

<b>HART SUPPORTED LIVING (HSL) Core Principles</b>	<b>DAIL – HSL – 11.1</b>
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### **Core Principles**

The Department for Aging and Independent Living in cooperation with the State Supported Living Council shall establish standards for *the administration of the Hart-Supported Living Program*. The purpose of these standards is to ensure that a person with a disability receives supported living services in a manner that empowers the person to exercise choice and enhances the quality of that person's life. These standards shall promote the following:

- (1) **Choice** over how, when, and by whom supports are provided and over where and with whom a person with a disability lives;
- (2) **Responsibility** of the person with a disability and his or her representative for managing grants and the provision of supports under the grant;
- (3) **Freedom** to live a meaningful life and to participate in activities in the community with members of the general citizenry;
- (4) Enhancement of **health and safety**
- (5) **Flexibility** of services that change as the person's needs change without the individual having to move elsewhere for services;
- (6) Use of **generic** options and **natural** support;
- (7) Well-planned and proactive **opportunities to determine** the kinds and amounts of support desired, with the meaningful participation of the individual, the individual's family or guardian where appropriate, friends, and professionals; and
- (8) **Home ownership or leasing** with the home belonging to the person with a disability, that person's family, or to a landlord to whom rent is paid

**Reference:** KRS 210.795  
Executive Order: 2009-541

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### **Introduction to Manual**

This manual is a guide for Regional Hart-Supported Living Coordinators. It contains general information about the Hart-Supported Living program and the Regional Coordinator's responsibilities.

Hart-Supported Living is based on a statute (KRS 210.770 to 210.795) passed by the Kentucky Legislature in 1992. The statute was amended in 2006. In addition, administrative regulations [908 KAR 2:190] have been put in effect. The regulations were amended in 2007. Administrative regulations have the same legal status as a statute. Supported Living is based on core principles that are set forth in the statute. (See Chapter 11, Section 11.1, Core Principles) The statute and regulations implement these core principles. The statute and regulations also contain the basic requirements for the administration of Supported Living and the requirements for Regional Coordinators.

This manual contains both the requirements for Regional Coordinators and suggestions for best practice in implementing these requirements.

<b>HART SUPPORTED LIVING (HSL) Coordinator Responsibilities/Administrative Regulations</b>	<b>DAIL – HSL – 11.3</b>
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### **Coordinator Responsibilities/Administrative Regulations**

Within Administrative Regulation 908 KAR 2:190, Section 13 outlines fourteen specific Hart-Supported Living Regional Coordinator responsibilities. These are required responsibilities. A Coordinator should be familiar with each requirement and ensure that each is fulfilled.

In addition, Section 14 of the regulations outlines five specific responsibilities of the “Contract Agency.” The Contract Agency is the Regional MH/MR Board. The Regional Coordinator, working with the Regional Board, should ensure that each of these requirements is fulfilled.

Please refer to the Regional Hart-Supported Living Coordinators’ Manual for the full text of the Administrative Regulations and the Statute. Each Coordinator should be familiar with the content of both the Statute and Regulations.

The responsibilities under Section 13 and 14 of Regulations are summarized below. (The Roman numerals following each statement refer Chapters in the Regional Hart-Supported Living Coordinators’ Manual.)

### **Coordinator Responsibilities**

- (1) Participate as required in review team responsibilities as outlined in section 6(1) of the regulation. (Chapter II)
- (2) Disseminate applications for the Hart-Supported Living program. (Chapter II)
- (3) Provide assistance in completing applications when requested.
- (4) (Chapter II)
- (5) Receive applications, keeping records of date received, and send notice of the receipt of the application. (Chapter II)
- (6) Prescreen applications to determine compliance with the instructions, adherence to Core Principles, and if the application requests services or supports not permissible under Supported Living. (Chapter II)
- (7) Maintain a database of expenditures and activities of unfunded and funded recipients for each fiscal year.
- (8) Notify all applicants of the status of their applications within fifteen days after the initial funding recommendations are made, but no later than June 15 of each year.
- (9) Upon recommendation for funding, meet with the recipient to finalize a supported living plan within thirty-(30) days of the recommendation. Initial

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plans shall follow the funding recommendations and be specific to approved supports and services.

- (10) Educate the recipient on their responsibilities as outlined in section 7 of this administrative regulation.
- (11) Arrange for payments for currently funded supported living plans that includes:
  - (a) Receiving bills or other documentation that a service has been provided;
  - (b) Verifying the service as a part of the established plan
  - (c) Approving payment; and
  - (d) Keeping a record of payment
- (12) Arrange for billing and payment directly to a vendor for a one (1)-time expenditure or to an agency as requested by a grant recipient.
- (13) Monitoring to ensure compliance with regulations and the successful implementation of plans
- (14) Attend trainings and meetings as required by the Council.
- (15) Submit database information as outlined in this section to the Division of Mental Retardation.

### **Contract Agency Responsibilities**

- (1) Implement the Hart-supported living program in accordance with KRS 210.770, 210.790 and 210.795.
- (2) Assume fiscal accountability for the state funds designated for the program.
- (3) Provide necessary personnel within the contract agency office.
- (4) Establish a cost center and record staff costs for administering the Supported Living program
- (5) Maintain files and records that include:
  - (a) applications;
  - (b) requests for continued funding;
  - (c) Applications that were not funded retained for the length of time required by the health insurance Portability and Accountability Act of 1996, 45 CFR 164.530;
  - (d) Records regarding recipients whose funding was terminated retained for the length of time required by the health insurance Portability and Accountability Act of 1996, 45 CFR 164.530;
  - (e) Currently funded recipients;
  - (f) Recipient plans;

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- (g) Amendments to plans;
- (h) Financial records; and
- (i) Recipient monitoring reports

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## **Review Team Responsibilities and Procedures**

### **Coordinator Requirements**

The Review Team is defined in the regulations as a team designated by the Department and Council to review applications, make funding recommendations and review requests for amendments from recipients as described in 908 KAR 2:190, Section 6. Section 6 requires that the Team be made up of a minimum of three individuals and a maximum of six (6) individuals. The Team must have a minimum of one and a maximum of two (2) employees of the Department; and a minimum of two and a maximum of four regional supported living coordinators. A review team cannot include the regional coordinator representing an applicant or an employee of a Supported Living contracted agency for the applicants' choice of residence.

The State Council has approved specific procedures for review teams (see Chapter III of the Regional Hart-Supported Living Coordinators; Manual require the Coordinator to participate as required in review team responsibilities as outlined in section 6(1).

### **Composition of Review Teams**

Effective for the application review for FY '09 and thereafter, there are three divisions for Review teams: Division A (Regions 1, 2, 3, 14, 5), Division B (Regions 4, 6, 7, 15), and Division C (Regions 8, 10, 11, 12, 13). The Review Team for each Region can consist of the Coordinators from the division that are not from the Region and the State Coordinator and/or designee from the Department. Therefore, the Review Team for each region is as follows:

<b>REGION</b>	<b>REGIONAL COORDINATORS ON TEAM</b>	<b>DEPARTMENT EMPLOYEES ON TEAM</b>
1	2, 3, 14, 5	State Coordinator and/or designee
2	1, 3, 14,5	State Coordinator and/or designee
3	1, 2, 14, 5	State Coordinator and/or designee
4	6, 7, 15	State Coordinator and/or designee
5	1, 2, 3, 14	State Coordinator and/or designee
6	4, 7, 15	State Coordinator and/or designee
7	4, 6, 15	State Coordinator and/or designee
8	10, 11, 12, 13	State Coordinator and/or designee
10	8, 11, 12, 13	State Coordinator and/or designee
11	8, 10, 12, 13	State Coordinator and/or designee
12	8, 10, 11, 13	State Coordinator and/or designee
13	8, 10, 11, 12	State Coordinator and/or designee

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14	1, 2, 3, 5	State Coordinator and/or designee
15	4, 6, 7	State Coordinator and/or designee

The minimum number on a review team to make decisions is three: two coordinators and one Department employee. The maximum number is six: four coordinators and two Department employees. Typically, Divisions A and B Review Teams will have four Coordinators plus the State Coordinator; Division B will have three Coordinators plus the State Coordinator.

### **Schedule of Review Team Activities**

To mid-April	Review Team Members receive applications from Coordinators with Application Transmittal Cover Sheet
By May 30	Each Review Team reviews all current recipients for need, principles, duplication, and makes funding recommendations for continued funding, continued funding with amendments and increases just to keep current plan working.
By May 30*	*(or at least three days prior to scheduled Team meeting for new funding recommendations, whichever is later), each team member reviews applications and transmits scores to State Coordinator for compilation.
By June 15	Each Review Team makes funding recommendations for new or additional funding.
July 1 – June 30	Respond to requests for Amendments

### **Review and Scoring of Applications**

Each application must be reviewed and scored by at least three members of the Review Team. The three reviewers can be any combination of Regional Coordinators and Department employees on the review team. A Review Team member must score all applications from any one region to maintain consistency of scoring. The only exceptions would be when a Review Team member determines that there would be an actual conflict of interest or that the member has knowledge or information about the applicant and may not be able to make an objective review. In that case the member would recuse him- or herself from reviewing the application. The application must still be reviewed by at least three Review Team members.

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The final score will usually be determined by averaging the scores that is adding all the total scores and dividing by the number of scorers. Where there is a discrepancy of more than twenty points between the highest and lowest score, the Review Team will review the application as a team and determine the final score.

See Chapter IV of the Regional Hart-Supported Living Coordinator’s Manual *Application Review Process* for detailed information on application reviews.

### **Making Funding Recommendations**

The Review Teams will meet in May and June of each year to make funding recommendation for the upcoming fiscal year for each Region. The order in which funding recommendations are made is included in the regulations (Section 6), and in the instructions in the *Request for Renewal*, which is incorporated in the regulations. For each region, the Review Team for that region will:

- (1) Review all current ongoing recipients for need, conformance with principles and possible duplication and continue funding as appropriate. Use all information available to review. Recipients submitting only Section 1 of the *Request for Renewal*, and who are therefore requesting that the plan be continued with no changes should be continued so long as there is continued need, the plan conforms to the principles of H-SL, and there is no duplication. All ongoing recipients will be reviewed for a plan continuation. If the recipient has requested additional or new funding, the Review Team will make a recommendation for ‘continuation’ funding. If a funding recommendation is then made for additional or new funding, it will be added. If the requested for new funding is not recommended the recipient will have continued funding.
- (2) Review current recipients who request to change their plans within the amount of funding previously approved (Section 2 of the Request for Renewal Form). Approve continued funding with amendment as appropriate. Use all information available to review
- (3) Review current recipients who are asking for an increase just to maintain current level of support (Section 3 of the Request for Renewal Form). Use all information available to review. Approve increased funding as appropriate.
- (4) Review any application with a discrepancy of more than 20 points between highest and lowest scores to determine the final score for the application.
- (5) Review new applicants and current recipients applying for new or increased supports (Make funding recommendations based on application final score.



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Funding recommendations must be within the Region’s annual allocation. The Coordinator from the region will inform the Review Team of the amount available for that fiscal year to make funding recommendations.

See Chapter VI *Requests for Renewal* and Chapter VII *Funding Recommendations in the Regional Hart-Supported Living Coordinators’ Manual* for detailed information.

### **Reviewing Requests for Amendments**

Requests for Amendments may be made by a recipient any time during a fiscal year. Regional Coordinators may approve requests for amendments that change supports but do not increase the total amount of the grant and requests for amendments that increase the amount of the grant for no more than \$500. Regional Coordinators may refer these requests to the Review Team; Regional Coordinators must refer any request for amendment that would increase the grant by more than \$500.

The process for reviewing requests for amendments is in the State Council procedure. Review Teams will:

- (1) Individually receive from the home Coordinator the *Request for Plan Amendment* form and any attachments with the *Cover Sheet and Summary* indicating information from the home Coordinator. The requests can be sent by fax, with an e-mail to each review team member indicating that a request is being sent or by e-mail with the recipient’s name removed.
- (2) Each Review Team member will respond on a form or by electronic mail indicating approval or disapproval.
- (3) All decisions by the Review Team must have no more than one dissenting vote.
- (4) If there is more than one dissenting vote, the request for amendment will be referred to the State Council Chair or designee.
- (5) If a current recipient does not agree with a decision of the Coordinator or the Coordinator Team as to a request for amendment, the recipient may request reconsideration from the State Hart-Supported Living Council.

See Chapter VIII of the *Regional Hart-Supported Living Coordinators’ Manual Supported Living Plans & Amendments* for detailed information.

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## **Application Process**

### **Coordinator Requirements**

The Coordinator is required to disseminate applications for Supported Living, provide assistance in completing the application upon request, receive the applications (noting date received), send notice of the receipt of the application and maintain databases. In addition, the Coordinator must prescreen the applications to determine completeness, compliance with instructions and conformity with KRS 210.770(5) and (6).

### **Suggestions/Best Practice**

The Coordinator should be familiar with the application process. Also, note that the application is incorporated by reference in 908 KAR 2:190 and is therefore part of the regulation. The application contains information and instructions for completing the application.

The following are suggestions for best practices in meeting requirements concerning the application process.

### **Eligibility**

- (1) The Statute defines Eligibility for Supported Living services in 210.790(1).
- (2) Only a person with a disability is eligible for services. A “person with a disability” is defined as someone with a physical or mental impairment, including individuals who have a record or history of impairment, or are regarded as having a physical or mental impairment that substantially limits one or more major life activities. This is the American with Disabilities Act (ADA) definition of disability. Please see the definition section of the Statute for “Mental impairment” and “Physical impairments.” “Substantial limitation of a major life activity” includes limiting such things as walking, talking, seeing, hearing, caring for oneself or working. When determining whether an applicant is a person with a disability and eligible for services, the response to the question of page 2 of the application (‘In your own words, describe your disability and how it affects your life.’) should be considered. Note that the applicant is not required to specifically name a disability, but the applicant should describe a physical or mental impairment and the impairment should affect the applicant’s life by substantially limiting a major life activity. In addition, if an applicant states that he or she is receiving SSI or SSDI, this is an indication that the applicant has been determined to be a person with a disability under Social Security definitions.

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- (3) The person with a disability must also be a resident of Kentucky or his or her family or guardian must be a resident. Note: It is possible to be a resident of Kentucky but live in another state. For example, if an individual is attending a school in another state.
- (4) The applicant may be living independently, with family or in a congregate setting and apply for Supported Living.

### **Time Requirements for Submitting Applications**

The application is due in the office of the Regional Coordinator by April 1 of any year. If April 1 falls on a weekend, the deadline is the following Monday.

### **Place Requirements for Submitting Applications**

- (1) Section 4 of the administrative regulations indicates that the application should be submitted to the regional Coordinator where the *applicant wishes to reside*.
- (2) If a Coordinator receives an application that should have been submitted to another region, the Coordinator should forward that application to the correct region and notify the applicant that the application has been forwarded.

### **Disseminating Applications**

- (1) The regulations require the Coordinator to disseminate applications for supported living which indicate the evaluation criteria by which the application shall be reviewed. The evaluation criteria are listed in the application so this part of the requirement is met by sending the application. A copy of the application is in the Regional Hart-Supported Living Coordinators' Manual, Section VI.
- (2) Requests for applications are often made directly to the Regional Coordinator. It is suggested that an application packet be mailed that contains the following:
  - (a) **Cover letter**
  - (b) **Application** (Suggestion: the explanatory pages could be copied in light colored paper while the application section itself could be copied on white pages. Instruct the applicant to return only the white pages when applying and keep the colored pages.)
  - (c) **(Optional)** Guide for Answering Questions 1-10 on page 3 of the application. (Explain in cover letter)
  - (d) **(Optional)** Frequently Asked Questions guide

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- (3) Application packets can be mailed out as soon as requested. Some coordinators keep a list of those requesting applications and mail them out in January. Applications sent in advance tend to get lost, and must be replaced. Explain to potential applicants that an early application will not give them an advantage over other, later applicants. Recommendations for funding are not made until all applications for that Fiscal Year are evaluated. However, do encourage applicants to get applications in at least two weeks prior to the April 1 deadline, so the Coordinator can review for completeness, etc.
- (4) Applications should also be sent to last year's applicants who were not funded. This should occur around January. The cover letter should remind applicants that there is no waiting list and if they want their application considered for the up-coming Fiscal year, they must reapply. Return last year's application (keeping a copy for your records), along with a new, blank application. Encourage the applicant to update their application. Some Coordinators send a checklist (based on the evaluation questions) with the areas in which the application did not score well checked, with the suggestion that additional information be included, if possible, in these areas.
- (5) Applications should also be sent to current recipients who wish to request additional funds for the upcoming Fiscal Year.
- (6) Applications can also be disseminated to groups or agencies that could make them available to persons with disabilities. Anyone, except Council members, can assist an individual in completing an application.

### **Providing Assistance in Completing the Application**

Coordinators are *required* to provide assistance when requested. This does not mean that the Coordinator writes an application for an individual or develops a plan for the individual, but assistance must be provided. Here are some suggestions for assistance:

- (1) Be prepared to provide assistance (accommodation) due to a person's disability. The application may need to be in an alternate format. If an individual cannot write or type, the Coordinator may assist by filling out the application based on dictation. In addition, if English is not the individual or family's primary language, it may be necessary to arrange for translation.
- (2) Suggestions for direct individual assistance: Make sure that the applicant has done the planning and knows in advance what type of services or supports will be requested. Suggest that the applicant fill out the application as much as possible before the meeting. Bring extra blank copies of the application. Bring multiple blank copies of the Budget page.

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Provide as much assistance as possible over the telephone. Be aware that it may be difficult for individuals and families to remember everything discussed at a meeting and encourage follow-up questions by phone.

- (3) Assistance may also be done in a group setting. You may want to have one or more meetings in January or February and invite people who may be interested in applying. A general presentation on how to complete an application can be followed-up by individual assistance. These meetings could be held in community spaces such as libraries, churches, etc.
- (4) Service providers can be given training in assisting with applications. These might include Support Coordinators, supported employment people, people who work with aging Kentuckians, home health providers. In addition, local advocacy groups, such as NAMI or support groups could be given information on how to provide assistance with applications.

### **What can be asked for and what cannot**

When assisting with applications, make sure the applicants understand not only what can be asked for but also what cannot be requested.

- (1) **Can be asked for:** Page 2 of the explanatory part of the application lists some of the supports and services that can be obtained under Supported Living. This list is also found in the definition section of the Statute where it also states that services are *not limited* to this list. Supported Living supports and services should be flexible and meet the needs of the individual while meeting the core principles of Supported Living. .
- (2) **Can NOT be asked for:** The Statute lists housing arrangements that cannot be included in Supported Living:
  - (a) Segregated living models that physically or socially isolates people with disabilities from general citizens of the community.
  - (b) Congregate living models where groups of individuals with disabilities live as an enclave within an integrated setting. (e.g. group homes)
  - (c) Any situation where an adult does not have maximum control of the home environment commensurate with the individual's disabilities
  - (d) Any single living unit where more than three people with disabilities live (See Regulations below where more than three people with disabilities could live together and receive Supported Living only if they are all related to each other)

**Note:** Supported Living funds could be used for the payment of supports so an individual could live in a 'Staffed Residence' with a total no more than three

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residents, but the individual must have maximum control of the home environment commensurate with abilities.

### **Applicant Responsibilities**

In Section 4 of the Regulations under ‘Applicant Responsibilities’, there is a list of things for which the Supported Living grant shall NOT be used:

- (1) **On-going rent or mortgage payments:** (Although a start-up grant could be used for a 10% down payment or a security deposit to enable an individual to move into a home, a grant cannot continue to pay mortgage or rent payments.)
- (2) **Payment of a medical insurance premium or unpaid medical bills**
- (3) **Supplementation of wages for staff in other publicly funded programs:** (Examples: If an individual has Personal Care Attendant Program, Supported Living funds could not be used to increase the hourly rate for the hours provided under the PCA Program. However, Supported Living funds could be used for additional hours of care, so long as the additional hours are needed and the other program’s hours are used first. A person receiving Supports for Community Living (SCL) cannot use Supported Living to pay SCL respite providers additional wages for the same hours of SCL respite. However, Supported Living funds could be used to pay for additional respite if it is needed and the SCL respite was exhausted.)
- (4) **Modifications costing over \$2500 to rental property:** There is no limitation of the cost of modifications to property *owned* by the individual or his family. If possible, modifications to rental property should be able to be moved, e.g. use portable or modular ramping.
- (5) **A home improvement not related to a person’s disability:** The home improvement requested must relate to the person’s disability. Improvements such as ramps, widened doorways, and accessible bathrooms would usually be clearly related to a person’s disability. Requests for things such as whirlpools, air conditioning, or swimming pools would require clear documentation from doctor or physical therapist that they are related to the person’s disability. Requests for home repair such as roof repair or replacement, window replacement, etc. would not usually be considered as related to the person’s disability.
- (6) **Rental of a vehicle for more than thirty days in a fiscal year:** It would be permissible to, for example, use Supported Living funds to rent a lift van for transportation while the individual’s own van is being repaired, but it could not be for more than thirty days *total* in any fiscal year.
- (7) **Living arrangements that include more than three people who are eligible for supported living unless all are related legally or**

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**biologically as a family unit:** The phrase “people who are eligible for supported living” means people with disabilities (whether or not they have actually applied for supported living.) Therefore, this means that a supported living grant cannot be used to support a living arrangement that includes more than three unrelated people with disabilities living together. (E.g. group home)

- (8) **Equipment or service, which is obtainable from another program for which the applicant qualifies:** Supported Living is a funding source of ‘last resort.’ If a person qualifies for a wheelchair under Medicaid, Supported Living will not pay for it. If a person is requesting medical equipment and has medical insurance of any kind, the application should show why it could not be obtained through insurance. If a person receives SCL, Supported Living will not pay for respite unless the individual first uses all respite that is obtainable under SCL. (Note: just being on the waiting list for SCL does not mean the person cannot receive SCL-type services under Supported Living. Until the person is actually receiving services from SCL, they are not ‘obtainable.’) In addition, a person can be obtaining supports or services from another program and still receive a grant for supported living so long as the support of service is not duplicative of a support the person is entitled to under the other program.
- (9) **Tuition or fees for a program or activity lasting more than thirty days if during that year a majority of participants are eligible to apply for supported living:** This means that Supported Living funds cannot be used for segregated programs. The phrase ‘a majority of participants are eligible to apply for supported living’ means that more than 50% of the people in the program are people with disabilities (even if they have not actually applied for Supported Living.). The only exception is if the program or activity lasts less than thirty days. This exception might be used to help make a plan that follows the principles of supported living work more effectively – e.g. a person goes to a segregated respite or camp program for a week while his Community Resource Developer is on vacation or a person attends a segregated day program for two weeks between the time her personal care attendant quits and a new attendant is hired. Please note that alternative ways of supporting the individual that are not segregated would be preferable. For example, while another provider is being hired, a temporary provider could be hired through a Home Health provider.

### **Receiving Applications**

When an application is received, the Coordinator must note the date received, send notice of the receipt of the application and prescreen the applications.

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- (1) **Note date received:** It is recommended that the application be date-stamped on the first page of the actual application. It is also recommended that the date received be indicated on the database required (see below).
- (2) **Send notice of the receipt of the application:** The Coordinator can use a form letter to acknowledge receipt. It is recommended that the letter include a statement as to when the application will be reviewed and when the applicant will hear results (usually prior to the start of the Fiscal Year.) It is recommended that the required pre-screening be completed prior to acknowledging receipt so that the Coordinator can indicate in the letter whether the application is complete.
- (3) **Prescreen the application:** The Coordinator is required to pre-screen the application for completeness, compliance with instructions and conformity with KRS 210.770(5) and (6).
  - (a) **Completeness and compliance with instructions:** The Coordinator should pre-screen the application prior to sending notice of receipt of the application. If the application has been received, but is not complete or does not comply with instructions, the applicant should be notified that the application received was not complete and be given the opportunity to provide the information and documentation necessary to complete the application prior to the deadline.

### **Instructions**

Instruction Number 1 on page 4 of the explanatory part of the application requires the applicant to complete the entire application. ‘Applicants, who do not answer all ten of the questions . . . and do not also have a completed budget matrix, will not be considered.’ If submitted prior to April 1, the Coordinator can contact the applicant to suggest that the application be completed. If it is not completed by the deadline, it cannot be considered.

Instruction Number 2 requires that the budget include payroll taxes and worker’s compensation for people who will be hired as employees. It is sometimes difficult to determine from the application if 1) the applicant plans on hiring an individual or will purchase the service through an agency or 2) if an amount for cost per hour is just the amount intended to be paid as gross pay or if it includes the employers share of taxes and worker’s comp. The Coordinator should clarify with the applicant whether the budget includes the required taxes, etc.



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Instruction Number 3 requires that for equipment/therapy requests or for home modification requests, a letter from a therapist or physician and/or an estimate must accompany the application. If an applicant is requesting equipment or therapy, a letter from a therapist justifying the request must be attached. Since home modifications must be related to a person's disability, a letter from a physician or therapist will clarify the relationship of the request to the person's disability. Please note that only one estimate is required for the application. If the request is funded and it is for more than \$2000, two additional estimates may then be required. If an estimate or letter from a therapist or physician is required but not attached, the Coordinator should contact the applicant so that the necessary documentation can be provided by the deadline.

Instruction Number 4 requires documentation for one-time start up grants and furniture. The Coordinator can attempt to obtain any missing documentation by the deadline.

Instruction Number 5 lists the requests that cannot be funded with Supported Living grants. If it is prior to the deadline, the Coordinator can contact an applicant who is requesting a support that cannot be funded to suggest that the plan and application be amended or re-done. Some applications may require documentation that a request is not available through another payer such as Medicaid, Medicare, or private insurance.

(b) **Conformity with KRS 210.770(5) and (6):** This section of the supported living statute is the definition section. Subsection (5) defines 'Supported Living' and is included in the front of this manual as 'Core Principles.' Applications should be in conformity with these Core Principles. Subsection (6) defines housing arrangements that supported living does not include, as follows:

1. Segregated living models such as any housing situation which physically or socially isolates people with disabilities from general citizens of the community;
2. Congregate living models such as any housing situation which groups individuals with disabilities as an enclave within an integrated setting;
3. Any model where the individual, as an adult, does not have maximum control of the home environment commensurate with the individual's disabilities; and

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4. Any single living unit where more than three (3) people with disabilities live

Again, applications should not be requesting housing arrangements listed above.

### **Maintaining Databases**

The regulations require that the Coordinator maintain a database of unfunded applicants that include (a) name; (b) address; (c) phone number; (d) county; (e) service requested; and (f) amount of funding requested. The Coordinator is also required to maintain a database of funded applicants. It is recommended that upon receipt of each completed application, the Coordinator place this information on a database, and also include the Social Security or Medicaid number. If an applicant is funded, the information concerning funded services and amounts can be added to the database. This will result in a database for each fiscal year that includes both funded and unfunded applicants. The databases can be maintained on a computer or on paper. It is recommended that the data be kept on a computer, if possible. In either case, it is recommended that this information also be also kept in a secure, alternate site. Please see Reporting Responsibilities for the information required to be reported on the 'combined database in Chapter X of the Regional Hart-Supported Living Coordinators Manual.

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## **Application Review Process**

### **Coordinator Requirements**

It is the responsibility and duty of the Review Teams to review the applications and make funding recommendations.

### **Preparing Applications for Review**

The Regional Coordinator will prepare sufficient copies of the application for review. The Applicant ID number will be entered on Page 1 and Page 2 of the application in the space provided on the upper right-hand side. After the numbers are entered, page one will be detached. Page 1 contains 'demographic information' and is not required for scoring the application. Removal of the first page prevents the applicant from being identified by name. To make the application as anonymous as possible, it is also necessary to black out names, especially last names, throughout the application.

A *Transmittal Cover Sheet* will be attached to the front of each copy. The Applicant ID # will be entered at the top. The Application Summary will be completed. The total requested for ongoing supports will be indicated and then each ongoing support listed. For each separable one-time support, the amount and the request will be listed. A onetime support is separable if it could be funded independently. For example, a bathroom modification and a computer could each be funded separately. The labor, the fixtures, and the flooring for a bathroom modification cannot be funded separately and should be combined even if listed separately on an estimate or provided by different providers. A number of similar equipment can be grouped together.

The Regional Coordinator will transmit a copy of the application to each member of the review team. Most copies will be transmitted at an application 'exchange' at a Coordinators meeting in early April, but applications can be transmitted by mail as soon as they are reviewed and prepared. The original application will be retained in the office of the Coordinator.

### **Incomplete Applications**

Applicants are required to submit a complete application. If the applicant has **not** submitted a complete application by the deadline (that is not answered all required questions, submitted a budget page or attached required estimates or letters from therapists or doctors), then the application cannot be scored. Applicants will be notified that the status of their application is an incomplete application and

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assistance in submitting a complete application for the next fiscal year offered. Applications where the questions have been answered but not well, completely, or where the budget page is not completed but the amount requested is indicated, will be scored.

### **Requests for Impermissible Supports**

If the applicant's entire request is for a support, which cannot be funded with H-SL funds, then the application cannot be scored (e.g. the entire application is for on going rent payments). If the application is only partially impermissible, then the part of the application that is permissible can be scored but only if the remaining part can stand-alone. For example, if the applicant requests Respite as an on-going service and requests funds to repair a roof, then the Respite portion of the plan can be scored. If the applicant requests funds to purchase a vehicle and funds for a lift, the application should not be scored if the lift would be useless without the vehicle.

### **Criteria for Scoring**

The Regulations require that the criteria listed below be used by the review team to recommend funding for a Hart-supported living grant. Following each criterion are the factors to be evaluated for that criterion:

- (1) **Adherence to principles of the Hart-supported living program:** (a) The ability of the applicant to exercise choice and autonomy in the supported living arrangement;(b) The involvement of people, in addition to the applicant and paid staff, who are committed to supporting the arrangement; and(c) Opportunities for the applicant to be present and participate in family and community activities.
- (2) **Potential for success:**(a) The applicant has clearly indicated the reason for requesting funds and what he will do if granted the funds;(b) The applicant has identified a place to live; and(c) Additional resources available to the applicant have been identified that may include family, friends or another service provider who can support the situation. (d) The application indicates that the applicant is planning for his future.
- (3) **Need:** (a) The services have been designed around the specific needs of the applicant; (b) The applicant or his family is experiencing a crisis; and (c) The applicant's multiple disabilities create barriers to developing and sustaining supports.
- (4) **Accountability:** (a) The applicant has identified a prospective service provider; (b) The capability of the applicant and the people supporting the applicant, to manage the resources and arrange for the requested services;

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and (c) The applicant has demonstrated a reasonable effort to secure funds from other sources, if appropriate.

- (5) **Overall purpose of the application:** Whether the supported living resources will be used to promote and improve a positive quality of life for the applicant.

### **Using the Score Sheets**

The Review Team must use the *Evaluation Criteria for KY Supported Living Application* form, referred to as the score sheet. This form incorporates the required criteria areas. By using the score sheet, the criteria are applied to each application. There are two score sheet forms: one for ongoing supports and one for one-time supports. For any application, one ongoing score sheet will be used to evaluate all requests for ongoing supports and one one-time score sheet will be used for each separable one-time request as listed on the cover sheet.

There are seventeen criterion statements on each score sheet. They are divided into Potential for Success and Accountability (statements 1-6), Need (7-10), Adherence to Principles of Supported Living (11-15), and Overall Purpose of Application (16-17). Three of these criterion statements (1, 16, 17) will be weighed by a factor of two for a possible maximum score of ten; all other statements will have a maximum score of five.

The application, including all attachments, should be read carefully and thoroughly prior to scoring. Refer back to the applicant's answers when making your evaluations. The number after the criteria indicates the questions on the application that are most relevant. Scoring **must** use the Hart-Supported Living criteria, and **must** be based on the information in the application. Any information not contained in the application should not be considered. The Review Team member will circle the number for each item, which reflects the evaluation concerning how well the application meets each criterion.

### **Use of the Scoring Rubrics**

A rubric for ongoing, and for one-time scoring, is available for Review Team members' use in scoring the application. The scoring rubric gives examples of what should be present in an application to receive a specific score. Review Team members will use the rubric to score applications.

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### **Requests for Possibly Duplicative Services**

Hart-Supported Living funds cannot be used for equipment or service that is obtainable from another program for which the applicant qualifies. If it is unclear as to whether a requested support in an application would be duplicative, the application can and should be scored. Whether or not the Review Team makes a funding recommendation, a plan cannot be developed that includes duplicated services. However, prior to funding recommendation by the Review Team, the Team should be informed of any actual or potential duplication.

### **Completing the Score Sheet/Summarizing Scores**

On the front of any onetime score, the reviewer will indicate the onetime support being evaluated on the appropriate line. All reviewers will use the listing of onetime supports on the “Application Summary” by the sending to the Coordinator to separate and identify multiple onetime requests.

After the reviewer has circled a number for each criterion statement in each section, the scores for the section will be added and written in the “*Total \_\_\_\_\_*” following each section. When all sections are complete, the totals for all sections will be added and the sum entered in the “*Grand Total\_\_\_\_\_.*” The reviewer will then circle “Yes” or “No” to indicate whether this meets the minimum score of 55. The Grand Total will then also be written on the front of the score sheet in “*Total Score\_\_\_\_\_*” and the N will be circled on the front next to “Meets Minimum” only if it does not meet minimum.

The reviewer will then initial in the “EVALUATED BY” box on the end of the score sheet, enter his or her region number (or indicate “S” for State) and enter the date. The reviewer will then enter the grand total on the *Transmittal Cover Sheet* in the SUMMARY OF INDIVIDUAL REVIEWER SCORES and will circle “no” as to whether the application meets all minimum scores only if the minimum is not met. When the summary is completed for all score sheets related to the application, the reviewer would initial, circle “State, if applicable or enter the region number under Reg. Coordinator at the top of the SUMMARY OF INDIVIDUAL REVIEWER SCORES section. (After the individual reviewer has scored an application, the scores will be recorded only in the SUMMARY OF INDIVIDUAL REVIEWER SCORES section; The AVERAGES OF ALL REVIEWERS SCORES will be completed only after all scores from all reviewers have been received by the State Coordinator.

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### **Transmission of Scores**

The scores for a region will be transmitted to the state coordinator as soon as completed, but no later than three days prior to the scheduled meeting for funding recommendations for new and additional funding. The scores may be transmitted in one of three ways:

- (1) Fax the Transmittal Cover Sheet to the State Coordinator
- (2) E-mail using a Word form
- (3) E-mail using an Excel form

The State Coordinator will enter all scores in a spreadsheet, average and compile them.

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## **Requests for Renewal**

### **Regulation Requirements**

Current ongoing H-SL recipients are required to submit a request to renew the ongoing grant by April 1 to be effective for the fiscal year that begins the following July 1. The Administrative Regulation 908 KAR 2:190 reads as follows: “Section 7. Recipient Responsibilities . . . item 7) a recipient of an ongoing grant shall submit a request for continued or increased funding by April 1 for funding for the fiscal year beginning July 1.” The form to be used “Request for Renewal” which includes instructions, is incorporated by reference in the regulations.

### **Suggestions/Best Practice**

Coordinators should be familiar with the instructions for completing the *Request for Renewal*, especially which of the sections a recipient must complete and which a recipient may complete, and provide the recipient with assistance in completing the request.

### **Preparing the Recipient for Submitting the Request**

Both the Initial and Annual monitoring forms have sections where the procedure for the *Request for Renewal* is discussed. Each reads as follows:

*Do you understand the process for requesting renewal of your grant, and that you can ask for the following?*

- (1) To have it continue just the same
- (2) For an amendment, using the funds you have now
- (3) For additional funds just to keep the exact services you have now.
- (4) You can also apply for additional hours and supports by submitting a new application.
- (5) Discuss.

The Coordinator should take the opportunity during monitoring to ensure that the recipient knows that there will be a *Request for Renewal*, and the purpose of each of the sections, emphasizing the following:

- (1) All recipients are required to submit Section 1 and that the plan will be reviewed for need, principles and duplication.
- (2) If a continuation of the exact plan is requested, only Section 1 is required.



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- (3) If the recipient will want to change the plan using the current grant amount, ask for an increase just to keep the current plan working, and/or to ask for new or additional services, then Sections 2, 3, and/or 4 of the Request for Renewal Form will need to be submitted.
- (4) Section 3 can only be used to ask for increased amounts just to keep the exact services the recipient has now. To ask for additional supports (such as more hours) or to ask for new supports, including one-time requests, Section 4 (which is the same as a new application) must be completed.
- (5) The Coordinator will be sending the Request for Renewal instructions and the sections that seem appropriate in January; the recipient can ask for additional sections.
- (6) The Coordinator will be available to answer any questions about completing the *Request*.
- (7) The deadline for submitting the *Request* is April 1.

### **Sending Out the Request for Renewal**

In January of each year, the Coordinator will mail to each recipient the *Request for Renewal*. The mailing should always include the Instructions and Section 1, as well as a copy of the current plan for reference. Coordinators may determine, through prior contact and discussion with the recipient, which, if any, of the other sections the recipient will wish to complete and include only those in the mailing. Make sure the recipient knows that if a change in the plan or an increase in the grant amount is going to be requested, then the appropriate section(s) must also be completed.

The Instructions section of the *Request* contains an initial ‘cover letter’ to the recipient, but the Regional Coordinator may include a regionalized, individual cover letter that emphasizes some of the points in the instructions (sections from the instructions are in smaller print):

- (1) **The reason for the form:** This annual *Request for Renewal* is the way you ask for your current ongoing Hart-Supported Living grant to be continued and the way you can ask for your Supported Living grant to be changed or increased. The request that you make will be for the next Fiscal Year, which starts July 1.
- (2) **The importance of planning and where to get help:** You should start planning and thinking about your Hart-Supported Living grant so that you can submit this request by April 1. To help you in this planning, a copy of your current Supported Living plan is included in this request packet. You are encouraged to plan with the people who support you and who are important to making your Hart-Supported Living plan work. You may also

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consult with the Regional Supported Living Coordinator for assistance in completing this request.

- (3) **Review of all ongoing grants:** Ongoing grants are called ‘on-going’ because they are usually ongoing to the next fiscal year. The ongoing supports will be reviewed to determine:
- (a) **NEED:** if the recipient continues to need the current supports,
  - (b) **PRINCIPLES:** if the current plan meets the principles of Hart-Supported Living, and
  - (c) **NOT DUPLICATIVE:** If Supported Living supports do not duplicate any support, the recipient is entitled to receive through another program.

Ongoing supports that meet the principles of Supported Living, are needed by the recipient and are not duplicative will be continued as on-going supports. The Review Team will consider all information available about need, principles and duplication in making a continuation funding recommendation.

- (4) **Important things to keep in mind about your request for continuation:** Asking for a change to your plan or for an increase in your grant amount does **NOT put your current grant at risk**. A request for an amendment or a request for an increase in the grant amount may be approved or may not be approved. However, even if it is not approved, the current ongoing plan will be continued (so long as it meets the requirements of need, principles and no duplication – see above.) Requests for needed changes are encouraged. Hart-Supported Living is defined as “highly flexible, individualized services” so current ongoing recipients are strongly encouraged to carefully review their current plans and the supports that they need to live in and participate in their communities and to request any needed changes.
- (5) **Which sections to complete:** When you decide what you want to ask for, you will know which sections of this request to complete. **All** ongoing recipients will complete and return Section 1, which will include your Proposed Plan. If you want to change your plan and/or ask for additional funds, you will also have to fill out additional Sections. Based on what you have indicated, your Regional Coordinator may provide you with just the Sections you need to complete your request. However, remember that you may always request additional sections if you decide that you do want to ask for changes or additional funding.
- (a) Section 1: All recipients. For continuation of the same plan, this is the only section required.

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- (b) Section 2: AMENDMENT/SAME AMOUNT: Change your plan using the funds currently approved. (Examples: Reduce the amount spent on one current support and add the funds to another current support; or, reduce or eliminate the funds for one support and use them for a new support).
- (c) Section 3: 'VIABILITY' INCREASE: Keep some or all of the supports in your plan the same, but ask for increased amounts for one or more supports **just** to keep your current plan working. (Examples: Ask for increased amount to give reasonable raise to support provider; or, ask for increased amount due to increase in Workers' Compensation insurance.)
- (d) Section 4: NEW AND ADDITIONAL SUPPORTS: Add supports or increase current supports. (Examples: Ask for increased funds to add to number of hours of a current support, or ask for funds for new supports, which could include a request for a one-time support.)

### **Assisting with the Request for Renewal**

The *Requests for Renewal* are used for three purposes: 1) to review the current plan for need, principles, and possible duplication (along with other information available); 2) to make continuation funding recommendations for all recipients, including recipients who request amendments and increases just to continue current plans; and 3) to consider, along with all other applicants, requests for increased or new supports. The recipient may be assisted in providing sufficient information in Section 1 to show continued need and no duplication. The recipient may be assisted in determining the appropriate Section to complete when asking for an amendment or an increase in the grant. Section 3 is only for increases needed to keep the plan working at its current level of support. If the recipient wants increased support (even one hour of additional support), then Section 4 must be completed.

### **Reviewing Requests for Renewal**

When *Requests for Renewal* are submitted, the Coordinator will review to determine that it is complete and that the correct Sections have been completed for what the recipient wants. If recipients attempt to ask for *increases* in supports in Section 3, the recipient should be informed that increases may only be requested by submitting a Section 4 (new application).

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## **Funding Recommendation Procedures**

The Review team makes funding Recommendations for the upcoming fiscal year in these steps:

- (1) A review by the team of each current recipient's ongoing plan to determine if the plan is in compliance with Hart-Supported principles, if the recipient still needs any support or service, and if a recipient is entitled to receive a support or service from another program (duplication). If the plan meets this requirement it is eligible for continuation funding;
- (2) A review by the team of each current recipient's request for continuation funding including any requests for amendments and any requests for increases just to keep his current level of supports;
- (3) A review by the team of all requests for new or increased funding from new applicants and current recipients requesting new or increased funding

### **Review for 'Need, Principles, and Duplication'**

Every current recipient will have their current plan reviewed to make sure: 1) that the recipient still needs the supports (in whole or in part); 2) that the supports comply with the principles of supported living; and 3) the recipient is not entitled to receive the support(s) from another program. If the current plan does not meet these requirements, the plan will be reduced as appropriate. The 908 KAR 2:190 state: Section 8. Reduction of a Hart-supported Living Grant.

- (1) The grant shall be reduced by any amount received for a service, which duplicates a support, or service on the supported living plan.
- (2) The grant shall be reduced if:
  - (a) The support does not comply with the principles and definition of the Hart- Supported living program in KRS 210.770(5) and (6) and 210.795; or
  - (b) The recipient no longer needs a support or service in whole or in part.

The Review Team may take into consideration all available information when reviewing for 'need, principles, and duplication' including responses in Section 1 of the *Request for Renewal*, spending and use of the grant, monitoring reports, other supports received by the recipient and enrollment in other programs.

It is recommended that the 'home' coordinator provide the review team with a copy of each recipient's current plan or summaries of the current plans for review. Any

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information related to ‘need, principles, and duplication’ should also be available. The Review Team may request additional information if necessary for this review. Some factors to consider:

- (1) If a recipient has not used some or all of the current year’s grant there may be an issue of need; however factors such as difficulty in obtaining providers, hospitalization or poor health, or other factors other than need may result in underutilization of a grant on a temporary basis.
- (2) “Duplication” as used for review purposes means that a recipient is eligible to receive supports or services from another program. For example, if a person is an ‘SCL’ participant, the recipient is eligible to receive respite through that program. If the person is receiving a support through H-SL that is the same as ‘respite,’ then the support is duplicative and the H-SL support should be reduced. Review Teams should follow the State Council-approved Guidelines for Ensuring No Duplication Of Services for Individuals Receiving Supported Living and Other Supports and Avoiding Duplication Of Services All current recipients should be reviewed for ‘need, principles, and duplication,’ including recipients who have submitted a new application. The review is part of the determination of eligibility for continuation funding, whether or not the recipient receives additional or new funding.

### **Order of Funding Recommendations**

The regulations specify the order in which funding recommendations are to be made as follows:

- (1) Funding recommendations shall be made in the following order:
  - (a) Current recipients requesting the same amount or less for on-going supports;
  - (b) Current recipients requesting additional funding in order to ensure the continuation of their current plan; Additional funding may be granted for the following:
    1. An increase in the pay rate of a provider for services currently in the plan;
    2. An increase in employer taxes for services currently in the plan;
    3. An increase in worker’s compensation rates; or
    4. Payment to a provider to compute required employer taxes and withholdings

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- (c) Applicants denied funding from the previous fiscal year and approved for funding by the reconsideration or administrative hearing process as outlined in Sections 11 and 12 of this administrative regulation; and
- (d) New applicants and current recipients requesting additions to their plans

Review Teams will first make funding recommendations for current recipients requesting the same amount, (a) in the regulations, which would be recipients asking for the exact same plan and those requesting amendments. These recipients will be recommended for continued funding in the same amount as the current grant. Recipients who have asked for new or additional funds will also be considered for ‘continuation’ funding, whether or not the request for additional funds will be recommended.

Review teams will then consider those current recipients requesting increases just to keep their current plan working. Those increases may only be for the reasons listed in 1, 2, 3 and 4 above. If funding is not available to meet all needs for such increased funding, the Review Team will make recommendations within the regional funding allocation.

Finally, Review Teams will make funding recommendations for all applicants requesting “new” funds. This includes all new applicants and applications from current recipients asking for increased or additional supports. The funding recommendations will be made in the order of the scores of the applications.

### **Review Team Funding Meeting/Using the Forms**

#### **Preparing for the Meeting: Continuation Funding**

The Review Team will meet either in person or by telephonic conference. Prior to the meeting, the Coordinator will provide the members of the Team with the information necessary to review all current ongoing recipients for continuation funding:

- (1) On the *Regional Approved Continuation Funding* form enter:
  - (a) The Region number under Region:
  - (b) Leave Review Team: blank; initials of Review Team will be entered at the meeting
  - (c) Write the fiscal year that the funding recommendations will be for under For FY:

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- (d) List the last name of every current ongoing recipient (include all ongoing recipients, even those who have requested additional funds)
  - (e) List the current ongoing grant amount (the ongoing amount approved for the current fiscal year) for each recipient.
  - (f) If there is a possible issue as to principles, need, or duplication, place an asterisk (\*) in the appropriate column. (Note: the Review Team will review all recipients for need, principles, and duplication).
  - (g) If a recipient has completed Section 2 of the *Request* and is asking for an amendment using the same amount of funds, put a "Y" in the "Amend Request" column
  - (h) If a recipient has completed Section 3 of the *Request* and is asking for funds just to maintain current supports, enter the dollar amount of the requested increase in the 'Increase to maintain curr. supp?' column.
  - (i) At the bottom of the page enter the total amount that will be available for recipient funding in the region for the upcoming fiscal year under Total regional supports allocation
- (2) For each current recipient prepare a copy of the current plan or a summary of current supports received, including annual amounts for each support.
  - (3) For each current recipient where a possible issue as to need, principles, or duplication has been identified, make a copy of Section 1 of the *Request* for each Team member.
  - (4) For each current recipient who has requested an amendment, make a copy of Section 2 for each Team member.
  - (5) For each current recipient who has requested an increase just to maintain current supports, make a copy of Section 3 for each Team member.
  - (6) **IMPORTANT NOTE:** It is not necessary to make a copy of every recipient's *Request* for review prior to the meeting, just for the recipients noted above. However, the Coordinator should have a copy of each recipient's *Request* available for review during the meeting.
  - (7) By mail or fax, send a packet of review information to each Review Team member at least one week prior to the scheduled review, if the meeting will be by telephonic conference. If the meeting is scheduled to be in person, the information can be mailed or brought to the meeting.

**At the Meeting: Continuation Funding**

- (1) The record of the funding recommendations will be kept on the *Approved Continuation Funding form* recorded by the Coordinator for the region and by the State Coordinator, including recording the initials of the Review Team members. The Review Team will review each current recipient requesting continuation funding with no changes (submitted just Section 1)

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for need, principles and duplication, using all information available. Where a possible issue in one of these areas has been identified, the plan will be reviewed in detail; but all recipients will be reviewed. On the *Approved Continuation Funding* form, the approved amount for continuation funding for each of these recipients will be indicated in the Approved Continuation Amt column. If the original plan amount has been reduced or eliminated due to issues related to principles, need, or duplication, then the reduced approved continuation amount, if any, will be placed in the column, but the dollar amount by which the grant was reduced will be entered in the Notes column, along with the rationale for the reduction or elimination. The amount by which any ongoing plan is reduced or eliminated will be considered “held aside” and not available for use for funding other applications until any due process (reconsideration) has been exhausted.

- (2) The Review Team will then review each recipient who has submitted a request to just change how the grant funds are used (Section 2; Amendment) for principles, need and duplication and for approval of the amendment. The approved amount for continuation funding for each of these recipients will be indicated in the Approved Continuation Amt column. If the requested amendment is approved, it will be indicated in the Notes column.
- (3) The Review Team will then review each recipient requesting an increase to maintain current supports (Section 3). The recipient’s plan will be reviewed for need, principles, and duplication and for the needed *increase*. The approved amount for continuation funding, including any approved increase, will be indicated in the Approved Continuation Amt column. Requests that are for increased or additional supports cannot be funded as a Section 3 increase. Important note: if the regional allocation is not sufficient to fund all such requests for increases, the Review Team must make allocations among recipients within the allocation amount.
- (4) When all continuation-funding recommendations have been made and recorded, the approved continuation amounts will be totaled. That total will be indicated at subtract total continuation funding at the bottom of the form. Any amounts held aside due to reduced or eliminated grants will be added and the total indicated at the ‘then subtract any “held aside” funding’ at the bottom of the page. The total continuation funding and any held aside funding would be subtracted from the amount in the Total regional supports allocation: section. This will be the dollar amount available in the region for new and additional funding.



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Preparing for the Meeting: New Funding Recommendations

The Review Team meetings to make new funding recommendation may be in person or by telephonic conference. Prior to the Review Team meeting to make new funding recommendations, each Coordinator will know the amount of their allocation available to make new or additional funding. At least three working days prior to the meeting, each review team member will have submitted application scores for that region. The State Coordinator will prepare a ranking of scores based on the averages of scores submitted. . Each applicant number, with GO and 1X s listed separately, will be ranked from top score to bottom; the average score will be indicated, and the amount requested for the GO or 1X part of the application (if known) will be indicated. Discrepancy scores (greater than twenty points between highest and lowest); scores that do not meet minimum and incomplete applications will be indicated in the notes. The raw scores and the rankings of scores will be transmitted to the Review Team prior to the meeting. Each review team member will have a copy of the application, the score sheets and any notes available for the meeting.

**At the Meeting: New Funding Recommendations**

- (1) The Review Team will first review any discrepancy scores (where there is a more than 20-point discrepancy between the highest and lowest score). The Team will determine an agreed-upon score for these applications. The agree-upon score will be indicated on the form and differences in rankings, if any, will be noted. The Team will also review applications where one or more scorer has indicated that it does not meet minimum score or is not a complete application.
- (2) When the final ranking is developed, the Review Team will make funding recommendations starting with the highest-ranking applications. Funding recommendations will usually be for the amount requested. Funding recommendations can be conditional or partial.
- (3) The Team can only make funding recommendations within the amount of the regional allocation. If there are insufficient remaining funds to fully fund the next ranking application, partial recommendations or recommendations for the next ranked application can be made.
- (4) On the *Approved New Funding* form, the regional coordinator and the State Coordinator will record the amounts recommended for funding on in the Amount Recommended column. One copy of the Transmittal Sheet for each application will also be completed indicating the determination of the Review team as to that application.

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**Return of Score Sheets and Applications/Transmittal Cover Sheet**

After all funding recommendations have been completed for a region; the Coordinators will return all score sheets to the originating Regional Coordinator. The score sheet will be kept in the applicant's file. Copies of the application may be returned to the originating Regional Coordinator or may be shredded at the direction of the originating Coordinator. One completed copy of the Transmittal Cover sheet should be filed with the application as a summary.

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## **Supported Living Plans & Amendments**

### **Coordinator Requirements**

The Coordinator is required to meet with a recipient to finalize a supported living plan within thirty days of a recommendation of funding. Recipients are required to participate in the development of a supported living plan in coordination with the Regional Coordinator. The recipient is also required to adhere to the supported living plan and request an amendment for a plan change. “Supported living plan” and “supported living plan amendment” are defined in 908 KAR 2:190.

### **Developing the Initial Plan**

“Supported living plan” is defined in Section 1 of the regulations as “the document developed between the regional Hart-supported living coordinator and the recipient to account for the services to be provided and funds awarded as a Hart-supported living grant.” The Supported Living Plan must be developed by the Coordinator and Recipient within thirty-(30) days of funding recommendations by the Review Team. The Plan should be developed as soon as possible so that it can be implemented with the start of the Fiscal Year. The plan will be based upon requests in the application. Usually, funding recommendations have been made to implement the plan as requested in the application although occasionally the funding recommendation is for partial implementation. Please note that the budget page of the application looks like a plan, but is not a finalized plan. The plan must be developed between the recipient and the Coordinator after the funding recommendation has been made. The plan includes identifying information and financial information on the front of the form and information and signatures on the back of the form. At the time the plan is developed, the Coordinator should provide all necessary information about recipient requirements and about implementing the plan, especially requirements concerning employer responsibilities.

The recipient will be provided with a copy of the final, signed plan.

<b>Information on the Plan form– Front page</b>
-------------------------------------------------

Name – name of the recipient

ID# - the ID number assigned by the Regional Coordinator and used on application

Address – complete address

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Phone – (of recipient) include both day and evening, if applicable

Person Responsible - the name of any family member or other person who is responsible for implementing the plan, if applicable

Phone – (of person responsible)

FY – the fiscal year for this plan

Date – the date the initial plan for the fiscal year starts (usually July 1)

Amendment Effective Date – date revision (amendment) is effective if this is an amendment

Amendment requirement – Review with recipient the need to request and receive approval for any amendment that changes the approved support or the approved annual amount.

\*\*Approved Ongoing Support of Service and Description: Description of Support or service should be in sufficient detail so that it is clear what is payable under the plan. Just a term such as ‘transportation’ or ‘leisure’ may not be enough to indicate the support approved. An ‘app/p6’ reference to the description of the support used in the application could be used.

### **Some Examples of Descriptions of Ongoing Supports**

#### Transportation:

Reimbursement of Community Resource Developer for mileage as CRD at the rate of 32.5 cents per mile, AND/OR

- (1) Reimbursement of family member, neighbor, or friend for transportation to work or community activities at \_\_\_\_ cents per mile, AND/OR
- (2) Payment to \_\_\_\_\_ transportation agency for transportation to \_\_\_\_\_ AND/OR
- (3) Payment for taxis for transportation to \_\_\_\_\_

#### Consultation:

Payment of \$100 per meeting for Person Centered facilitator; cost of meeting room; AND/OR

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- (1) Communication assessment

Community Resource Developer:

Includes gross wages of \$8/hour and employer taxes of 11.15% of Gross wages for Community Resource Developer (.app/p6)

Recreation/Leisure:

Includes gross wages for Recreation/Leisure Provider who provides support (app/p6).

- (1) Includes reimbursement of the following recreation/leisure expenses: movies, plays, bowling, swimming pass...

Workers' Compensation:

Annual premium for two employees who provide personal care  
(NOTE: Workers' Compensation is an on-going expense since it will recur every year even though it is only paid once per year.)

Provider of Support - Agency or Individual:

Indicate whether the support will be provided by an agency or individual. The name of the agency or individual who will provide the support can be included. This can be changed at any time by notifying the H-SL Coordinator.

- A Average # of Hours per week:** Indicate expected number of hours per week for this support, if applicable. This can be changed at any time by notifying the H-SL Coordinator. (However, recipient must comply with Wage and Hour regulations, if applicable, and must make necessary changes in agreements with providers.) If not applicable, write N/A or leave blank.
- B Cost per Hour:** If agency or individual is to be paid per hour, indicate agreed upon rate per hour. This can be changed at any time by notifying the H-SL Coordinator. (However, recipient must comply with Wage and Hour regulations, if applicable, and must make necessary changes in agreements with providers.)
- C Average cost per week:** If appropriate, multiply A times B for average weekly cost. In addition, if provider receives a weekly salary, it should be indicated here.

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- D Average cost per month:** Accurate average monthly cost can be determined by first figuring Annual Cost and then dividing by 12.
- E \*\*Approved Annual Cost per Fiscal Year:** This can be calculated by multiplying C Weekly Cost by 52. In any case, this amount should be no more than the funding recommendation by the Council. The recipient can only be reimbursed this amount for the support over the Fiscal Year. Any change in this amount requires an approved plan amendment. Note that this column is also completed for one-time expenses.

Total Annual Amount, this page:

Total of the four or less supports on this page

Total Annual from page 2 (if any):

Total of any additional on-going supports from Page 2

Total Annual Ongoing:

Add the two above for the total on going for this plan

**\*\* Approved One-Time Expenses: per estimate\*:** The description of the expense approved will be on the estimate, which has been obtained and will be on file. The application requires one estimate, which will be the basis for the funding recommendation. The Regional Board may require additional estimates If the amount is for over a set amount. Securing additional estimates, if required, is part of the plan development. The amount entered in the \*\*Approved Annual Cost should be no more than the funding recommendation.

Provider - Contractor or Vendor:

List name of contractor or vendor as it is on estimate that has been approved.

Total One-Time Expenses (Add totals from page 2, if any):

Add the approved annual cost for each one-time expense on this page and any additional pages.

Total Plan - Total Annual On Going PLUS Total One-Time Expenses:

Enter total plan amount as indicated

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**Information on the Plan – Page 2**

If the plan has more than four ongoing or one-time supports, enter any additional ongoing or one-time supports on this page. Totals for this page will then be entered on the front page of the plan. If more than eight ongoing or one-time supports are part of the plan, additional 'Page 2s' can be used. Any Page 2 should be attached to the plan.

**Information on the Plan – Back of Plan**

The back of the plan contains information that the recipient, the family or the person responsible for implementing the plan must know. It includes the recipient responsibilities from Hart-Supported Living regulations. This should be reviewed carefully prior to the plan being signed. These aspects should be emphasized:

- (1) H-SL will only pay for services approved on the plan.
- (2) If the recipient wishes to change the supports received or the total annual amount for a support, the recipient must request an amendment in writing, it must be approved by the Coordinator or Review Team, and an amended plan must be developed prior to any payment being made.
- (3) It is the responsibility of the recipient to implement the plan by negotiating for service providers.
- (4) Recipients who hire employees or independent contractors must have signed agreements with the independent contractor or employee.
- (5) Recipients who are employers must compute and pay employer taxes, carry Workers' Compensation, if required, and must comply with Wage and Hour provisions, if required
- (6) H-SL Living cannot pay for 'duplicated' services (which mean services that the recipient is eligible to receive from another program) and the recipient must inform the Coordinator if supports are received from another source.
- (7) Recipients may not sell or donate equipment or another item purchased with H-SL funds without the written consent of the State Council.
- (8) H-SL grants must be terminated for a number of reasons, including not complying with employer responsibilities.

**Documentation of Expenditure**

Review regional procedures for receiving billing and paying H-SL expenses as approved by the plan. Note the requirements that bills are to be submitted within thirty days.

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Signatures:

- (1) The plan **must** be signed by the recipient or the legal representative. If the recipient has a guardian, the guardian should sign.
- (2) The plan **must** be signed by the Regional Coordinator or other Regional Board representative.
- (3) If a family member or other person (or agency) is responsible for implementing the plan, the person should also sign.
- (4) Other signature: If the regional program requires a signature by any other person, use this line, e.g. if a Support Coordinator was involved in the plan, the 'other signature' line could also be used.

Additional Information for Recipients:

At the time the plan is developed, recipients should be offered information necessary to implement their plan. Recipients whose plans include hiring employees should be given information on hiring procedures, withholding, paying employer taxes, etc. Recipients who will hire a contractor should be given information on this process. See Chapter Nine, "Getting Plans Started." The recipient should be provided with a 'final' signed copy of the plan.

**Plan Amendments**

A plan amendment is defined in Section 1 of the regulations as "a written, documented change in a supported living plan in the same fiscal year." The regulations also require that a recipient "adhere to the supported living plan and request a plan amendment for a desired change." The Hart-Supported Living statute defines the program as grants, which provide a broad category of highly flexible, individualized services. When it is necessary to provide flexible, individualized services, the H-SL plan may need to be amended.

Changes to the plan which do not involve changing the supports provided or the total annual amount approved for a budget line item (the sections **\*\*asterisked** on the plan) can be made by the recipient notifying the Coordinator of the change. A change in the individuals or agency hired to provide services or the rate paid per hour, for example, can be made by notification, so long as the amount for that budget item does not change. The recipient should be reminded that a new employment agreement might be necessary if such changes are made.

If the recipient wants to change what services are provided or the total annual amount for a budget item during the fiscal year, the recipient must request a plan



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amendment. A *Request for Plan Amendment* form must be completed. The recipient will request the amendment; the Coordinator may complete the form to request the amendment.

Important Note: If the request does not change the total grant amount or increases it by \$500 or less, the amendment may be approved by the Regional Coordinator. If the amendment is for an increase of more than \$500, or if it is referred by the Coordinator, then the request is reviewed by the Review Team. All requests for amendments requiring approval, by either the Coordinator or Review Team, will be made in writing on the *Request for Plan Amendment* form.

### **Process for Completing Request for Plan Amendment Form**

#### Page 1:

- (1) The name of the recipient and the assigned H-SL number should be entered
- (2) The name of the person preparing the request should be indicated. The form can be completed by the recipient, the person managing the plan or by the Coordinator in consultation with the recipient
- (3) The date the request is made should be indicated
- (4) Check all that apply in the summary:
  - (a) If the grant amount stays the same and the person just wants to move funds from one or more already approved services to other approved services, check the first box in the upper section. (Example: move funds from ‘personal care’ to ‘transportation’).
  - (b) If the grant amount stays the same but the recipient wants to take money from approved service(s) and use it for a new service, check the second box in the upper section. (Example: take money from ‘community resource developer’ and use it for a computer.)
  - (c) If the grant amount is to be increased by adding funds to an approved support, check the first box in the lower section. (Example: An increase in Respite due to caregiver’s hospitalization)
  - (d) If the grant amount is to be increased by adding a new budget item, check the second box in the lower section. (Example: Requesting a lift for a van)
  - (e) If the grant amount is to be increased for either of the reasons above, but money is also being moved from an already approved support, check the third box in the lower section. (Example: Recipient wants to use \$500 from personal care and an additional \$500 for a home modification)

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- (f) If the additional amount is just for this fiscal year and will not “carry-over” to the next fiscal year, check the fourth box in the lower area. (Example: Recipient is requesting additional respite when caregiver is in hospital on a temporary basis).
- (g) If the recipient is asking that the increase in the grant amount be permanent and carryover to the next fiscal years, check the last box. (Example: Recipient is asking for additional funds to pay for a CPA to assist with taxes).

Page 2:

- (1) Summarize the recipient’s current plan by listing the current total grant amount and then each support and the annual amount. This will enable anyone reviewing this request to know what the original plan is.
- (2) Summarize the amended plan as proposed by listing the proposed grant amount after the amendment, the amount of any increase and then each support that would be on the amended plan and the annual amount for each support. If the requested amendment is approved, this will be the basis for the amended plan.

Page 3:

- (1) Question 1: If the recipient is asking to increase a current support, either by moving funds from another support or by increasing the grant, the recipient should explain why the additional funds are needed. (If this is not a request to increase a current support, this can be left blank).
- (2) Question 2: If the recipient is asking to add a new support, either by moving funds from another support or by increasing the grant, the recipient should explain why the new support is needed. (If this is not a request for a new support, this can be left blank).

Page 4:

- (1) If the recipient wants to use funds from a current support to fund a different support, the recipient should explain why that support is being reduced or eliminated. In some cases, the recipient may need both supports but the need for one is greater than the other. There should be, in any case, an explanation of why the support can be reduced or eliminated. (If this is not a request that will reduce or eliminate a support, this can be left blank).
- (2) If the recipient is asking for an increase in ongoing supports, the recipient should explain whether it will be just for this fiscal year or if it will be a

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permanent increase and the reasons why. (If this is not a request to increase an ongoing support, this can be left blank).

Page 5:

- (1) If there is any other information that the recipient wants to include, it should be added here.
- (2) This page also lists the required attachments.

**Process for Amendment Request Review and Documentation**

After the *Request for Amendment* form is completed, the Coordinator will complete the *Request for Amendment Cover Sheet and Summary*.

If the requested amendment is for the same total grant amount or for an increase of \$500 or less: The Coordinator can either approve the amendment and check the upper box, or can refer the amendment to the Review Team. If the Coordinator approves the amendment, the cover sheet, along with the request will be placed in the recipient's file and the plan may be amended by initialed changes on the original plan.

If the requested amendment has been referred to the Review Team or if it is for an increase of greater than \$500, these steps will be followed:

- (1) The date referred to the Review Team will be entered
- (2) Any applicable additional information, especially as to need, principles, possible duplication, and the availability of funds should be written in the space provided. If it is necessary additional pages may be attached.
- (3) Write in the name of each review team member, including the Region #.
- (4) Fax, mail, or send electronically the *Request* and *Cover* sheet to each Review Team member. If sent electronically, remove any name or other identifying information. Remember to transmit any required attachments such as estimates and letters from doctors or therapists. If the *Request* or attachments are faxed, it is best practice to notify the receiving Coordinator by phone or e-mail that a fax is coming.
- (5) Each Review Team member will respond by, e-mail, fax or mail, with an "approve" or "disapprove." If there is a "disapprove," the Team Member will indicate the reasons. The Coordinator will document the "approve" or "disapprove" on the cover sheet. For any "disapprove," the reasons will be indicated on the cover sheet.
- (6) There can be no more than one "disapprove" for an amendment to be effective.

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- (7) The cover sheet and the Request will be placed in the recipient's file and the plan amended, if approved.

### **Considerations for Amendments**

An amendment request should be considered in terms of need (does the recipient need what is being requested?), principles of Hart-Supported Living (how does the requested amendment support the recipient to live in and be part of the community?), the potential for duplication (is the recipient entitled to receive this from another program?) and whether funds are available in the region. Some factors to consider:

- (1) An amendment request, which appears to merely convert unused funds to an unneeded support, should not be approved just because the recipient will have 'extra' money at the end of the fiscal year (E.g. a request to move funds from personal care to vacation or to purchase an aboveground pool). An amendment request should be based on a changed circumstance.
- (2) Most amendments for increased ongoing supports should be for the remainder of the fiscal year, e.g. increased need for respite due to caretaker hospitalization. Permanent increases should be requested through a Section 4 request process and the amendment process should not usually be used to obtain a permanent increase.
- (3) No amendment can be approved without available funds in the region's allocation.
- (4) The Coordinator should indicate all factors relating to need, principles, duplication and the availability of funds on the Cover Sheet of the Request.

### **Continuing Annual Plans**

When submitting the *Request for Renewal*, recipients are asked to attach a copy of the plan that they are requesting for the next year. They have been sent a copy of the current year's plan and a blank plan form with the *Request*. Some Coordinators will consult with the recipient and send a plan that can be signed and returned based on the request. The signed plan returned by the recipient can be used as the H-SL plan, following these guidelines:

- (1) The Review Team as a funding recommendation must have approved the requested plan. If the funding recommendation is different from the request plan, the plan cannot be used.
- (2) The plan must be signed and dated by the Coordinator to show that it is the approved plan. (A plan signed only by the recipient and person responsible could be considered merely a requested, not approved plan.)

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- (3) A copy of the completely signed plan should be sent to the recipient.

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**Other Responsibilities: Meetings, Trainings, Records, etc**

**Coordinator Requirements**

Coordinators are required to attend the quarterly Joint meetings of the State Council. The State Supported Living Council usually meets monthly, but every quarter a 'joint' meeting with Regional Coordinators is held. This is the required meeting.

Coordinators are also required to attend two Coordinator meetings per year. At least one of these meetings is a retreat, which involves an overnight.

Boards are required to keep applications, plans and Quarterly Reports on file.

**Suggestions/Best Practice**

State Council Meetings - Regular and Joint:

The State Council usually meets every month. Currently the Council's regular meeting at the Hardin Co. /Communicare Conference Center in Elizabethtown. The meeting is usually the third Friday of each month. Coordinators and Regional Council members are encouraged to attend, if possible. Minutes of these meetings will be sent to Regional Coordinators. These minutes may be distributed to Regional Council members.

Every quarter, the State Council's monthly meeting is a Joint meeting with the Regional Coordinators. Regional Coordinators are *required* to attend and Regional Council members are strongly encouraged to attend. Currently, these meetings are alternating between Elizabethtown and Frankfort.

Regional Coordinators will be informed of these meetings through notices and 'news memos. 'Coordinators should make sure that Regional Council members are informed of these meetings.

Required Training for all Coordinators:

Two required training sessions per year will be scheduled. If possible, one of these training sessions will be a retreat involving an overnight usually at a State park. Typically, Supported Living pays for the training and accommodations while Coordinators and their agencies are responsible for travel and meals. Additional training, as needed, may be offered on an optional basis.

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Maintaining Records:

It is recommended that the following records be kept:

- (1) Permanent files for recipients - These would be files for each funded recipient, one-time and on going. Each file would contain:
  - (a) Applications: original funded applications and any applications for additional funds (whether or not funded). Scoring sheets could be filed with each application.
  - (b) Plans: all approved plans
  - (c) Correspondence to or from recipient
  - (d) Coordinator notes, if any
  - (e) Monitoring report forms
  - (f) Other information, if applicable
  - (g) Documentation of expenditure forms for one-time only

These files would be kept as either current or closed. One-time only recipients would be closed upon satisfactory completion of the support and monitoring. On-going recipients would be closed when the recipient no longer is receiving services and all the time for any reconsideration is past.

- (2) "Working" Documentation of Expenditure files for each fiscal year for each on-going recipient. These files would include a current fiscal year file for each recipient, which would contain Documentation of Expenditure Forms and budget tracking sheets. Depending upon size, these files from fiscal years that have closed could be combined for each recipient, kept in individual fiscal year files for each recipient, or combined for all recipients for a fiscal year. These files would be closed after the end of each Fiscal Year. The closed files could be combined or kept separate.
- (3) Unfunded applications for the current fiscal year, filed either in alphabetical order or in numerical order by assigned number. If filed in numerical order, a guide sheet indicating the name and number should be included. When the current fiscal year is over, these files should be kept by Fiscal Year. Often the original is returned the next year to the applicant to assist if he or she wishes to reapply. A copy of the application should then be kept in our files.

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Maintaining Files:

The regulations require that the board maintain files of applications, plans and quarterly reports. It is recommended that HIPAA standards be followed as to the length of time such records must be maintained. This would mean that closed recipient files and unfounded application files be kept for the recommended time.

Documentation of Expenditure files may be duplicated in other divisions of the Board. Coordinators should ensure that these records are maintained as required, but only one record in the agency should be kept.

Council Minutes and Records: Council minutes and records should be kept without 'purging.'

Maintaining Confidentiality:

Current Supported Living records should be easily accessible, but kept secure. HIPAA requirements for confidentiality should be met. This includes records kept in databases on the computer as well as 'paper' records. Closed files and records should also be secure.



<b>HART SUPPORTED LIVING (HSL) Processing Documentation of Expenditure Forms</b>	<b>DAIL – HSL – 11.11</b>
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## **Processing Documentation of Expenditure Forms**

### **Coordinator Requirements**

The Coordinator is required to arrange for payments for currently funded Hart-Supported living plans. Those duties are:

- (1) Receiving bills or other documentation that a service has been provided;
- (2) Verifying the service as a part of the established plan;
- (3) Approving payment; and
- (4) Keeping a record of payment

The Coordinator also arranges for billing and payment directly to a vendor for one-time expenditures or to an agency as requested by a grant recipient.

The contract agency (Regional Board) has fiscal accountability for the state funds designated for the program. Coordinators should understand and follow the Regional Board's procedures and timelines for requesting and documenting payments for Hart-Supported Living.

### **Suggestions/Best Practices**

#### Receiving Bills or Other Documentation That a Service Has Been Provided

When the initial plan is developed, recipients should receive a sufficient quantity of Documentation of Expenditure forms. Alternatively, recipients can submit sufficient documentation to show a support has been provided, and the Coordinator completes the form and attaches the documentation. Recipients should receive instructions on the process required for submitting requests for payments.

Coordinators should 'process' these forms for payment at least once a month, but they may be processed as frequently as once a week. The recipient should be informed of when and where forms are due in order for payment to be received on a timely basis. Requests for payments should be received within thirty days from the support being provided.

Hart-Supported Living is essentially a reimbursement plan. The recipient incurs an expense that is on the plan and then requests payment for that expense. In some cases, there have been provisions where the recipient can be advanced 1/12 of the amount of the plan. In these cases, documentation that the funds have been

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expended as required by the plan should be received prior to the next payment being advanced.

#### Checking Against the Plan

Recipients can only be reimbursed for supports and services on their Hart-Supported living plan. Any request for a payment for a support that is not on the plan must be denied. Recipients must have a clear understanding that, if necessary, an amendment must be requested and approved and the plan amended prior to any payment being made. Recipients must also stay within the approved annual amount for each support. If a recipient wishes to move funds from one support to another, an amendment must be requested and approved.

In order for Coordinators to determine that a request on a Documentation of Expenditure form can be approved, it is recommended that a budget sheet for each recipient be maintained that starts with the approved amount for **each** budget item, with continuous subtractions for each payment made.

#### Who Receives Payment?

Generally, payment is made to the recipient who is reimbursed for payments already made or who in turn uses the funds to pay for the supports on the plan that have already been provided. These payments are not considered income to the recipient because it is a 'legislatively provided social benefit program for the promotion of general welfare objectives' (IRS Rev. Rul. 74-205, 1974-1 C.B. 20). However, when the recipient uses the funds to pay an employee for services, it is income to the recipient's employee. A payment directly to a provider who is an employee of the recipient may cause confusion as to who the employer is: the recipient or the Board.

Payment can be made directly to a vendor for one-time only supports or directly to an agency if requested by the recipient.

#### Necessary and Sufficient Documentation

The recipient should submit sufficient documentation to show that the support was received. Here are some examples of documentation for various supports:

- (1) Wages for supports provided by an employee such as a Community Resource Developer, Personal Care Attendant, Respite Provider, etc.: documentation that includes at a minimum the following: 1) Support provided 2) Dates 3) Hours 4) Gross wages due and 5) Signature of the

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Employee. The recipient could use the timesheet kept for wage and hour purposes, signed by the employee or could include this information of the front of the Documentation of Expenditure form and have it signed by the employee.

- (2) Payments for Employer taxes, includes Employer's share of Social Security and Medicare, Federal Unemployment and State Unemployment. With each request for reimbursement for employee gross wages, the recipient could also request an amount to pay the employer taxes due on those wages. This would be based on multiplying the gross wages by 11.15%. This would include 7.65% for employer's share of Social Security and Medicare, 2.7% for the first \$8000 in wages for each employee for Kentucky Unemployment, and .8% for the first \$7000 in wages for each employee for Federal Unemployment. Alternatively, the recipient could calculate the amount due for these taxes on a quarterly basis and submit the quarterly taxes for federal and state. These would **not** include the amounts withheld from employee's gross wages for employees' share of Medicare and Social Security or income tax withholding since gross wages would already have been paid.
- (3) Reimbursements for Mileage for transportation: A form signed by the individual providing the transportation with the date, purpose and number of miles for each trip.
- (4) Payments for purchased services such as taxis, equipment, and home health care: receipts or bills should be attached.

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### **Monitoring/Quality Assurance**

There are two types of monitoring activities related to Supported Living: A) Review of Regional Supported Living programs by the Division and the State Supported Living Coordinator and B) Monitoring of individual recipients of one-time-only and on going services by the Regional Coordinators.

#### **A. Review of Regional Programs**

The State Supported Living Coordinator shall review each Regional Supported Living Program at least every two years. The review will be in conjunction with the Region-wide review of SGF (State General Funds) programs by the Division in years the Region is also reviewed. In alternate years, a review of the Supported Living program will be conducted as determined by the State Supported Living Coordinator.

Monitoring activities shall include:

- (1) Review records and interview the Regional Coordinator and others, as appropriate, to determine procedures and activities ensuring implementation of Supported Living Statute and Regulations. Records reviewed will include notices and agenda of Council meetings, budget information provided to Councils, member reimbursement, financial expenditure forms, Council minutes, notices, databases, scoring sheets, Supported Living plans, monitoring reports, Documentation of Expenditure forms, Quarterly reports, liability insurance, Council budget and Client satisfaction surveys. The State Coordinator will notify the Regional Coordinator of documentation required at least three weeks prior to the monitoring visit.
- (2) In-Home visits to at least ten percent of recipients, but no less than two on-going recipients and one one-time-only recipient (who received service within the past Calendar year.) At least three weeks prior to the monitoring, the State Coordinator will submit to the Regional Coordinator a list of potential recipients to be visited that include at least two more recipients in each category than will be required for home visits. The Regional Coordinator will arrange for the required number in-home visits at a time that is convenient to the recipient and his/her family. In no case, will a recipient be required to participate in in-home monitoring as part of the review of the Region.
- (3) Survey the Regional Council members. One month prior to the monitoring visit, Regional Council members will be mailed a survey and asked to return it in an enclosed stamped envelope to the State Coordinator. Regional Council members will also be informed of how to contact the Division and

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the State Coordinator with questions and concerns. Upon completion of review activities in conjunction with the Division, a review report for Supported Living will be incorporated into the over-all review report for the Region. Whether or not the monitoring is in conjunction with the Division, an individual review report for Supported Living will also be written and provided to the Regional Coordinator and MR/DD Director within thirty days of the review visit. The individual monitoring report will include commendations, suggestions for best practice and needed activities to meet Supported Living requirements.

A copy of the review report will be made available to the State Council at its next meeting. The State Coordinator will conduct follow-up on issues raised in the review by telephone or visit as appropriate. The State Council may recommend an additional formal review visit prior to the next formal review period.

## **B. Monitoring of Individual Recipients**

### **Coordinator Requirements**

Requirements for Regional Coordinators monitoring individual recipients are currently found in 908 KAR 2:080 Quality Assurance Standards for Supported Living Services. A summary of these requirements is as follows:

- (1) One-time-services must be monitored within three months of the completion of the service. Monitoring may be accomplished by telephone or personal visit.
- (2) On-going services must be monitored within 90 days of the award of the funding agreement, annually thereafter.
- (3) On-going services monitoring must include a home or site visit, meeting with the recipient and the designee, if appropriate, and a review of the plan and appropriate records.
- (4) All monitoring shall assess the appropriateness of the plan and the services provided, determine if the plan is being implemented correctly and identify any modifications, unmet needs or corrective action items.
- (5) Monitoring reports shall be written which identifies any corrective actions needed, be submitted to individual or agency providers and the recipient or their designee. Corrective actions shall be completed within the time period identified in the written report and appropriate steps documented.

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### **Suggestions/Best Practice**

The State Supported Living Council has approved the use of three monitoring forms:

- (1) One-Time Services,
- (2) On-Going Services: Initial Monitoring, and
- (3) On-Going Services: Annual Monitoring

### **One-Time-Only Monitoring**

Monitoring of one-time supports and services must be completed within three months of completion. It is suggested that, when appropriate, the Coordinator monitor recipient satisfaction with the one-time service prior to final payment being made to a contractor, etc. Within three months of the completion of the one-time service, a full monitoring must be completed. This monitoring can be made by telephone or by home visit, although a home visit is strongly recommended when possible. In discussing unmet needs with the recipient/family, be prepared to suggest alternate supports or additional applications for Supported Living.

It is suggested that this two-page form be copied front and back on a single sheet. The completed monitoring form should be kept in the recipient's file.

### **Ongoing Services: Initial Monitoring**

[On-going services must be monitored within 90 days 'of the award of the funding agreement.' Assuming this means within 90 days of the Regional Council making a funding recommendation, the time frame for monitoring would be as follows. Typically, the Council makes funding recommendations after the applications have been received on April 1 and before the start of the Fiscal year on July 1. The Coordinator then develops a plan with the recipient within 30 days. At the time the plan is developed, the Coordinator provides the recipient with information necessary to implementing the plan, especially information on employer responsibilities as well as information on submitting Documentation of Expenditure forms, etc. The Coordinator may continue to provide information and support in the implementation of the recipient's plan. Within 90 days of the funding recommendation, the Coordinator will make a home or site visit for formal monitoring. This will usually be in the first three months of the Fiscal Year. A major focus of this monitoring is to determine whether the recipient is implementing the plan in accordance with the requirements of Supported Living. It will provide an opportunity for the Coordinator to provide any additional assistance needed in implementing the plan.

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Part I – STATING YOUR PLAN – This section will help determine where the recipient is in implementing the plan and whether additional assistance is required. Determining whether a support is being provided by an agency or individual will determine whether Section II – Review of Employment should be completed.

Part II – REVIEW OF EMPLOYMENT - This section should be completed if the recipient has hired an individual to provide services whether the individual is an independent contractor or an employee. The questions in this section should clarify whether requirements for hiring independent contractors and employees are being met.

**NOTE:** If the Recipient has not yet fully implemented the plan at the time initial monitoring is required, e.g. not yet hired employees, etc., it may be necessary to do follow-up monitoring at a later date to complete this initial monitoring.

Part III – MANAGING YOUR PLAN – This section is for all on-going recipients and determines whether the recipient has the information necessary to manage the plan such as the procedures for amendments and documentation of expenditure forms. Be prepared to discuss unmet needs and other possible sources of support. The recipient should be reminded to report to the Coordinator if additional supports are received.

Part IV – SUPPORTED LIVING ANALYSIS – This section refers to the principles of Supported Living in promoting choices, participation in the community, development of relationships, and learning new skills. Be prepared to discuss appropriate strategies for continuing to promote these principles.

Coordinators should follow-up this monitoring when appropriate to continue to assist the recipient in implementing the plan. Follow-up monitoring to complete the initial monitoring should be conducted as needed. A copy of the monitoring form and any follow-up monitoring should be kept in the recipient’s file.

**Ongoing Services: Annual Monitoring**

After the initial 90-day monitoring process, on-going recipients must be monitored annually. On-going recipients should be monitored approximately one year following the completion of the initial monitoring. At a minimum, annual monitoring should be completed sometime in the fiscal year following the fiscal year in which initial monitoring was completed and then in every following fiscal year. Scheduling of annual monitoring should meet the needs of recipients. Annual monitoring must be in home or on site.

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Annual monitoring focuses on implementation of current plan, including changes that have occurred and planning for future needs. It will provide an opportunity for the Coordinator to provide any needed assistance with implementing changes and to plan for anticipated changes and needs.

**I - REVIEW OF CURRENT PLAN/FUTURE NEEDS** – This section reviews the implementation of the current plan, including any changes and provides a basis for discussion of unmet needs and anticipated changes.

**II - MANAGEMENT AND ACCOUNTABILITY**

Part 1 — This section is only for recipients who hire individual providers, whether independent contractors or employees and provides a review of recordkeeping and employer responsibilities. If appropriate, the more detailed Part II from the Initial monitoring form can be used.

Part 2 – This section is for all recipients and concerns general management of the plan.

**III – ANALYSIS OF SUPPORTED LIVING** – This section focuses on the principles of Supported Living, and how the plan has worked for the recipient over the past year.

The Coordinator should follow-up as necessary and provide assistance or training as needed. The monitoring forms should be kept in the recipient's file.



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## **Assisting Recipients with Employer Responsibilities for Taxes, Worker's Compensation, and Unemployment Insurance**

### **Note to Coordinators:**

As discussed in Chapter VII of the Regional Hart-Supported Living Coordinators' Manual, Coordinators are responsible for providing information about recordkeeping, taxes, unemployment insurance and worker's compensation insurance to recipients. In providing this information, it should be made clear that you are not giving tax or legal advice, but are informing the recipient of his or her responsibilities in this area and providing information about how to meet those responsibilities. Please make sure that the recipient knows that Section 6 of the 908 KAR 2:190 require the recipients who are employers to be responsible for the 'computation or required employee payroll, withholdings, workers' compensation, unemployment and actual payment of required withholdings, taxes and disbursements appropriate to being an employer.' Also, make sure that the recipient knows that under Section 7 of the Regulations, a Supported Living grant can be terminated if the recipient 'does not comply with employer responsibilities if applicable.'

Here are some basic principles to keep in mind when assisting recipients:

- (1) Employee or Independent Contractor? If the person hired is an employee, then the employer will have to withhold, pay taxes, etc. (with some exceptions). If the person hired is an independent contractor, then the independent contractor pays the taxes, etc. Some people may think that they can avoid the responsibilities of being an employer by simply calling the person they hire an independent contractor. This is not true. It is the substance of the relationship, not the label that determines whether a person is an employee. It also does not matter whether the person works full-time or part-time. A person is an employee if the employer can control what will be done and how it will be done. This is true even if the employee is given freedom of action. What matters is that the employer has the right to control details. With an independent contractor, you have only the right to control or direct the result, not the means or methods. Usually, an independent contractor offers services to the public. Many individuals hired by recipients would be considered employees. You can get more information about this in IRS Publication 15-A. There is also a form that can be completed for the IRS to determine if a person is an employee or independent contractor.

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- (2) Household Employees: Most individuals hired by recipients under Supported Living are household employees. There are somewhat different rules for household employees than for regular employees. For example, information about household employees is filed using Schedule H attached to the recipient's Income Tax form.
- (3) What Does an Employer Need to Do? With the exceptions listed below, the employer **MUST** withhold and pay social security and Medicare taxes, and pay federal and state unemployment tax. The employer may have to withhold local taxes. The employer is not required to withhold state or federal income tax, but, with the agreement of the employee, it is recommended that it be done. Otherwise, the employee is responsible for having the funds to pay their taxes and may need to file quarterly estimated income tax. The employer is required to have Worker's compensation insurance only if there are more than two full-time employees.
- (4) When Does an Employer NOT Need to Pay Employment Taxes?
  - (a) If you paid the employee less than \$1300 in the calendar year (applies to 2001 and 2002); Note **that this is calendar, not fiscal year.**
  - (b) The employee is the recipient's spouse.
  - (c) The employee is the recipient's child age 20 or younger.
  - (d) The employee is the recipient's parent (with some exceptions.)

The individual recipient is responsible for making sure the appropriate taxes are reported and paid. The cost of taxes and insurance can be included on a Supported Living plan. In addition, the cost of paying someone with knowledge (accountant, etc.) in this area to assist the recipient in fulfilling these responsibilities can also be included on the Plan.

Please refer to the Household Employers Guide to taxes. This guide may be used when explaining recipients' responsibilities. The introductory page is reproduced below. The entire guide is included in the pocket part of this manual.

### **Household Employers Guide to Taxes - Introduction**

As a Supported Living grant recipient, you may become an employer if you hire someone to provide services for you. As an employer, you have certain reporting and recordkeeping responsibilities. It is your responsibility to comply with the requirements of the federal, state, and local government. Supported Living regulations require you to do this and failure to do so could result in loss of your grant.

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DISCLAIMER: The Supported Living program has no authority or responsibility regarding employer tax obligations. Funds may be made available to you under your Supported Living plan to meet these obligations, but it is your responsibility to meet the obligations. All forms enclosed are examples of current forms. The forms may change at any time. Reporting requirements may also change. YOU ARE RESPONSIBLE for keeping in contact with the appropriate authorities to keep current on your reporting requirements as an employer. This guide is available to assist you in your requirements as an employer; however, it should be used in conjunction with official information you receive from the tax authorities. If necessary, please employ a person with knowledge in this area to assist you. You may request that funds to pay this person be included in your Supported Living Plan

If you are not sure whether the person you have hired is an employee or an independent contractor (self-employed), please refer to the IRS Publication 15-A, Employer's Supplemental Tax Guide. It does not matter how the relationship is labeled, or what you and the person you hire agree to call it. What matters is the substance, not the label. If you can control what will be done and how it will be done, the person is an employee. This is so even if you give the employee freedom of action. What matters is that is that you have the right to control details. With an Independent Contractor, you have only the right to control or direct the result, not the means or methods. For example, if you employ an individual to come to your house to provide personal care, that person would most likely be an employee. If you hire a CPA to assist you with employment taxes, that person would most likely be an independent contractor.

As an employer, you are required by the United States government to withhold Social Security and Medicare Taxes from you employee's check. This amount must then be matched by you, the employer, and reported at the end of the year.

You are not required to withhold federal or Kentucky income tax from wages you pay a household employee. You should withhold federal and Kentucky income tax only if your household employee asks you to withhold it and you agree. If you withhold federal income tax, your employee must complete a form W-4.

You may be required to withhold local income taxes. You need to contact your local tax authorities to determine any withholding and reporting requirements.

If you have more than two full-time employees, you are required to carry Worker's Compensation Insurance.

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As an employer, you are required to obtain an Employer Identification Number and a Kentucky Unemployment account number. If you choose to withhold Kentucky taxes, you are also required to obtain a withholding account number

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## **Process for Reconsideration**

### **Coordinator/Board Requirements**

The requirements for the Reconsideration process are found in Section 8 of 908 KAR 2:190. The Reconsideration process is for recipients who disagree with a decision by the Supported Living Coordinator or the Supported Living Council.

Section 9 of the regulations gives a non-funded applicant the ability to appeal the decision not to fund the application by going directly to an administrative hearing within thirty after notification that the application was not funded. That appeal can be made only on the basis that the Supported Living Council failed to comply with Section 3.

### **Suggestions/Best Practice**

The following is the reconsideration process as approved by the State Supported Living Council:

- (1) All recipients are to be given written notice of the reconsideration process at these times:
  - (a) When first Supported Living plan is developed
  - (b) Annually thereafter – at monitoring visit or at time annual plan developed
  - (c) Whenever a decision is made by the Regional Council, which would be considered adverse to the individual, recipient
- (2) The Regional Coordinator will provide assistance, if requested, with the written request for reconsideration.
- (3) Alternate forms of dispute resolution such as mediation are strongly encouraged. Recipients do not give up their ability to proceed with reconsideration if they participate in mediation so long as the request for reconsideration is received within the required thirty days. Mediation may start or continue even after the request for reconsideration is made. If possible, an outside mediator who is not the Regional Coordinator should be used.
- (4) The Regional Council should review the request for reconsideration as soon as possible within thirty-(30) days of receiving the request. A special meeting of the Council can be called for this purpose.
- (5) The Regional Council will review the request for reconsideration with reference to the Statute, Regulations and Principles of Supported Living.

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The written response provided to the recipient within seven days of the decision by the Regional Council will include the reasons for the decision. The decision and the reasons will also be noted in the Minutes of the meeting.

- (6) If the recipient is not satisfied by the Regional Council’s decision, he or she may request reconsideration by the State Council. The request is submitted to the Regional Coordinator and shall be within thirty days of receiving the written response from the Regional Council.
- (7) The Regional Coordinator will forward the request with supporting documentation to the State Coordinator. The Regional Coordinator will also forward the following documentation, if not already included:
  - (a) Original application of recipient and any additional applications
  - (b) Initial and all subsequent Supported Living plans including amendments
  - (c) Any documentation of expenditure forms relating to issue
  - (d) Regional Council minutes related to issue
  - (e) Correspondence and notes related to issue
- (8) The State Council will review the request for reconsideration and supporting documentation. The State Coordinator will arrange for a meeting for reconsideration as soon as possible at a time and place that is convenient to those required to be present. The State Coordinator will distribute written documentation to all persons required to be at a meeting for reconsideration.
- (9) The meeting for reconsideration must include the following: a) the recipient or a designee; b) the Chairman of the State Supported Living Council or a designee and two other State Council members; and c) the Chairman of the Regional Supported Living Council or a designee and one other Regional Council member.
- (10) The recipient may also request that others who have special knowledge of the issue attend the meeting. The recipient is to notify the State Coordinator at least five working days prior to the meeting of any additional individuals who will attend and of any need for accommodation for these individuals or the recipient.
- (11) The Regional Coordinator may attend the reconsideration meeting but not as advocate or spokesperson for either the recipient or Regional Council. The Regional Coordinator may respond to allegations and assertions as to his or her actions as Coordinator and will respond to questions by the State Council.

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- (12) The State Council Chair or the designee will preside at the reconsideration meeting. The meeting is informal and does not follow Kentucky evidentiary rules. The meeting will follow this format:
- (a) The recipient or the designee will make a statement as to what is being requested, the reasons why the request should have been approved, and any other relevant information. The recipient may also request that additional individuals who have special knowledge or information make statements.
  - (b) The Regional Council Chair or designee will make a statement as to the reasons for the Council's decision.
  - (c) The recipient or designee may respond to any issues raised.
  - (d) The Regional Council Chair or designee may respond to any issue raised.
  - (e) The members of the State Council may ask questions of any person and may request additional documentation or information.
- (13) The three State Council members will draft a written decision on the request for reconsideration based on the Statute, Regulations and Principles of Supported Living. The State Supported Living Council will issue a written response to the recipient and the Regional Supported Living Council within thirty days of the reconsideration meeting. The recipient will be notified that if the recipient disagrees with determination, the recipient may request an administrative hearing within thirty days of the receipt of the decision.
- (14) During any time that there is a disagreement with a recipient over use of specific funds, the Regional Council must keep those funds available for use by the recipient in case a reconsideration by the Regional Council or the State Council or a decision in an Administrative hearing would mean that the funds would become available to the recipient.
- (15) The funds would become available to Regional Council for allocation for other uses as follows:
- (a) Thirty-(30) days after notification of any Regional Council's decision if no request for reconsideration by the Regional Council has been received
  - (b) Thirty-(30) days after a written response of the Regional Council's decision as to a reconsideration has been sent to the recipient if no request for reconsideration by the State Council has been received.
  - (c) Thirty-(30) days after a written response of the State Council's decision as to a reconsideration has been sent to the recipient if no request for an administrative hearing has been made.

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### **Request for Administrative Hearing**

An administrative hearing may be requested by:

- (1) A recipient who disagrees with the determination for reconsideration made by the State Council
- (2) An applicant who was not funded because the Regional Council failed to comply with Section 3 of 908 KAR 2:190.

The request for administrative hearing must be made within thirty-(30) days of receipt of notification of:

- (1) The decision of the State Council as to reconsideration, or
- (2) Notification that the application was not funded.

The written request for an administrative hearing shall be submitted in writing to:

Commissioner of the Department for Aging and Independent Living  
275 East Main Street, 3E-E  
Frankfort, Kentucky 40621

The written request for an administrative hearing shall include the following: name, address, telephone number, a decision to be reconsidered, a reason for a decision to be reconsidered, documentation-supporting request for reconsideration, and signature of person requesting reconsideration.

### **Other Responsibilities: Meetings, Trainings, Records, etc**

#### **Coordinator Requirements**

Coordinators are required to attend the quarterly Joint meetings of the State Council. The State Supported Living Council usually meets monthly, but every quarter a 'joint' meeting with Regional Coordinators is held. This is the required meeting.

Coordinators are also required to attend two Coordinator meetings per year. At least one of these meetings is a retreat, which involves an overnight.

Boards are required to keep applications, plans and Quarterly Reports on file.



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### **Suggestions/Best Practice**

#### State Council Meetings: Regular and Joint

The State Council usually meets every month. Currently the Council's regular meeting at the Hardin Co. /Communicare Conference Center in Elizabethtown. The meeting is usually the third Friday of each month. Coordinators and Regional Council members are encouraged to attend, if possible. Minutes of these meetings will be sent to Regional Coordinators. These minutes may be distributed to Regional Council members.

Every quarter, the State Council's monthly meeting is a Joint meeting with the Regional Coordinators. Regional Coordinators are *required* to attend and Regional Council members are strongly encouraged to attend. Currently, these meetings are alternating between Elizabethtown and Frankfort.

Regional Coordinators will be informed of these meetings through notices and 'news memos. 'Coordinators should make sure that Regional Council members are informed of these meetings.

#### Required Training for All Coordinators

Two required training sessions per year will be scheduled. If possible, one of these training sessions will be a retreat involving an overnight usually at a State park. Typically, Supported Living pays for the training and accommodations while Coordinators and their agencies are responsible for travel and meals. Additional training, as needed, may be offered on an optional basis.

#### Maintaining Records

It is recommended that the following records be kept:

- (1) Permanent files for recipients - These would be files for each funded recipient, one-time and ongoing. Each file would contain:
  - (a) Applications: original funded applications and any applications for additional funds (whether or not funded). Scoring sheets could be filed with each application.
  - (b) Plans: all approved plans
  - (c) Correspondence to or from recipient
  - (d) Coordinator notes, if any
  - (e) Monitoring report forms

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- (f) Other information, if applicable
- (g) Documentation of expenditure forms for one-time only

These files would be kept as either current or closed. One-time only recipients would be closed upon satisfactory completion of the support and monitoring. On-going recipients would be closed when the recipient no longer is receiving services and all the time for any reconsideration is past.

- (1) "Working" Documentation of Expenditure files for each fiscal year for each on-going recipient. These files would include a current fiscal year file for each recipient, which would contain Documentation of Expenditure Forms and budget tracking sheets. Depending upon size, these files from fiscal years that have closed could be combined for each recipient, kept in individual fiscal year files for each recipient, or combined for all recipients for a fiscal year. These files would be closed after the end of each Fiscal Year. The closed files could be combined or kept separate.
- (2) Unfunded applications for the current fiscal year, filed either in alphabetical order or in numerical order by assigned number. If filed in numerical order, a guide sheet indicating the name and number should be included. When the current fiscal year is over, these files should be kept by Fiscal Year. Often the original is returned the next year to the applicant to assist if he or she wishes to reapply. A copy of the application should then be kept in our files.

Maintaining Files:

The regulations require that the board maintain files of applications, plans and quarterly reports. It is recommended that HIPAA standards be followed as to the length of time such records must be maintained. This would mean that closed recipient files and unfounded application files be kept for the recommended time.

Documentation of Expenditure files may be duplicated in other divisions of the Board. Coordinators should ensure that these records are maintained as required, but only one record in the agency should be kept.

Council Minutes and Records: Council minutes and records should be kept without 'purging.'

Maintaining Confidentiality:

Current Supported Living records should be easily accessible, but kept secure. HIPAA requirements for confidentiality should be met. This includes records kept in

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databases on the computer as well as 'paper' records. Closed files and records should also be secure.