination of Unearned Income

Provider representative shall determine the monthly amount of any unearned income not disregarded. Verification shall be by the applicant's statement.

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 the service(s) 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.

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.

A narrative entry or problem statement on **Form DHS-0100** 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 statutory SSBG goals. A narrative entry or a statement by the provider representative on the **Form DHS-0100** stating the statutory goal and the services needed (or a referral or court order, under allowable circumstances) shall be regarded as sufficient verification of individual service need.

Beyond this requirement, the determination of service need shall be left to the judgment of the provider representative. 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 who 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

Statutory Goals for SSBG

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

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
3. Preventing or remedying neglect, abuse, or exploitations of children and adults unable to protect their own interest or preserving, rehabilitating, or reuniting families
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care

5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions

4245 Service Codes

With SSBG funding, DHS provides social services to eligible individuals and families throughout the State. These services are provided directly and through public or private community based service providers. All services are available statewide.

The following major categories of services are offered by DHS through SSBG, numerically by SSBG code:

SSBG CODE	SSBG TITLE	DHS CODE	DHS TITLE
02	Case Management	02	Case Management
03	Congregate Meals	36	Congregate Meals
04	Counseling Services	29	Mental Health Services
		43	Mental Health Services, Add'l Units
05	Day Care -- Adults	05	Day Care for Adults
06	Day Care - Children	30	Day Services for Developmentally Disabled Children
07	Education and Training Services	26	Training and Education Services
08	Employment Services	22	Supportive Services for the Blind
13	Home-Based Services	03	Chore Services
14	Home-Delivered Meals	12	Home-Delivered Meals
16	Independent/Transitional Living Services	52	Substitute Care for Youth, Add'l Units
18	Legal Services	35	Coordinated Court Services
20	Prevention & Intervention	38	Supportive Services for Children and Families
		54	Community Integration Services
		55	Supportive Services for Children and Families, Add'l Units
21	Protective Services--Adults	17	Protective Services for Adults
22	Protective Services--Children	18	Protective Services for Children
23	Recreation Services	21	Socialization & Recreation Services
24	Residential Treatment	24	Substitute Care for Children
		42	Substitute Care for Youth
25	Special Services--Disabled	23	Special Services for the Disabled
		46	Developmentally Disabled Services
		50	Supported Living Services
		53	Developmentally Disabled Services, Add'l Units
26	Special Services--Youth at Risk	20	Non-residential Services for Youth
		33	Interstate Compact on Juveniles

		51	Non-residential Services for Youth, Add'l Units
27	Substance Abuse Services	25	Supervised Living Services
28	Transportation	27	Transportation Services

Appendix B - List of Service Codes and Unit Codes provides the major categories of services and their respective units.

Appendix C - Service Chapters provides a complete listing of service names, definitions, divisions offering the service, methods of delivery, eligible categories, allowable components, statutory goal(s) toward which services are rendered, and special notes relative to the service.

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. They must be responsive to the needs of each individual within the family, while taking into account the relation of individual needs to the functioning of the family as a whole. They must also 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.

Although 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

By Federal law, each individual applying for or receiving services funded by SSBG must be a U.S. citizen or have lawful alien status. Applicants shall certify in this regard on the **Form DHS-0100**.

The applicant must also be presently residing in Arkansas and must intend to make Arkansas 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 record any pertinent information in the client record (information included on forms need not be repeated).

4320 **Denial**

When denying an application, the provider representative shall:

- A. Record any pertinent information in the applicant record (information included on forms need not be repeated). It is not necessary to verify any eligibility factor. However, verification already obtained should be recorded for future reference; and
- B. Notify client of denial by **Form DHS-0160**.

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 applicant record; and
- C. Notify the applicant of withdrawal on **Form DHS-0160**.

4340 **Unavailability of Services**

If a service must be denied because of unavailability or lack of resources and the applicant is eligible for the service, the provider shall deny the application on **Form DHS-0160** with the reason cited as "Service Not Available." If the service is available from another provider, the provider representative should refer the applicant to the other provider.

4400 **Effective Date of Service**

When applications are approved within 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 30 days of the date of application.

4500 **Retroactive Eligibility Authorized by the DHS CFO or Designee**

Notwithstanding any other provision of this Manual, the CFO 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 under the SSBG program.

4600 **Continuing Eligibility**

4610 **Responsibility for Determining Continued Eligibility**

DHS has a continuing responsibility to provide services for eligible clients as adequately as funds will permit and to insure that no ineligible client continues to receive services.

The provider and the client have the responsibility to insure that information upon which a client's eligibility is based is current and complete.

Client (or provider representative, when allowable) shall complete a new application at intervals of no greater than 12 months.

A. **Responsibilities of the SSBG Provider**

The SSBG provider representative shall:

1. Explain the policies and procedures involved in the redetermination of eligibility to the client;
2. Periodically re-evaluate the eligibility (using **Form DHS-0100**, unless otherwise exempt from this requirement) of each client and obtain and record sufficient information to determine the client's continued eligibility for services;
3. Process within 30 days any change of status reported by the client or known to the provider and make any necessary adjustments in services delivered;
4. Make any necessary investigation (at any time a client's eligibility is in question) and obtain and record sufficient information within 30 days to determine the client's continued eligibility for services;
5. Advise the client of the information needed to determine his/her continued eligibility (when a client's eligibility is in question) and, if the client fails to provide the necessary information within 10 days, begin action to terminate or reduce service;
6. Document when and why services are needed.

B. **Responsibilities of the Recipient**

The client shall provide complete and correct information concerning his/her situation at any time it is requested by the provider.

The client shall also report to the provider any change that affects his/her eligibility within 5 days of the date the change occurs.

The Reevaluation

A re-evaluation involves the re-determination of all eligibility requirements, using the **Form DHS-0100**, when applicable. Each requirement must be met and recorded in the client record.

A. The Reevaluation Plan

Provider representative may schedule re-evaluations as necessary at any time within the 12 month time limit. However, provider representative shall schedule the re-evaluation no later than the 11th month so that any action necessary to complete the re-evaluation may be accomplished before the expiration of the 12 month time limit or before the end of the 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 Reevaluation Interview

The provider representative shall conduct a personal interview with the client. The provider representative shall make a home visit only when necessary.

During the re-evaluation interview, the provider representative shall:

1. Review with the client **Form DHS-0100** for his/her completion and signature;
2. Advise the client of the legal consequences of fraud, misrepresentation or perjury, and of his/her responsibility to report any change within five days;
3. Obtain sufficient information regarding income or income maintenance status, if necessary;
4. Obtain information on any change of status reported by the client; and
5. If the client fails to provide the information necessary to determine his/her continued eligibility, reiterate the necessity of obtaining the required information and advise him/her of his/her responsibility to provide it within 10 days.

C. Completion of the Reevaluation

After the re-evaluation interview, the provider representative shall:

1. Obtain and record sufficient information to establish all eligibility requirements on **Form DHS-0100**;

2. If the provider representative cannot obtain sufficient information to establish eligibility, advise the client using **Form DHS-0160** of the specific information needed and that he/she has 10 days from the date of the letter to provide it. If the client does not provide the necessary information within 10 days from the date of the letter, the case shall be closed.
3. Determine eligibility by completing the bottom part of the **Form DHS-0100**.

NOTE: In those circumstances under which the **Form DHS-0100** is not required, provider shall review and document in the record the client's continued eligibility for the service.

4630

Change of Status and Notice of Action Requirements

The client has the primary responsibility for reporting any change affecting eligibility within five 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 factual information regarding a change affecting eligibility, the provider shall make an investigation and shall take any appropriate action(s) within 30 days.

A. Notice of Action

When the provider representative proposes to terminate or reduce services, he/she shall complete a **Form DHS-0160**, giving full details of the pending action, and mail it to the client at least 10 days prior to the anticipated date of action. The provider representative shall send a notice if any service is discontinued, even though other services may be continued.

- If the termination or reduction in service 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 **Form DHS-0160** is completed.
- If the termination or reduction in service meets one of the conditions set forth in Section 4630.C. no **Form DHS-0160** is required.

When the provider representative has obtained factual information that indicates that services should be terminated or reduced because of probable fraud of the client, and such factual information has been verified (when possible through collateral sources), the provider representative need give only a 5-day advance notice.

If advance notice is sent to a client due to failure to re-evaluate and a **Form DHS-0100** is received showing the client to be ineligible for services, then the provider representative must send a second

Form DHS-0160 and give another advance notice, unless the situation meets one of the conditions set out in Sections 4630.B. or 4630.C.

Providers may substitute a computer generated notice of action, or other alternate form, for the **Form DHS-0160** with prior approval of the text by the DHS CFO or designee.

B. When Advance Notice is Not Required

Provider must send a **Form DHS-0160** but advance notice is not required when:

1. The provider representative receives a written statement signed by a client that he/she no longer wishes to receive services, or that gives information which requires termination or reduction of services, and the client 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 client has been informed in writing at the time of initiation that the allowance should automatically terminate at the end of a specific period;
4. 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

Provider need NOT send a **Form DHS-0160** when:

1. The provider representative has factual information confirming the death of the client;
2. The source of funding is the only change and services will be continued by the same provider under a different funding source;
3. The client's whereabouts are unknown and mail directed to him/her is returned 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 client shall notify the provider within 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 **Change 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 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.

When a purchased service is terminated by the provider, the provider shall:

- A. Notify the client via **Form DHS-0160** (if appropriate) giving 10 days advance notice;
- B. Make a narrative entry in the client's record.

4634 **Closure**

- A. A provider shall close a client's case :
 - 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 after written notice that he/she must do so;
 - 6. Upon a client's failure to meet any eligibility 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, the provider shall:

1. Record pertinent information in the client record; and
2. Give advance notice to the client, if applicable, on **Form DHS-0160**.

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. 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 provider may close a client's case 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. The provider must send the warning at least 10 days prior to initiating closure of the case.

If the disruptive behavior has not changed within 10 days, the provider must send **Form DHS-0160** giving the client 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, provider may close his/her case immediately by documenting the client's violent behavior in the client record and notifying the client of termination of services on **Form DHS-0160**. No advance notice is required.

4636 **Change in Funding Source**

If the funding source for a service is changed and services continue uninterrupted, provider need not send a **Form DHS-0160** to the client; however, a narrative entry should be made in the client's 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 provider shall consider the case closed and the client must reapply for services using the **Form DHS-0100** if SSBG services are to be reinstated. If the period for which eligibility has been certified has not ended, the provider may re-instate the SSBG eligibility with only a narrative entry in the client's case record, in which case 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.

If a case is closed or services are reduced while services are being provided under another funding source, the policies and procedures governing that funding source will apply and it is not necessary for the provider to send the **Form DHS-0160**.

4700 **Maintenance of Individual Client Records**

Providers shall maintain an accurate and current individual client record at the facility in a readily accessible location for each client determined eligible. The record must contain the following completed forms, at a minimum, unless exempted from this requirement:

- A. **Form DHS-0100** (a copy should be on file to document initial application and each re-evaluation);
- B. **Form DHS-0160** (a copy should be on file for each action requiring a notice);
- C. Narrative entries 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).

4710 **Administrative Review of SSBG-Funded Contracts**

To ensure compliance with SSBG eligibility requirements, CSS staff shall conduct a minimum of one contract review on every SSBG-funded DHS contract that exceeds \$5,000 for the state fiscal year. CSS staff shall review a sample of client records for completeness and accuracy, verify the eligibility factors, and review the contractor's documentation supporting the units of services billed for a given period.

Exceptions to this requirement may be granted only upon a waiver from the DHS CFO.

4800 **Fees for Services**

Arkansas does not assess fees from clients for services provided.

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

5000 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 SSBG funds administered by DHS.

5100 Matching Funds

5110 Match Rates for 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 DHS division/office responsible for the service and approved by the DHS CFO.

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

5120 Funds and Expenditures Not Allowable for Matching

In accordance with Section 3740 of the *Financial Guidelines for Purchased Services*, the following funds are not allowable for matching:

- Federal funds, except when the federal legislation appropriating funds specifically allows them to be used as the local matching share for other federal programs
- Costs or values of third party-in-kind contributions if they have been or will be used towards satisfying a matching requirement of another grant or award of federal funds
- Structured voluntary contributions from clients, unless prior written approval for their use as match has been obtained from the DHS CFO or designee
- Program-related income (income generated by sale of services or products produced by clients), unless other provisions of the agreement permit using this kind of income to meet matching requirements
- Funds of other state programs when the state program does not permit the funds to be used as match
- The same funds used to match other state and federal programs

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. See Section 7237 of the *Financial Guidelines for Purchased Services* for the acceptable methods of establishing fair rental or fair market value.

5200 **Payment Limitations**

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

5300 **Reimbursement Methodologies**

See Section 3100 of the *Financial Guidelines for Purchased Services* for information on allowable reimbursement methodologies.

Advance payment is not allowable under SSBG funding.

5400 **Exceptions/Additions**

5410 **Unallowable Costs**

In addition to the unallowable costs listed in Section 7300 of the *Financial Guidelines for Purchased Services*, the following are unallowable expenditures 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;
- 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);
- 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.); or
- 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 clients if authorized in writing by the DHS CFO. Approval for provider posting and distributing of such schedules shall comply with DHS requirements, including but not limited to the following:

- A. The provider shall not attempt to coerce any client into making contributions;
- B. The provider shall ensure that the service provided is not affected by whether or not the client chooses to contribute;
- C. If posting a schedule, the provider shall include wording clearly stating that contributions are entirely voluntary;
- D. Whenever discussing the schedule with the clients, the provider shall make every effort to ensure that the clients understand that contributions are entirely voluntary; and
- E. The provider shall use the contributions ONLY to fund allowable costs incurred in providing service to additional eligible clients and/or improved or expanded services 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 the provider filling the client's slot in the program due to the client's 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 must be 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 may continue until the client has been absent for 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 days a week, billing for clients who are temporarily absent may continue until the client has been absent for 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 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 absentee 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. Inclement weather billing 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.

Providers may apply inclement weather billing policy only if they deliver services to clients who must travel to and from a center on a daily basis. Providers serving clients on a fixed enrollment basis shall bill for the total number of contracted program slots. Providers serving clients NOT on a fixed enrollment basis shall bill for the average number of slots normally billed.

Billing for inclement weather is not allowable for DDS services.

Providers may bill for a maximum of five days in a calendar month and for up to 15 days in a calendar year. Providers may apply inclement weather billing policy only when public schools in the provider's area of service have been forced to close because of inclement weather. (This does not 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, provider should make every effort to discuss the situation with the DHS division or agency representative 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 DHS CFO or designee.

5600 **Billing Instructions to SSBG Providers**

5610 **Client and Service Data Sheet for Social Services Block Grant Funding (Form DHS-0145)**

The provider shall complete the **Form DHS-0145**, at the end of each billing period. 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 the units of service times the rate for each service, the provider can arrive at the amount due for services provided during the billing period.

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

The contractor shall send the **Form DHS-0145** to the division/office with which the contractor has a legal agreement unless the contractor has been given other instructions. (See Chapter Thirteen of the *Contract Manual* for invoicing procedures.)

5620 **Other Billing Methods**

DAAS, DBHS, DCFS, DDS, DSB, DYS, ARS, and SCC have function-specific variances approved for use as an alternative to the **Form DHS-0145** by which to invoice and report clients served and units of service provided.

Any other proposed alternative billing method requires explicit waiver from DHS CFO.

5630 **Procedures for Inclement Weather Billing**

The provider shall complete monthly billing for each client on a **Form DHS-0145** as usual, with units billed for normal operation entered as usual. Provider shall show units billed under the inclement weather policy 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 column headed by an * to identify units billed in this manner.

A. **When Local Schools Are Closed**

When local schools are closed and the number of allowable days has not been exceeded, the following applies:

1. On page one of **Form DHS-0145**, provider shall clearly state the dates the facility was closed due to inclement weather and indicate that the local schools were closed those dates;
2. Provider shall show separately the number of units of each service code billed under the inclement weather policy on the **Form DHS-0145** (Page one summary and on subsequent pages by client) with a "W" in the column headed by an *;
3. Provider shall ensure that the units of services billed are based on the total number of contracted program slots or the average number of clients/units normally billed 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 when the number of allowable days has been exceeded, the following applies:

1. Provider shall complete steps (1) - (3) above; and
2. Provider shall attach to the billing a written request for approval of the inclement weather billing, including the dates the facility was closed, a statement as to whether the local schools were open or closed, and a statement justifying the closure. The provider should address this to the DHS CFO or designee.

5640 **Actual Cost Billing and Payment Process**

In addition to the **Form DHS-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 provider shall divide the total allowable expenditure for each service by the number of units of that service to determine the unit rate for that billing period. The provider shall sign and date the letter and submit it to the division/office with which the contractor has a legal agreement unless the contractor has been given other instructions.

5650 **Third Party Payment to SSBG Providers**

If Medicare, Medicaid, private insurance, or any other source of third party payment for an SSBG client is available, those sources must first be exhausted. Providers must make every effort to utilize Medicaid whenever possible. Providers shall document the exhaustion of such benefits in the client's case record. (Protective Service cases are exempt from this requirement.)

If the source of third party recovery reimburses only a portion of the cost of an SSBG service, the provider shall bill to SSBG only that portion not covered by the third party source.

5660

Overpayment

If provider receives an SSBG overpayment or SSBG duplicate payment, the provider must promptly report that fact to CSS. DHS shall make an adjustment on the next month's payment and initiate recoupment and/or appropriate audit activity, if necessary.

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICE BLOCK GRANT PROGRAM MANUAL

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APPENDICES

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

APPENDIX A

GLOSSARY OF TERMS

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

Adult, Single: See Single Adult.

Alcohol Abuse: Alcohol abuse is 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.

Blindness: 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: A child is an individual between birth and 18 years of age unless the individual has been emancipated. Individuals between 18 and 21 may be considered children in order to receive certain specified services, including:

- 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: See Section 4210 (A.)

Deafness and Hearing Impairment: This refers to severe irreversible damage to the sensor neural and/or cortical structures of the ear necessary for normal hearing which 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: Delinquent youth are 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: This refers to 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, accident, or unknown cause prior to the age of 22.

Disabled/Handicapped: This term is used to describe 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 impairment, or who is regarded as having such impairment (includes alcohol and drug dependence).

Drug Abuse: Drug abuse is 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: See Section 4210 (D.)

Estimate of Expenditures: This includes all proposed costs for services including outlay for staff, purchase of supplies, and other administrative costs.

Family in Need of Services (FINS): This pertains to 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: Foster children are those for whom DHS has legal custody or guardianship.

Foster Family Home: Foster family homes are those homes approved by DCFS to provide room, board, and care including parenting for children.

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

Income: See Section 4210 (E.)

Income, Monthly Gross: See Section 4210 (F.)

Income, Monthly Gross, Exclusions from: See Section 4210 (G.)

Medical Maintenance: This pertains to 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 the services are:

- (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) not available through Titles XVIII or XIX.

Mental Retardation: This is 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.

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

Services: See Section 4210 (H.)

Single Adult: See Section 4210 (C.)

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: This refers to those individuals who have sustained traumatic injury, disease process or congenital defect to the spinal cord causing severe limitations in mobility, sensation and other bodily functions that result in a functional disability. This does not refer to individuals with brain stem, peripheral nerve or spine damage.

Social Services Block Grant Services (SSBG) Provider: This refers to 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.

Visually Impaired: This refers to those individuals who have visual acuity in the better eye with best correction between 20/70 and 20/200; or an angle of vision 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 at Risk are those who are clearly at risk of being processed as a delinquent or a status offender.

APPENDIX B

ALLOWABLE COMPONENTS DEFINITIONS

Allowable components are those services that may be provided as sub-sets of a broader allowable service.

ADVOCACY: See SUPPORTIVE ACTIVITIES.

AFTERCARE: Aftercare services are those services provided to youth committed to a youth service facility under the authority of DYS. 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 DYS facilities; developing an individualized case plan; advocacy on behalf of the youth; supervision; transportation; and follow-up.

ARRANGEMENT: See SUPPORTIVE ACTIVITIES.

ASSESSMENT: An assessment is 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: Camping is 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: Case plan development is the 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: Casework management involves 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 for other appropriate services; advocacy on behalf of the youth; supportive services; transportation; and follow-up.

CHILD DAY CARE: Child day care services provide appropriate care for eligible children during any part of the calendar day (including after-school care) which meets not only the normal supervisory, physical, health, and safety needs, but also provides for the intellectual, social, emotional, and physical growth and development of the child. These 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: Commodity distribution involves the provision of food to eligible recipients, including transporting the commodities to distribution sites and storing and distributing the commodities.

COMMUNICATION EQUIPMENT: Communication equipment includes any 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: A Community Integration Companion engages the client in 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: Comprehensive training center activities are provided to assist individuals in attaining needed skills. These are provided in a residential setting. Activities include: 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: Group counseling is the same as INDIVIDUAL AND FAMILY COUNSELING, except it is offered in a group setting where individuals can benefit from interaction among group members and counselors.

COUNSELING, INDIVIDUAL AND FAMILY: Individual and family counseling may include: exploration of interests and skills; problem identification and resolution; identification of feasible goals; 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 DHS Division or Office administering the program).

COURT STUDY: Same as INVESTIGATION.

COURT TESTIMONY: In response to a subpoena, a person who developed a home study may be required to appear in court and provide court testimony, i.e., 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: Day treatment involves a set of services rendered to patients who require more intensive care than that found in an outpatient program, but who do not require 24 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, APPLIANCES: Devices, aids, and appliances are those items such as hearing aids, artificial limbs, eyeglasses, wheelchairs, canes, aids for daily living, and necessary personal hygiene items that are necessary for a client to receive the specific social service and but that are NOT currently available to the client through Titles XVIII or XIX.

DETOXIFICATION (MEDICAL): Detoxification (medical) is the initial withdrawal from alcohol and other drug addiction in a medical environment as a portion of the overall addiction treatment process.

DIAGNOSIS: Diagnosis is the determination or re-determination of the detailed nature and extent of a client's problem, need, or condition. It involves a thorough investigation and analysis of the cause of the client's situation and usually takes the form of a written description prepared by a qualified professional, as defined by the program division or agency. Diagnosis may include Psychosocial Evaluations and Vocational Evaluations.

- A diagnosis is distinguished from an ASSESSMENT in that the latter is a brief evaluation.
- A diagnosis is distinguished from DIAGNOSIS AND EVALUATION (MEDICAL) in that the latter usually focuses more on the client's medical condition.

DIAGNOSIS AND EVALUATION (MEDICAL): Diagnosis and Evaluation (Medical) is the 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.

This may include the administration of necessary tests. Diagnosis and Evaluation (Medical) is performed by a qualified professional, as defined by the program division or agency.

DRUG TESTING: Drug testing pertains to screening for any type of drug.

EMERGENCY SHELTER: Emergency shelter is defined as temporary care and protection until a satisfactory plan can be made for adults and children who have left or have been removed from their homes and are in need of immediate shelter and supervision services. Emergency shelter may be provided for a maximum 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.)

ESCORT SERVICE: An escort service is defined as the personal accompaniment of an individual to and from service providers and other community resources. This may include assisting the individual in entering and leaving a vehicle; helping the individual obtain needed services upon arrival at his/her destination; and assisting the individual with climbing stairs, entering doorways, crossing streets, etc.

FOLLOW-UP: (also known as follow-along) Follow-up is the maintenance of contact with client for the determination of, among other things:

- Whether client has progressed toward objectives or goal,
- Service effectiveness,
- Need for additional services, and
- Necessity for rescheduling service appointments.

GUIDANCE AND JOB PLACEMENT: Guidance and job placement is a process to aid individuals in developing work skills, habits, and attitudes to assist in job placement, education, and training (as distinguished from COUNSELING which is not specifically focused on job placement.) Guidance and job placement includes vocational and

occupational guidance. Placement activities include screening, selecting and referring job seekers to job openings; and matching needs and abilities of job seekers to jobs.

HABILITATION TRAINING: Habilitation training is defined as planned experiences that are aimed at assisting an individual to acquire, retain or improve his/her skills in a wide variety of areas that directly affect his/her ability to function as independently as possible in the community. This training will occur entirely, or in part, in clinical settings licensed by DDS.

HEALTH EDUCATION: Included in INSTRUCTION.

HEALTH SCREENING: Health screening is the 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. It may also include administration of simple tests. These services are administered at service program sites only.

HEARING, EVALUATION (NON-MEDICAL): Hearing evaluation (non-medical) is the administration and interpretation of tests and evaluation of hearing by a qualified professional, as defined by the program division or agency.

HOME STUDY: A home study is the 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.

HOUSEHOLD TASKS: Household tasks include such routine tasks as home cleaning, laundry, yard maintenance, shopping, and meal preparation.

INFORMATION AND REFERRAL: See SUPPORTIVE ACTIVITIES.

INSTITUTIONAL PLACEMENT SERVICES: Included in PLACEMENT.

INSTRUCTION: Instruction is defined as 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, as 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: Intake is the 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 are those services that 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 developmental disability to live, work, and enjoy recreational opportunities in the community.

INTENSIVE FAMILY SERVICES: Intensive Family Services are those services intended for families whose children are at imminent risk of out-of-home placement. Service goals are to prevent unnecessary out-of-home placement and to promote reunification of families with children in placement. Services include 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: Interpreter services includes communication assistance for deaf, deaf/blind, blind, or non-English speaking individuals, including assistance in understanding instructions or directions.

INTERVENTION: An intervention is an action to relieve a stressful situation or series of problems which are immediately threatening to a person's health and/or welfare.

INTERVENTION, CRISIS: A crisis intervention is 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 30 days.

INVESTIGATION: Investigation is defined as the gathering of information needed to provide services, to establish the need for services or to prepare court documents; verification and substantiation of information.

LEGAL ACTIVITIES: Legal activities pertain to the 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: Lodging is the purchase of temporary overnight accommodations associated with the intrastate or interstate transportation of clients, as distinguished from ROOM AND BOARD and EMERGENCY SHELTER.

MEAL, DELIVERED: Delivered meals are those delivered to a client's home. The meal must contain a minimum of 1/3 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: Group meals are those served to a client in a group setting (such as a senior citizen center), including food purchase and preparation. The meal must contain a minimum of 1/3 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: Medical care is defined as 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 they are:

- (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) Not currently provided to the client through Titles XVIII or XIX.

MEDICAL HISTORY: See DIAGNOSIS AND EVALUATION (MEDICAL).

MEDICAL SUPPORT SERVICES: Medical support services are those services provided in cases where additional medical diagnostic needs are identified at the time of the evaluation. This may occur only 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: Outreach is a contact initiated by a provider to

- Identify eligible clients in need of services,
- Provide information about services,
- Inform about benefits,
- Encourage the use of appropriate services, and/or
- Assist individuals in gaining access to services.

PEER SUPPORT: Peer support is the provision of guidance, support, advice and information to a disabled person by another person with a disability who has successfully developed ways of coping with disability related issues. Supervision of peer supporters is provided by professional 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: Personal supplies are those supplies which are necessary for personal care. Also includes school supplies.

PLACEMENT: Placement is defined as the locating of suitable living arrangements for a client, situating the client in an alternate living arrangement, and visiting the setting with the client.

PRESCRIPTION, PURCHASE AND ADMINISTRATION OF DRUGS: This pertains to the prescription, purchase, and administration of drugs to a client by legally authorized personnel. Prescription, purchase, or administration of drugs is allowable when they are:

- (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) Not currently provided to the client through Titles XVIII or XIX.

RECREATION: Recreation is 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: Recreational supplies are those supplies provided to the client to be used in therapeutic recreational activities (for instance, sports equipment).

REPORT DEVELOPMENT: Report development is defined as 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: Residential treatment is defined as the care for individuals who are 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: Room and board is the 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 may be provided for a maximum of six months per placement per year.

SOCIAL INTERACTION: Social interaction is the interaction of a client with other clients or individuals through in person contact in a community facility or other facility outside the client's home, facilitated by a service provider. Social interaction is the process by which a client learns to interact with society, including development of roles and expectations. Activities include: talking, listening, reading, writing, and other types of communication.

SPEECH EVALUATION (NON-MEDICAL): Speech evaluation, non-medical, is the administration and interpretation of 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 program division or agency.

STAFFING: Staffing is defined as interaction among agency staff to ensure continuity of services for clients.

SUBSISTENCE SERVICES: Subsistence services are those provided 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.

SUPERVISION: Supervision of clients includes leadership, direction, guidance, watchful attention, and overseeing of actions and behavior to safeguard rights and interests and to protect against self harm and harm to others.

SUPPORTIVE ACTIVITIES: Supportive activities involve interaction of client and professional staff member and other associated activities. Activities may include talking, listening, reading, and writing to assist the client to attain appropriate goal. Supportive activities are a part of case management activities and, therefore, different from counseling and therapy. Other activities not involving interaction between client and service staff are also allowable as supportive activities. They are:

Advocacy: Advocacy is the 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: Consultation is defined as interaction between providers and specialists to share knowledge about client problems, to outline case management responsibilities, and to make a decision on mix of services and appropriate service providers.

Information and Referral: Information and referral pertains to the provision of answers to questions and of factual data about public or private services and service providers, including linkage with service provider and guidance and direction to appropriate community resources, as distinguished from ARRANGEMENT because no appointment is made.

Arrangement: Arrangement is the making of appointments with service providers on behalf of the client.

TELEPHONING: Telephoning is the 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; and notifying a contact person in case of no answer. Telephoning is distinguished from SOCIAL INTERACTION which takes place at a community facility and VISITING which involves going to the client's home.

TESTING, PSYCHOLOGICAL: Psychological testing is the administration and interpretation of one or more of a variety of psychological tests by a licensed psychological examiner.

THERAPY, GROUP: Group therapy involves 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, medical, refers to individual therapy delivered by a psychiatrist.

THERAPY, INDIVIDUAL (NON-MEDICAL): Individual therapy, non-medical refers to psychosocial, non-medical therapy delivered by a Masters of Social Works, by a Ph.D. psychologist, or by other clinical staff.

THERAPY LAY: Lay therapy is defined as 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: Occupational therapy is the art or science of directing a client's response to selected activities to promote and increase independence in the home, to maintain health and prevent disability, and to train an individual to function most effectively in his/her environment.

THERAPY, PHYSICAL: Physical therapy is defined as treatment by a qualified professional using technique such as massage and regulated exercise. Physical therapy is provided by a qualified professional as defined by the program division or agency.

THERAPY, SPEECH (NON-MEDICAL): Speech therapy, non-medical, is 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: Training supplies are those supplies which are made available to an individual to assist him or her 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: Transportation is the conveyance of client from one location to another.

TUTORING: Tutoring is defined as instruction supporting the continuance of education, usually on a one-to-one basis.

VISITING: Visiting is the 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: Vocational training involves those 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 C

LIST OF SERVICE CODES AND UNIT CODES

The following services are eligible to be funded by SSBG.

Refer to the service chapters (Appendix D) for service definitions, division(s) offering the service, eligible categories, statutory goal(s) for which services are rendered, allowable components, the geographic area in which each service is available, and special notes applicable to the service.

Explanation: For **Case Management Services**, “02” is the **Service Code** and “20” is a **Unit Code** under that service. The service chapters in Appendix D indicate the **Sub-Unit Codes**.

- 01 ADOPTION SERVICES
 - 80 Adoptive Home Assessment

- 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
 - 40 Case Management, Targeted
 - 50 Case Management, Intensive
 - 80 Prevention, Group Presentation
 - 90 Drug Screen

- 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 Service
 - 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
 - 90 Intake and Assessment for Substance Abuse

- 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
 - 50 Group, Outpatient Treatment
 - 60 Group, Partial Day Treatment
 - 80 Transportation

- 30 DAY SERVICES FOR DEVELOPMENTALLY DISABLED CHILDREN
 - 10 Early Intervention

- 20 Preschool
- 33 INTERSTATE COMPACT FOR JUVENILES
 - 60 Interstate Compact for Juveniles Supervision
- 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
 - 60 Emergency Shelter for Youth
 - 80 Residential Treatment
- 43 MENTAL HEALTH SERVICES, ADDITIONAL UNITS
 - 10 Identification/Assessment/ Reassessment and Care Plan
 - 20 On-Site Intervention
 - 30 Off-Site Intervention
 - 50 Crisis Stabilization Intervention
 - 60 Collateral Intervention
 - 70 Rehabilitative Day Services
 - 80 Diagnosis and Evaluation (Medical)
- 46 DEVELOPMENTALLY DISABLED 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
- 51 NON-RESIDENTIAL SERVICES FOR YOUTH, ADDITIONAL UNITS
 - 10 Restorative Justice
 - 20 Intensive Supervision and Tracking
 - 40 Day Services for Youth
- 52 SUBSTITUTE CARE FOR YOUTH, ADDITIONAL UNITS
 - 10 Independent/Transitional Living
 - 30 Crisis Residential Treatment
- 53 DEVELOPMENTALLY DISABLED SERVICES, ADD'L. 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

- 56 PREVENTION/INTERVENTION SERVICES
 - 10 Mentoring
 - 20 Tutoring
 - 30 Respite
 - 40 Activity Fees
 - 50 Integrated Support Services
 - 60 Supportive Child Care
 - 70 Recreation
 - 80 Communication Equipment
 - 90 Devices/Aides/Appliances

APPENDIX D

SERVICE CHAPTERS

A. Purpose of Service Chapters

Service chapters provide complete information on each service offered through the purchased services program. Each chapter is devoted to a separate service and includes the following information:

- Service name,
- Service definition,
- Eligibility categories,
- Statutory goal(s),
- Allowable components,
- Availability criteria (including identification of the division(s) which can provide the service), and
- Unit definitions.

B. Relationship to **SSBG Pre-expenditure Report**

The **SSBG Pre-expenditure Report**, published annually by DHS, lists the services authorized under the SSBG program. To be funded by SSBG, a service must be listed or referenced in the **SSBG Pre-expenditure Report** or be a pilot project. (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 definitions shown in the **SSBG Pre-expenditure Report**. DHS will update the service chapters to reflect any changes or amendments to the **SSBG Pre-expenditure Report**.

ADOPTION SERVICES

SERVICE CODE 01

SERVICE 01 - SERVICE DEFINITION

Services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include but are not limited to counseling the biological parent(s), recruitment of adoptive homes, and pre-and post-placement training and/or counseling.

SERVICE 01 - DIVISION(S) OFFERING ADOPTION SERVICES

(1.) DCFS

(1.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation
Availability	Statewide
Allowable Components, PURCHASED	Assessment Report Development

ADOPTION SERVICES

SERVICE CODE 01

SERVICE 01 - UNITS OF SERVICE

- 80. Adoptive Home Assessment
- 82. Adoptive Home Study
- 82a. Adoptive Home Study Update
- 83. Adoptive Summary
- 83a. Adoptive Summary Update

CASE MANAGEMENT SERVICES

SERVICE CODE 02

SERVICE 02 - 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.

SERVICE 02 - DIVISION(S) OFFERING CASE MANAGEMENT SERVICES

- (1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Case Plan Development Counseling, Group Counseling, Individual and Family Follow-up Intake Supportive Activities

CASE MANAGEMENT SERVICES

SERVICE CODE 02

SERVICE 02 - 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

SERVICE 03 - SERVICE DEFINITION

The performance of household chores such as running errands, preparing food, performing simple household tasks, doing heavy cleaning, and providing 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 services do not include medically-oriented personal care tasks or any household management tasks such as menu planning, bill paying, checking account management, etc.

SERVICE 03 - DIVISION(S) OFFERING CHORE SERVICES

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Case Plan Development Household Tasks Supportive Activities Transportation

Special Note: This service is available to individuals 60 years or older or to the spouse of an individual who is 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), any adult will be eligible for the service.

CHORE SERVICES

SERVICE CODE 03

SERVICE 03 - UNITS OF SERVICE

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

DAY CARE FOR ADULTS

SERVICE CODE 05

SERVICE 05 - 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.

SERVICE 05 - DIVISION(S) OFFERING DAY CARE FOR ADULTS

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development Escort Services Health Screening Instruction Interpreter Services	Meal, Group Social Interaction Supportive Activities Transportation

Special Note: This service is available to individuals 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), any adult will be eligible for the service.

DAY CARE FOR ADULTS

SERVICE CODE 05

SERVICE 05 - UNITS OF SERVICE

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

HOME DELIVERED MEALS

SERVICE CODE 12

SERVICE 12 - SERVICE DEFINITION

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

SERVICE 12 - DIVISION(S) OFFERING HOME DELIVERED MEALS

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components PURCHASED	Case Plan Development Instruction Meal, Delivered Outreach

Special Note: This service is available to individuals 60 years or older or to the spouse of an individual who is 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), 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**

SERVICE 12 - UNITS OF SERVICE

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

PROTECTIVE SERVICES FOR ADULTS

SERVICE CODE 17

SERVICE 17 - SERVICE DEFINITION

Services to or on behalf of adults (age 18 and over) who are threatened by harm through the action or inaction of another individual or through other hazardous circumstances.

SERVICE 17 - DIVISION(S) OFFERING PROTECTIVE SERVICES FOR ADULTS

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	3. Prevention of Neglect, Abuse, or Exploitation	
Availability	Statewide	
Allowable Components, PURCHASED	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

SERVICE 17 - 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 paraprofessional 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.
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**

SERVICE 18 - 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.

SERVICE 18 - DIVISIONS OFFERING PROTECTIVE SERVICES FOR CHILDREN

(1.) DCFS

(1.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income						
Statutory Goal(s)	3. Prevention of Neglect, Abuse, or Exploitation						
Availability	Statewide						
Allowable Components, PURCHASED	<table> <tr> <td>Counseling, Group</td> <td>Instruction</td> </tr> <tr> <td>Counseling, Individual/Family</td> <td>Intervention, Crisis</td> </tr> <tr> <td>Home Study</td> <td>Supervision</td> </tr> </table>	Counseling, Group	Instruction	Counseling, Individual/Family	Intervention, Crisis	Home Study	Supervision
Counseling, Group	Instruction						
Counseling, Individual/Family	Intervention, Crisis						
Home Study	Supervision						

PROTECTIVE SERVICES FOR CHILDREN

SERVICE CODE 18

SERVICE 18 - 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 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 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.

PROTECTIVE SERVICES FOR CHILDREN

SERVICE CODE 18

SERVICE 18 - UNITS OF SERVICE, continued

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; telephonic coordination of services; and preparation of reports. This activity constitutes one unit. Quarter hour units do not apply to direct services.

NON-RESIDENTIAL SERVICES FOR YOUTH

SERVICE CODE 20

SERVICE 20 – 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.

SERVICE 20 - DIVISION(S) OFFERING NON-RESIDENTIAL SERVICES FOR YOUTH

(1.) DYS

(1.) DIVISION OF YOUTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Status Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	for Casework Management:	
	Assessment Case Plan Development Counseling, Group Counseling, Ind. & Fam. Drug Testing	Follow-up Intervention Investigation Supportive Activities Transportation
	For Therapy:	
	Case Plan Development Counseling, Group Counseling, Ind. & Fam. Diagnosis Intervention	Supportive Activities Testing, Psychological Therapy, Group Therapy, Ind. (medical) Therapy, Ind. (non-medical)
	For Diagnosis and Evaluation:	
	Diagnosis Diagnosis & Eval. (medical) Drug Testing	Supportive Activities Testing, Psychological

Special Note: For purposes of income eligibility determination, youth over the age of 18 can be considered for this service through an approved waiver.

NON-RESIDENTIAL SERVICES FOR YOUTH

SERVICE CODE 20

SERVICE 20 - 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.
 19. Casework
 - 19A. Casework, Group
 - 19I. Casework, Intensive Supervision and Tracking, Sanction
 - 19J. Casework, Intensive Supervision and Tracking, Non-sanction
 - 19K. Casework, Court Appearance
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.
 - 20A. Therapy, Group
 - 20C. Therapy, Sanction
 - 20D. Therapy, Sanction Group
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.

NON-RESIDENTIAL SERVICES FOR YOUTH

SERVICE CODE 20

SERVICE 20 - UNITS OF SERVICE, continued

40. Case Management, Targeted: Services that assist an individual or family in accessing needed medical, social, educational, and other services appropriate to the needs of the individual/family. Targeted case management services include client intake, assessment, periodic reassessment, plan of care development and review, service referral, coordination and advocacy, monitoring of client service utilization, record keeping and documentation of service contacts and client progress, transportation, and for committed juveniles, the completion of Community Field Evaluation.
50. Case Management, Intensive: Services specifically designed for youth committed to a youth services facility operated by DYS. This should provide a community evaluation that includes recommendations for release plans, services to families of committed youth, visiting youth at the Youth Services Center(s), supervision, transportation, and follow-up.
 - 50A. Case Management, Intensive Group
 - 50C. Case Management, Intensive Supervision and Tracking
 - 51T. Case Management Travel
80. Prevention, Group Presentation: A variety of activities and services for youth ages five through 17 designed to provide educational programs or group activities designed to prevent the youth from participating in activities that will result in contact with law enforcement and/or the juvenile court system. The primary focus of this service is to provide a broad base of group activities or programs in communities across the State to meet the needs of juveniles and their families.
90. Drug Screening: Collection and analysis of urine samples to determine if a youth is using drugs. Screenings may also include the collection of: hair, blood, semen, or oral fluid samples to determine the presence or absence of specific drugs or their metabolized traces.
 91. Drug Screening, for non-compliance with Aftercare Plan

SOCIALIZATION/RECREATION SERVICES

SERVICE CODE 21

SERVICE 21 - 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.

SERVICE 21 - DIVISION(S) OFFERING SOCIALIZATION/RECREATION SERVICES

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development	Recreation
	Health Screening	Social Interaction
	Instruction	Supportive Activities
	Interpreter Services	Telephoning
	Outreach	Visiting

Special Note: This service is available to individuals 60 years or older or to the spouse of an individual who is 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), any adult will be eligible for the service.

SOCIALIZATION/RECREATION SERVICES

SERVICE CODE 21

SERVICE 21 - 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 30 minutes in a socialization/recreation service.

SUPPORTIVE SERVICES FOR THE BLIND

SERVICE CODE 22

SERVICE 22 - 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.

SERVICE 22 - DIVISION(S) OFFERING SUPPORTIVE SERVICES FOR THE BLIND

(1.) DSB

(1.) DIVISION OF SERVICES FOR THE BLIND

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible
Statutory Goal(s)	1. Self-support 2. Self-sufficiency
Availability	Statewide
Allowable Components, DIRECT	Communication Equipment

SUPPORTIVE SERVICES FOR THE BLIND

SERVICE CODE 22

SERVICE 22 - 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

SERVICE 23 - 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.

SERVICE 23 - DIVISION(S) OFFERING SPECIAL SERVICES FOR THE DISABLED

- | | |
|-----------|----------|
| (1.) ARS | (4.) DDS |
| (2.) DBHS | (5.) SCC |
| (3.) DCO | |

(1.) ARKANSAS REHABILITATION SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization	
Availability	Statewide	
Allowable Components, DIRECT	Case Plan Development Counseling, Group Counseling, Ind. & Family Devices, Aids & Appliances Diagnosis Diagnosis & Eval. (medical) Follow-up- Guidance & Job Placement Instruction	Interpreter Services Intervention Subsistence Services Supportive Activities Therapy, Occupational Therapy, Physical Therapy, Speech (non-med.) Training Supplies Transportation
Allowable Components, PURCHASED	Case Plan Development Communication Equipment Counseling, Group Counseling, Ind. & Family Devices, Aids & Appliances Follow-up Guidance & Job Placement Instruction Interpreter Services Meal, Group	Peer Support Personal Care Recreation Subsistence Services Supportive Activities Therapy, Occupational Therapy, Physical Therapy, Speech (non-med.) Training Supplies Transportation

Special Note: 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

SERVICE 23 - DIVISION(S) OFFERING SPECIAL SERVICES FOR THE DISABLED, continued

(2.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Assessment Counseling, Group	Counseling, Ind. & Family Supportive Activities

(3.) DIVISION OF COUNTY OPERATIONS

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development Counseling, Group Counseling, Ind. & Family Follow-up Guidance and Job Placement	Instruction Outreach Supportive Activities Transportation

SPECIAL SERVICES FOR THE DISABLED

SERVICE CODE 23

SERVICE 23 - DIVISION(S) OFFERING SPECIAL SERVICES FOR THE DISABLED, continued

(4.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation
Availability	Statewide
Allowable Components, PURCHASED	Guidance and Job Placement Meal, Group

Special Note: Work activity center services are provided by DDS only to individuals with developmental disabilities as defined in the Glossary.

Services are available to individuals 21 years old or older. Individuals under 21 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

SERVICE 23 - DIVISION(S) OFFERING SPECIAL SERVICES FOR THE DISABLED, continued

(5.) ARKANSAS SPINAL CORD COMMISSION

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization 	
Availability	Statewide	
Allowable Components, DIRECT	Camping Case Plan Development Communication Equipment Counseling, Ind. & Family Devices, Aids & Appliances Diagnosis Diagnosis & Eval. (medical) Escort Follow-up- Household Tasks Instruction Intervention Investigation	Outreach Personal Care Personal Supplies Placement Prescription, Purchase and* Administration of Drugs Supervision Supportive Activities Telephoning Therapy, Ind. (medical) Therapy, Ind. (non-medical) Therapy, Physical Transportation

Special Note: To meet individual client needs, the Arkansas Spinal Cord 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

SERVICE 23 - UNITS OF SERVICE

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.
11. Guidance and Job Placement, Individual
12. Guidance and Job Placement, Group
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 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 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 Work center Evaluation and Training Certificate in accordance with the Fair Labor Standards Act. Each day of service constitutes one unit. A minimum of five hours of service must be provided in order to bill one unit - full day. Three to five hours constitutes one unit - partial day. The number of hours of Extended Services excludes transportation time.

SPECIAL SERVICES FOR THE DISABLED

SERVICE CODE 23

SERVICE 23 - UNITS OF SERVICE, continued

(SSBG recipients of Extended Services must have an open ARS services case and the service must have been authorized by an ARS counselor.)

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

SERVICE 24 - 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.

SERVICE 24 - DIVISION(S) OFFERING SUBSTITUTE CARE FOR CHILDREN

(1.) DCFS

(1.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible; Without Regard to Income	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Emergency Shelter for Children	Case Plan Development Counseling, Group Counseling, Ind. & Family Follow-up Instruction Intervention Intervention, Crisis Legal Activities Medical Care Outreach Personal Supplies Placement Prescription, Purchase & Administration of Drugs Recreational Supplies Room and Board Social Interaction Supportive Activities Therapy, Group Therapy, Ind. (non-med.) Transportation
	Residential Treatment Care	Case Plan Development Counseling, Group Counseling, Ind. & Family Diagnosis Diagnosis & Eval. (medical) Follow-up Home Study Instruction Intervention, Crisis Medical Care Personal Supplies Placement Prescription, Purchase, & Administration of Drugs Recreation Recreational Supplies Room and Board Social Interaction Supportive Activities Testing, Psychological Therapy, Group Therapy, Ind. (non-med.) Therapy, Speech Transportation Tutoring

SUBSTITUTE CARE FOR CHILDREN

SERVICE CODE 24

**SERVICE 24 - DIVISION(S) OFFERING SUBSTITUTE CARE FOR CHILDREN,
continued**

Special Note: This service is provided to children and to individuals between 18 and 21 years of age if already a client of DCFS.

SUBSTITUTE CARE FOR CHILDREN

SERVICE CODE 24

SERVICE 24 - 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, 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, facilitating receipt of services, supporting the client psychologically, acting as an advocate on the client's behalf, assistance in finding resources, and termination. 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 unit. Quarter hour units do not apply to direct services.
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.

SUBSTITUTE CARE FOR CHILDREN

SERVICE CODE 24

SERVICE 24 - UNITS OF SERVICE (continued)

Service provided for any part of a calendar day constitutes one unit of service.

61. Title IV-E

62. Non-Title IV-E

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 DHS division/office administering the program). Service provided for any part of a calendar day constitutes one unit of service.

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 unit.

SUPERVISED LIVING SERVICES

SERVICE CODE 25

SERVICE 25 - 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.

SERVICE 25 - DIVISION(S) OFFERING SUPERVISED LIVING SERVICES

- (1.) ARS
- (2.) DBHS
- (3.) DCFS

(1.) ARKANSAS REHABILITATION SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development Counseling, Group Counseling, Ind. & Family Diagnosis	Follow-up Personal Care Room and Board Supervision Supportive Activities

SUPERVISED LIVING SERVICES

SERVICE CODE 25

SERVICE 25 - DIVISION(S) OFFERING SUPERVISED LIVING SERVICES, continued

(2.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	<p>Assessment</p> <p>Residential Treatment</p>

Special Note: Any facility which serves clients under the age of 18 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.

(3.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 	
	5. Appropriate Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	<p>Assessment</p> <p>Court Testimony</p> <p>Residential Treatment</p>	<p>Counseling</p> <p>Detoxification (Medical)</p>

SUPERVISED LIVING SERVICES

SERVICE CODE 25

SERVICE 25 - 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, psychosocial diagnosis or assessment, treatment planning, and therapy which enable 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.
 41. Casework – Counseling, Individual
 42. Casework – Counseling, Group
50. Detoxification: Medical detoxification includes 24 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

SERVICE 25 - UNITS OF SERVICE, continued

Residential detoxification includes 24 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 one 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

SERVICE 26 - 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.

SERVICE 26 - DIVISION(S) OFFERING TRAINING AND EDUCATION SERVICES

(1.) ARS

(1.) ARKANSAS REHABILITATION SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency	
Availability	Statewide	
Allowable Components, DIRECT	Assessment	Room and Board
	Case Plan Development	Supervision
	Comprehensive Training Center Activities	Supportive Activities
	Counseling, Group	Testing, Psychological
	Counseling, Ind. & Family	Therapy, Group
	Guidance and Job Placement	Therapy, Ind. (non-medical)
	Interpreter Services	Training supplies
	Medical care	Tutoring
		Vocational Training

Special Note: 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.

TRAINING AND EDUCATION SERVICES

SERVICE CODE 26

SERVICE 26 - 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 24-hour period constitutes one unit of service.

TRANSPORTATION SERVICES

SERVICE CODE 27

SERVICE 27 - SERVICE DEFINITION

Transporting a 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.

SERVICE 27 - DIVISION(S) OFFERING TRANSPORTATION SERVICES

- (1.) DAAS
- (2.) DDS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Case Plan Development Transportation Escort Services

Special Note: This service is available to individuals 60 years or older or to the spouse of an individual who is 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), any adult will be eligible for the service.

TRANSPORTATION SERVICES

SERVICE CODE 27

SERVICE 27 - DIVISION(S) OFFERING TRANSPORTATION SERVICES, continued

(2.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Transportation

TRANSPORTATION SERVICES

SERVICE CODE 27

SERVICE 27 - 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 one-way trip; from destination to client's home is one 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 one-way trip, not three). (This unit of service applies only to the Division of Aging and Adult Services.)
30. Transportation - Mile: A unit for reporting is one 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**

SERVICE 29 - SERVICE DEFINITION

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

SERVICE 29 - DIVISION(S) OFFERING MENTAL HEALTH SERVICES

(1.) DBH

(1.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development	Residential Treatment
	Counseling, Group	Speech Evaluation
	Counseling, Ind. & Family	Supportive Activities
	Day Treatment	Testing, Psychological
	Diagnosis	Therapy, Group
	Diagnosis & Eval. (medical)	Therapy, Ind. (medical)
	Follow-up	Therapy, Ind. (non-medical)
	Intake	Therapy, Group
	Meal, Group	Therapy, Speech (non-med.)
	Prescription, Purchase, and Administration of Drugs	Transportation

MENTAL HEALTH SERVICES

SERVICE CODE 29

SERVICE 29 - UNITS OF SERVICE

10. Diagnosis: May include psychological testing, psycho- social history, and psychiatric and/or medical examinations and interpretation.
 11. Diagnosis
 12. Psychological Test/Evaluation
 13. Psychological Testing Battery
 14. Diagnosis Interpretation
 15. Speech Evaluation
 16. Forensic Evaluation
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.
 32. Therapy Session
 36. Speech Therapy
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.
 51. Group Therapy
 52. Medication Maintenance, Physician
 53. Speech Therapy

MENTAL HEALTH SERVICES

SERVICE CODE 29

SERVICE 29 - UNITS OF SERVICE, continued

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.
61. Day Treatment Acute
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.

DAY SERVICES FOR DEVELOPMENTALLY DISABLED CHILDREN

SERVICE CODE 30

SERVICE 30 - SERVICE DEFINITION

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

SERVICE 30 - DIVISION(S) OFFERING DAY SERVICES FOR DEVELOPMENTALLY DISABLED CHILDREN

(1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Habilitation Training Meal, Group

DAY SERVICES FOR DEVELOPMENTALLY DISABLED CHILDREN

SERVICE CODE 30

SERVICE 30 - 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.

INTERSTATE COMPACT ON JUVENILES

SERVICE CODE 33

SERVICE 33 - SERVICE DEFINITION

The Interstate Compact for Juveniles provides for the out-of-state supervision of delinquent juveniles, provides for the return of runaways who have not been adjudicated delinquent, provides authorized agreements for the cooperative institutionalization of special types of juveniles, and provides for the return of absconders and escapees.

SERVICE 33 - DIVISION(S) OFFERING INTERSTATE COMPACT ON JUVENILES

(1.) DYS

(1.) DIVISION OF YOUTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
National Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization	
Availability	Statewide	
Allowable Components, DIRECT	Case Plan Development	Lodging
	Escort Services	Placement
	Follow-up	Supportive Activities
	Investigation	Transportation

INTERSTATE COMPACT ON JUVENILES

SERVICE CODE 33

SERVICE 33 - UNITS OF SERVICE

60. Interstate Compact on Juveniles, Supervision: Out-of-state supervision of delinquent juveniles, including providing for the return of runaways who have not been adjudicated delinquent, providing authorized agreements for the cooperative institutionalization of special types of juveniles, and providing for the return of absconders and escapees. Allowable components include initial evaluation, supervision, follow-up reports, and discharge.

COORDINATED COURT SERVICES

SERVICE CODE 35

SERVICE 35 - 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.

SERVICE 35 - DIVISION(S) OFFERING COORDINATED COURT SERVICES

(1.) DCFS

(1.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
National Goal(s)	3. Prevention of Neglect, Abuse, or Exploitation	
Availability	Statewide	
Allowable Components, PURCHASED	Court Testimony Home Study	Report Development Supervision

COORDINATED COURT SERVICES

SERVICE CODE 35

SERVICE 35 - 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.
 41. Home Study
 42. Home Study Update
 43. Home Study, Interstate Compact for Placement of Children
 44. Home Study Update, Interstate Compact for Placement of Children
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

SERVICE 36 - SERVICE DEFINITION

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

SERVICE 36 - DIVISION(S) OFFERING CONGREGATE MEALS

(1.) DAAS

(1.) DIVISION OF AGING AND ADULT SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development	Meal, Group
	Instruction	Outreach

Special Note: This service is available to individuals 60 years or older or to the spouse of an individual who is 60 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 60 years or older and receiving services through SSBG or Title III. In protective services cases (as certified by the Protective Services Unit of DAAS), any adult will be eligible for the service.

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

CONGREGATE MEALS

SERVICE CODE 36

SERVICE 36 - 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

SERVICE 38 - 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.

SERVICE 38 - DIVISION(S) OFFERING SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

- (1.) DBHS
- (2.) DCFS
- (3.) DCO

(1.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
National Goal(s)	<ul style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED and DIRECT	Advocacy	Arrangement
	Follow-up	Intake
	Instruction	Intensive Family Services
	Interpreter Services	Intervention
	Legal Activities	Peer Support
	Subsistence Services	Supportive Activities
	Transportation	

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

SERVICE CODE 38

SERVICE 38 - DIVISION(S) OFFERING SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES, continued

(2.) DIVISION OF CHILDREN AND FAMILIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 	
Availability	Statewide	
Allowable Components, PURCHASED	Counseling, Group	Intensive Family Services
	Counseling, Ind. & Family	Intervention, Crisis
	Home Study	Supervision
	Instruction	Testing, Psychological

Special Note: 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.

(3.) DIVISION OF COUNTY OPERATIONS

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan Development	Outreach
	Commodity Distribution	Supportive Activities
	Instruction	

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

SERVICE CODE 38

SERVICE 38 - 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.
31. Casework, Individual
32. Casework, Group
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

SERVICE 38 - UNITS OF SERVICE, continued

41. 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. Each quarter hour expenditure of time on the part of the worker constitutes one unit.

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.

61. 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.) Each quarter hour expenditure of time on the part of the worker constitutes one unit.

62. Interpreter Services: Communication assistance for deaf, deaf/blind, blind or non-English speaking individuals; assistance in understanding instructions or directions. Each quarter hour expenditure of time on the part of the worker constitutes one unit.

63. 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. Each quarter hour expenditure of time on the part of the worker constitutes one unit.

64. Transportation: Conveyance of a client from one location to another. One unit of service equals one mile

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

SERVICE CODE 38

SERVICE 38 - UNITS OF SERVICE, continued

65. Human Service Worker in the Schools: Assistance to DCFS in delivering services to prevent maltreatment, by providing services to include but not limited to the following: crisis intervention; family/student counseling; home visits; transportation for family/student; group counseling; parent training/activities; supportive service referrals; individualized coping/conflict management skills; and/or school conference/in-service training.
66. 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.)
67. Family Resource Center: Community-based and family-focused services with approved services directed toward prevention, intervention and alleviation of community identified problems.
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 is a quarter of an hour.
71. Counseling, Individual
73. Counseling, Indirect
74. Counseling, Group
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:

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES

SERVICE CODE 38

SERVICE 38 - UNITS OF SERVICE, continued

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 Professional Team
- 83. Two Professional Team
- 84. Three 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 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

SERVICE 42 – 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 DYS by a Juvenile/Chancery Court. This service includes casework and intervention services with the youth, parents/guardians, caregivers, and community resources.

SERVICE 42 - DIVISION(S) OFFERING SUBSTITUTE CARE FOR YOUTH

(1.) DYS

(1.) DIVISION OF YOUTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Status Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Assessment Case Plan Development Casework Management Counseling, Group Counseling, Ind. & Family Diagnosis Diagnosis & Eval. (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 Testing, Group Testing, Ind. (non-medical) Transportation

Special Note: For purposes of income eligibility determination, youth over the age of 18 can be considered for this service through an approved waiver.

SUBSTITUTE CARE FOR YOUTH

SERVICE CODE 42

SERVICE 42 - UNITS OF SERVICE

60. Emergency Shelter for Youth: Services, including room and board, for youth whose circumstances or behavioral problems necessitate immediate removal from their homes. The purposes of Emergency Shelters are to provide (1) shelter for a period necessary to make more permanent arrangements or short term interventions, or (2) a short-term alternative to secure detention. The extent and depth of the services provided to a youth in the Emergency Shelter program will depend upon the individual needs of the youth and the referral source. Emergency shelter is limited to a maximum of 60 days in any six month period.
65. Emergency Shelter Sanction
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.
- 80A. Residential Treatment Sanction
84. Residential Treatment Substance Abuse

MENTAL HEALTH SERVICES, ADDITIONAL UNITS

SERVICE CODE 43

SERVICE 43 - SERVICE DEFINITION

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

SERVICE 43 - DIVISION(S) OFFERING MENTAL HEALTH SERVICES, ADDITIONAL UNITS

(1.) DBHS

(1.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
National Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Case Plan, Development	Residential Treatment
	Counseling, Group	Speech Evaluation
	Counseling, Ind. & Family	Supportive Activities
	Day Treatment	Testing, Psychological
	Diagnosis	Therapy, Group
	Diagnosis & Eval. (medical)	Therapy, Ind. (medical)
	Follow-up	Therapy, Ind. (non-medical)
	Meal, Group	Therapy, Speech (non-med.)
	Prescription, Purchase, and Administration of Drugs	Transportation

MENTAL HEALTH SERVICES, ADDITIONAL UNITS

SERVICE CODE 43

SERVICE 43 - UNITS OF SERVICE

10. Identification/Assessment/Reassessment and Care Plan: This procedure, completed by a mental health professional, 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.
 11. Reassessment and Plan of Care
 12. Periodic Review of Plan of Care
20. On-Site Intervention: A direct service contact occurring on 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. May include prescribing and administering drugs by a physician or registered nurse. Each quarter hour of service constitutes one unit.
 21. Mental Health Professional
 22. Mental Health Paraprofessional
 23. Medication Maintenance, Physician
 24. Medication Administration by a Licensed Nurse
 25. Medication Administration by a Nurse Practitioner
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.
 31. Mental Health Professional
 32. Mental Health Paraprofessional

MENTAL HEALTH SERVICES, ADDITIONAL UNITS

SERVICE CODE 43

SERVICE 43 - UNITS OF SERVICE, continued

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 client's permanent place of residence, temporary domicile or on site. Coding is as follows:
- 51. Mental Health Professional
 - 52. 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.
- 61. Mental Health Professional
 - 62. Mental Health Paraprofessional
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 by a mental health professional. Each quarter hour of service constitutes one unit.
80. Diagnosis and Evaluation (Medical):

MENTAL HEALTH SERVICES, ADDITIONAL UNITS

SERVICE CODE 43

SERVICE 43 - UNITS OF SERVICE, cont.

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.
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.

DEVELOPMENTALLY DISABLED SERVICES

SERVICE CODE 46

SERVICE 46 - SERVICE DEFINITION

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

SERVICE 46 - DIVISION(S) OFFERING DEVELOPMENTALLY DISABLED SERVICES

(1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	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-med.)

DEVELOPMENTALLY DISABLED SERVICES

SERVICE CODE 46

SERVICE 46 - 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 15 minutes (Maximum of four persons)
 53. Occupational, Individual: One unit equals 15 minutes
 54. Occupational, Group: One unit equals 15 minutes (Maximum of four persons)
 55. Physical, Individual: One unit equals 15 minutes
 56. Physical, Individual, Assistant
 57. Speech, Evaluation: One unit equals 30 minutes
 58. Occupational, Evaluation, Muscle Testing: One unit equals one hour

DEVELOPMENTALLY DISABLED SERVICES

SERVICE CODE 46

SERVICE 46 - UNITS OF SERVICE, continued

59. Occupational, Evaluation, Cognitive Testing: One unit equals 30 minutes
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 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 15 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 30 minutes.

SUPPORTED LIVING SERVICES

SERVICE CODE 50

SERVICE 50 - 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.

SERVICE 50 - DIVISION(S) OFFERING SUPPORTED LIVING SERVICES

(1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Integrated Support Services

Special Note: While the Supported Living Facility provides basic treatment in a residential setting, other 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 DHS.

SSBG 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

SERVICE 50 - UNITS OF SERVICE

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

NON-RESIDENTIAL SERVICES FOR YOUTH, ADDITIONAL UNITS

SERVICE CODE 51

SERVICE 51 - 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.

SERVICE 51 - DIVISION(S) OFFERING NON-RESIDENTIAL SERVICES FOR YOUTH, ADDITIONAL UNITS

(1.) DYS

(1.) DIVISION OF YOUTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Status Eligible	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	<ul style="list-style-type: none"> Assessment Casework Management Counseling, Group Diagnosis and Evaluation Follow-up Guidance and Job Placement Instruction Meals, Group Outreach 	<ul style="list-style-type: none"> Social Interaction Supportive Activities Therapy, Group Therapy, Individual (non-med.) Training Supplies Transportation Tutoring Vocational Training

Special Note: For purposes of income eligibility determination, youth over the age of 18 can be considered for this service through an approved waiver.

NON-RESIDENTIAL SERVICES FOR YOUTH, ADDITIONAL UNITS

SERVICE CODE 51

SERVICE 51 - UNITS OF SERVICE

10. Restorative Justice: The compensation of a crime victim by the offender. Restorative justice programs may take minor offenders, e.g. minor property offenders, as well as serious offenders. This service may also be offered as a Non-Sanction Restorative Justice program which is limited to non-adjudicated youth as a diversion from adjudication by juvenile court. This program may consist of three types of programs:

Employment: A program which assists the offender in obtaining employment and, in some cases, provides supervision to the youth to monitor the payment of restitution to the victim or the juvenile's employment to ensure compliance with the established plan of service.

Restitution (Work for the Victim): A program that monitors a youth's work activities to compensate a victim. The service may include arrangement of scheduled activities, monitoring of work performed and reports to the court regarding compliance with the established plan of service. The program may mediate between the victim and the offender to determine the amount of restitution

Community Service Work: A program which provides a site for community service work, supervision of the youth on the work site by program staff or via monitoring of reports from the work site, and reports to the court regarding compliance with the established plan of service. The program may mediate between the victim and the offender to determine the amount of restitution.

10G. Community Service Supervision Sanction

13G. Community Service Supervision

20. Intensive Supervision and Tracking: To provide intensive supervision and tracking services to juveniles who have been initially ordered this service by the court. The service may also be used as a sanction for non-compliance with a court order or an established aftercare plan. The primary goal of this program is to support the youth in their homes primarily through individualized, consistently close supervision and monitoring. The service is available seven days a week and may be performed at any hour of the day or night, depending on the situation and the individual.

NON-RESIDENTIAL SERVICES FOR YOUTH, ADDITIONAL UNITS

SERVICE CODE 51

SERVICE 51 - UNITS OF SERVICE, continued

- 20D. Electronic Monitoring Non-sanction
- 20E. Electronic Monitoring
- 40. Day Services: A program designed to enhance a youth's behavior, academic performance, and interpersonal skill in a structured setting either in a group or on a one-on-one basis based on an individual service plan. The program will be provided for a period of less than 24 but more than two hours per day and shall include meals and transportation. A unit service will vary with the contract.
- 41. Day Services Level I
- 43. Day Services Level I Non-sanction

SUBSTITUTE CARE FOR YOUTH, ADDITIONAL UNITS

SERVICE CODE 52

SERVICE 52 – 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 DYS by a Juvenile/Chancery Court. This service includes casework and intervention service with the youth, parents/guardians, caregivers, and community resources.

SERVICE 52 - DIVISION(S) OFFERING SUBSTITUTE CARE FOR YOUTH – ADDITIONAL UNITS

(1.) DYS

(1.) DIVISION OF YOUTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 4. Prevention of Unnecessary Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Assessment	Personal supplies
	Case Plan Development	Placement
	Casework Management	Prescription, Purchase, and
	Counseling, Group	Administration of Drugs
	Counseling, Ind. & Family	Recreational Supplies
	Diagnosis	Room and Board
	Diagnosis & Eval. (medical)	Social Interaction
	Follow-up	Supportive Activities
	Instruction	Testing, Psychological
	Intervention, Crisis	Therapy, Group
	Medical Care	Therapy, Ind. (non-medical)
	Outreach	Transportation

Special Note: For purposes of income eligibility determination, youth over the age of eighteen can be considered for this service through an approved waiver.

SUBSTITUTE CARE FOR YOUTH - ADDITIONAL UNITS

SERVICE CODE 52

SERVICE 52 - UNITS OF SERVICE

10. Independent Transitional Living: Juveniles receiving this service must be at least 17.5 years of age or have been emancipated and demonstrate the potential to live independently while engaging in education, job training, or employment.

30. Crisis Residential Treatment: Crisis residential care includes intervention and stabilization of a juvenile in an existing facility that provides a structured setting, close supervision, and necessary interventions to allow the juvenile to return home. Services are limited to 14 days per sanction. This service may include, but is not limited to, education and room and board.

32. Short-term Detention

- 32A. Short-term Detention Sanction

DEVELOPMENTALLY DISABLED SERVICES – ADDITIONAL UNITS

SERVICE CODE 53

SERVICE 53 - SERVICE DEFINITION

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

SERVICE 53 - DIVISION(S) OFFERING DEVELOPMENTALLY DISABLED SERVICES – ADDITIONAL UNITS

(1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization
Availability	Statewide
Allowable Components, PURCHASED	Therapy, Speech (non-medical)

DEVELOPMENTALLY DISABLED SERVICES - ADDITIONAL UNITS

SERVICE CODE 53

SERVICE 53 - 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 minutes (maximum of four persons)

COMMUNITY INTEGRATION SERVICES

SERVICE CODE 54

SERVICE 54 - SERVICE DEFINITION

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

SERVICE 54 - DIVISION(S) OFFERING COMMUNITY INTEGRATION SERVICES

(1.) DDS

(1.) DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Eligibility Categories	TEA/WORk PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 4. Prevention of Unnecessary Institutionalization 5. Appropriate Institutionalization	
Availability	Statewide	
Allowable Components, PURCHASED	Supportive Activities	
		Child Day Care Counseling, Group Counseling, Ind. & Family Diagnosis & Eval. (med.) Emergency Shelter Instruction Medical Care Personal Care Subsistence Services
		Supportive Activities Testing, Psychological Therapy, Group Therapy, Ind. (medical) Therapy, Ind. (non-med.) Therapy, Occupational Therapy, Speech (non-med) Tutoring
	Transportation	
		Transportation
	Integrated Support Services	
	Community Integration Companion Follow-up Integrated Support Svcs	Intervention, Crisis Social Interaction Supervision

COMMUNITY INTEGRATION SERVICES

SERVICE CODE 54

SERVICE 54 - 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 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

SERVICE 55 - 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.

SERVICE 55 - DIVISION(S) OFFERING SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES, ADDITIONAL UNITS

- (1.) DCFS

(1.) DIVISION OF CHILDREN AND FAMILY SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Neglect, Abuse, or Exploitation 	
Availability	Statewide	
Allowable Components, PURCHASED	Counseling, Groups	Instruction
	Counseling, Ind. & Family	Intensive Family Services
	Home Study	Intervention, Crisis
		Supervision

Special Note: 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

SERVICE 55 - 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.

PREVENTION/INTERVENTION SERVICES

SERVICE CODE 56

SERVICE 56 - SERVICE DEFINITION

Prevention and intervention services are those services or activities designed to provide early identification and/or timely intervention to support children/adolescents and their families and to prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child from the home.

SERVICE 56 - DIVISION(S) OFFERING SUPPORTED LIVING SERVICES

(1.) DBHS

(1.) DIVISION OF BEHAVIORAL HEALTH SERVICES

Eligibility Categories	TEA/WORK PAYS Recipient, SSI Recipient, Income Eligible, Without Regard to Income	
Statutory Goal(s)	<ol style="list-style-type: none"> 1. Self-support 2. Self-sufficiency 3. Prevention of Abuse, Neglect, or Exploitation 4. Prevention of Unnecessary Institutionalization 	
Availability	Statewide	
Allowable Components, PURCHASED	Advocacy	Arrangement
	Camping	Communication Equipment
	Devices, Aids, Appliances	Follow-up
	Intake	Integrated Support Services
	Intensive Family Services	Intervention
	Intervention, Crisis	Personal Care
	Personal Supplies	Recreation
	Recreational Supplies	Supportive Child Care
	Tutoring	

Special Note: Child day care services are allowable ONLY if they meet applicable standards of State and local law.

PREVENTION/INTERVENTION SERVICES

SERVICE CODE 56

SERVICE 56 - UNITS OF SERVICE

10. Mentoring: Interaction with the individual in the community or home to develop appropriate social skills and to aid in the development of roles and expectations in home, school, and community settings. One unit of service equals one hour or one minute.
20. Tutoring: Instructional support, usually on a one-on-one basis. Activities under this definition allow for the support of the continuance of education but does not supplant the responsibility of the education provider (ex., public school). One unit of service equals one hour or one minute.
30. Respite: Services which provide temporary relief to the primary caregiver of an eligible individual. Such service may be used to alleviate stress of the primary caregiver to attend to other necessary activities of daily life. One unit of service equals one hour or one day.
40. Activity Fees: Activity fees may be provided for the purpose of integrating the individual into the community. Activities associated with this service should be targeted to positive behavior management and/or promoting social skill building and development with peers. One unit of service equals one activity.
50. Integrated Support Services: Integrated Support Services provide the necessary support for an individual with a developmental or mental health diagnosis to live in an independent situation (e.g., apartment, duplex and home) and/or a family environment. These services enable persons to live, work, and enjoy recreational opportunities in the community. One unit of service equals one day.
60. Supportive Child Care: Services to provide appropriate care for eligible children during any part of the calendar day (including after-school care) who meet 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 services are provided to prevent or remedy a family crisis. One unit of service equals one day.
70. 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. One unit of service equals one day.

PREVENTION/INTERVENTION SERVICES

SERVICE CODE 56

SERVICE 56 - UNITS OF SERVICE, continued

71. Recreational Supplies: Supplies provided to the client which are used in therapeutic recreational activities (for instance, sports equipment). One unit of service equals one item.

80. 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. One unit of service equals one item.

90. 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), and aids for daily living, and necessary personal hygiene items. They may be purchased when necessary for a client to receive the specific social services and must not be currently available to the client through Titles XVIII, or XIX. One unit of service equals one item.

APPENDIX E

SSBG FORMS AND INSTRUCTIONS

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

INSTRUCTIONS FOR THE DHS-0100 APPLICATION FOR SOCIAL SERVICES BLOCK GRANT SERVICES

PURPOSE

The DHS-0100 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 for the requested services. This form should be filled in as completely and accurately as possible.

COMPLETION

Introduction: The provider or caseworker should assist the applicant in completing this form. At a minimum, the provider/caseworker must provide assistance with the goal, 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 five family members, indicate that an additional sheet is attached and continue the listing on another form, completing only the name and family member sections.

Under "Relationship", indicate if the individual is the applicant's mother, father, son, daughter, brother, sister, spouse, or other. If other, specify.

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/WORK PAYS
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.

Total Number in Family: Enter the total number in the family.

Total Monthly Family Income: Enter the total monthly income for the family.

Services Requested: List the specific DHS service(s) being requested.
DHS-0100 Instructions (R.01/12/10)

ARKANSAS DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES BLOCK GRANT PROGRAM MANUAL

Applicant's Signature: Unless otherwise exempted according to the SSBG Program Manual, the applicant, parent, guardian, or authorized representative must sign and date the form indicating he/she understands his/her rights and responsibilities relating to this application and that he/she, and all service recipients named on the application, are U.S. citizens, U.S. nationals, or lawfully admitted aliens.

FOR PROVIDER OR DEPARTMENT USE ONLY

This part shall be used by the provider or DHS 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 DHS-0100 or in the case narrative.
3. **Legal Arkansas Resident:** Check "Yes" if applicant is a legal Arkansas resident. Check "No" if applicant is not a legal 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.

Statutory Goal: Circle the Statutory SSBG Goal to which services are addressed.

Signature of Provider: The provider representative completing this section must sign and enter the date in the spaces provided.

ROUTING

Upon completion, the provider representative shall copy the DHS-0100. Provider shall give a copy to the applicant, guardian, or authorized representative as a record of the application, and shall file the original in the client record. In those cases where the applicant has not signed the DHS-0100, provider need not give a copy to the applicant.

Alternate formats (large print, audio tape, etc.) will be provided upon request.

DHS-0100 Instructions (R.01/12/10)

**Instructions for the
DHS-0145
CLIENT AND SERVICE DATA SHEET FOR
SOCIAL SERVICES BLOCK GRANT FUNDING**

Purpose: Form DHS-0145 is the billing form for purchased services provided to clients determined eligible for Social Services Block Grant (SSBG) services. It shall be 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 to which services are being billed.

Contract #: Enter the 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. Enter each four digit code on a separate line and enter each code one time only.

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 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”.

NET Total for all services, with adjustment: Enter the total calculated from “Total for all services”, plus or minus “Adjustment”.

Signature of Provider and Date Submitted: Sign and date (To be signed and dated by provider-authorized individual only.)

Page 1 of (blank): In the blank space provided, enter the total number of pages of the DHS-0145 being submitted for this billing.

Completion of “Page ____ of _____” Complete as many pages as necessary to include all client data for this billing. Re-enter Name of Provider, Contract #, 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.

DHS-0145, Instructions (01/12/10) Alternate formats (large print, audit tape, etc.) will be provided upon request.
Page 1 of 2

**Instructions for the DHS-0145
CLIENT AND SERVICE DATA SHEET FOR
SOCIAL SERVICES BLOCK GRANT FUNDING,
continued**

Client SSN: Enter the client's Social Security Number.

Client DOB: Enter the client's date of birth (month, date, year).

Stat. Goal: Enter the number (1, 2, 3, 4, or 5) of the SSBG Statutory Goal to which services are addressed. See SSBG Program Manual for Goals.

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. Enter each four digit service code on a separate line and enter each service code only once per client. If there is more than one service code for a client, the "Client Name", "Client SSN", "Client DOB", and "Stat. 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.

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.

*: For Inclement Weather billing, enter a "W".

Page (blank) of (blank): Enter the page numbers in the spaces provided.

Routing

Provider shall complete the DHS-0145 and make a copy for provider's records. Unless otherwise indicated in the terms of the contract, provider shall forward the original DHS-0145 in accordance with the instructions provided by the DHS division.

**ARKANSAS DEPARTMENT HUMAN SERVICES
NOTICE OF ACTION
TO APPLICANTS FOR AND RECIPIENTS OF SSBG SERVICES**

TO (Applicant):

FROM:

Name: _____

Name: _____

Address _____

Address: _____

Telephone: (Home) _____

Telephone: _____

(Work) _____

ACTION TAKEN:

ONLY THOSE ITEMS INDICATED PERTAIN TO YOU

This is to notify you that effective: _____
(month/day/year)

1. ___ You are eligible to receive the following service(s):

2. ___ Your application for services has been/will be denied.

3. ___ The following service(s) have been terminated.

Reason(s) for denial or termination of services:

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 HUMAN SERVICES staff by filing a written request with the Chief Fiscal Officer of DHS, 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.

DHS-0160 (R.01/12/10) Alternate formats (large print, audio tape, etc.) of this form will be provided upon request.

**INSTRUCTIONS TO THE
DHS-0160**

**NOTICE OF ACTION
TO APPLICANTS FOR AND RECIPIENTS OF
SOCIAL SERVICES BLOCK GRANT SERVICES**

Purpose

Form DHS-0160 notifies applicants for and recipients of SSBG services of approval, denial, and termination of services.

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:** Check Item 1 if an application is being approved.
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

Mail or hand deliver the original to the applicant or recipient. Retain one copy in the case record.

DHS-0160 Instructions Alternate formats (large print, audio tape, etc.) will be provided upon request.
Page 1 of 1

APPENDIX F

SSBG PROGRAM DESCRIPTION FROM THE 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 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 07 \$1,700,000,000; FY 08 est. \$1,700,000,000; and FY 09 est. \$1,200,000,000.

Range and Average of Financial Assistance: \$48,518 to \$206,071,998; \$29,824,563.

PROGRAM ACCOMPLISHMENTS: In FY 07, 57 grants were awarded. In FY 08, 57 grants will be awarded. It is anticipated that same number of grants will be awarded in FY 09.

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: Division of State Assistance, Office of Community Services, 370 L'Enfant Promenade, SW., Washington, DC 20447. Telephone: (202) 401-4608

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 other jurisdictions will receive their share of funds if they submit a pre-expenditure report that meets the requirements.