
Rules of
Department of Mental Health
Division 45—Division of Mental Retardation and
Developmental Disabilities
Chapter 4—Financial Procedures

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Title 9—DEPARTMENT OF MENTAL HEALTH

Division 45—Division of Mental Retardation and Developmental Disabilities Chapter 4—Financial Procedures

9 CSR 45-4.010 Residential Rate Setting

PURPOSE: This rule prescribes procedures for establishing per-diem base rates for certain waiver and nonwaiver residential providers which accept persons with mental retardation under the department's community placement program.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(1) Terms defined in sections 630.005 and 633.005, RSMo are incorporated into this rule. As used in this rule, the following terms mean:

(A) Administrative costs—all support and indirect service costs as defined in the rate packet. Administrative costs include: 1) staff time spent in administration, 2) staff time that cannot be directly associated with a specific service and 3) other costs that are not directly associated with a specific service. Administrative costs include management fees and home office and central office costs;

(B) Administrative salaries—salaries or portions of salaries, including fringe benefits, which support administrative functions or staff time not directly associated with specific services;

(C) Alternative rate with an end date—rate of reimbursement for a specific time limited period;

(D) Ancillaries—time-limited reimbursement for individual client-specific costs or services included in the individualized habilitation plan (IHP) which are not a part of the per-diem base rate;

(E) Community placement program—an array of residential facilities and specialized

services licensed, certified or funded by the department ;

(F) Direct care salaries—nonadministrative salaries or portions of salaries, including fringe benefits, paid to staff associated with direct client care and habilitation;

(G) Division—the Division of Mental Retardation and Developmental Disabilities;

(H) Extraordinary circumstance—a situation beyond the control of a residential facility which is not experienced by residential providers in general, but which results in a substantial cost;

(I) Facility staffing schedule—a listing of daily working hours for each direct care employee;

(J) Food services—the cost of raw food and consumable supplies used in preparation of food eaten by clients and staff. Staff food may be included only when the staff is required to eat with clients because of IHP requirements;

(K) Fringe benefits—retirement plans, health and medical insurance, life insurance, disability and accident insurance, and other incentives for employees only;

(L) Group home—a residential facility serving nine (9) or fewer clients and providing basic health supervision, habilitation training in skills of daily and independent living and community integration and social support;

(M) Interim rate—temporary rate of reimbursement until a permanent rate can be established;

(N) Investment—the total amount of the owner's private monies utilized for building purchase, construction or renovation and documented by the owner in a format prescribed by the department ;

(O) Levels-of-care model—a residential model with three (3) residential facility categories established by service intensity, each with a staffing level defined by the division.

1. Category I is a residential facility designed to provide a group living environment and minimum level of habilitation and supervision for persons with no severe medical needs or maladaptive behaviors.

2. Category II is a residential facility designed to provide a group living and habilitation environment for persons with no severe medical needs or severe maladaptive behaviors, but who need self-help or habilitation training.

3. Category III is a specialized residential facility designed to provide a habilitation environment for persons with intensive physical or medical needs, severe maladaptive behaviors or other specialized care needs ;

(P) Occupancy factor—the percent of full capacity at which a facility operates;

(Q) Paid time off work—any combination of paid holidays, vacation, sick leave or other time an employee may be away from work with pay;

(R) Per-diem base rate—the daily rate of reimbursement to a residential provider for room, board and residential habilitation services for one (1) resident;

(S) Physical plant costs—reasonable costs like lease or rent, payments, mortgage interest, real estate and property taxes or payments in lieu of taxes, insurance and building depreciation as defined in the rate packet;

(T) Professional services—contracted services rendered to a provider by individuals, in a professional or advisory capacity;

(U) Provider—a vendor as defined in section 630.005, RSMo;

(V) Rate packet—budget development documents and instructions issued by the division for use by residential providers in preparing and submitting rate requests ;

(W) Residential center—a residential facility serving ten (10) or more clients that provides social support, health supervision and habilitation training in skills of daily living;

(X) Residential habilitation services—care, skills training and supervision of clients in accordance with the provisions in the clients IHPs;

(Y) Room and board—all costs associated with clients' living space and three (3) meals per day;

(Z) Service Provider's Audit Guide—a definitive document issued by the department that prescribes audit requirements of the department from its service providers; and

(AA) Waiver provider—a residential facility approved by the department to participate as a residential facility in accordance with P.L. 99-272 (the Consolidated Omnibus Budget and Reconciliation Act of 1985) and subsequent legislation and 42 CFR parts 435, 436, 440 and 441.

(2) In accordance with section 630.605, RSMo, the department shall establish and maintain a community placement program.

(A) Through the division, the department shall set per-diem base rates for residential providers which accept persons with mental retardation.

1. For waiver and nonwaiver group homes and residential centers, per-diem base rates shall be set through a levels-of-care model established by the division.

2. The division's regional centers shall determine the level-of-care category for each residential facility according to characteristics of fifty percent (50%) or more of the clients living in or proposed for living in the



residential facility at the time of the determination.

A. Regional centers shall base determinations upon clinical judgment, IHPs or other assessment data.

B. Facilities with an equal or near equal mix of clients shall receive a per-diem profile base rate consistent with the needs of clients with the more intensive service needs.

C. Regional centers shall review annually each of their residential facility categories and redetermine categories based upon changes in client mix.

D. Residential facilities may appeal to regional centers for category redeterminations due to extraordinary circumstances.

3. Disputes between regional centers and residential facilities over facility categories may be appealed to the division director whose decision shall be final.

4. Disputes between regional centers and residential facilities over extraordinary circumstances may be appealed to the division director whose decision shall be final.

(B) The division shall establish and publish profile base rates for residential facility categories within the levels-of-care model.

1. Fiscal Year 1990 shall be the base year for calculating amounts of cost included in per-diem profile base rates.

2. Profile base rates shall include limits established by the division for certain costs.

3. The department shall conduct periodic surveys of residential providers which shall become the basis for realigning costs.

4. Realignments shall be made effective the first day of the fiscal year following the fiscal year in which the surveys were conducted.

5. These rates shall be adjusted annually by the National Consumer Price Index/Urban.

(C) Residential providers who appeal profile rates shall appeal to the division in accordance with the following procedures and conditions:

1. The provider shall contact the regional center, which may advise in preparing the rate packet; and

2. The provider shall submit the completed rate packet to the regional center, which shall transmit it to the division with the center's recommendations.

(D) Residential providers, upon recommendation in writing by the respective district deputy for just cause, may be approved by the division director to operate under interim rates or alternative rates with an end date, for a specified period of time with a maximum duration of eighteen (18) months.

1. Examples of just cause include, but are not limited to:

A. Down sizing or up sizing of client population;

B. Changes in level of care required for client population; and

C. Changes in physical plant configuration.

2. These rates will be subject to review and adjustment, within the specified period, following the same procedures, conditions and processes used in the profile rate appeal process.

(E) All rates and rate adjustments covered by this rule shall be subject to availability of funds appropriated for that purpose.

(F) The division director shall establish a rate setting committee to advise him/her on establishment of per-diem base rates for residential providers who appeal profile rates.

1. The rate setting committee shall be composed of members appointed by and serving at the pleasure of the division director.

2. The committee chairperson shall be a department employee. Staff for the committee shall be provided by the division.

3. The rate setting committee shall meet in Jefferson City or in other locations at the call of the chairperson.

4. The rate setting committee may hold meetings when a majority of the members are present and may make recommendations to the division director when a simple majority of those present and voting concur.

5. Provider members who have an interest in a rate must disclose that interest in a meeting of the committee prior to discussion.

6. Provider members must abstain from voting on any project in which they have administrative control or a monetary interest.

7. Provider members shall be reimbursed for necessary expenses.

8. Providers whose appeals are under discussion and respective regional center directors or designees shall be invited to attend meetings of the rate setting committee.

9. Staff of the rate setting committee shall summarize each appeal of a profile rate and make recommendations to the committee.

A. The committee may request additional documentation and information from providers to determine if there exists an efficient and economical delivery of residential services to meet the client needs.

B. The reviews shall be made at the discretion of the committee and may be performed by its designee(s).

C. Findings from the reviews may be used by the committee to recommend per-diem base rates to the division director.

10. The rate setting committee shall have sixty (60) days from receipt of a complete rate packet or receipt of any requested

additional documentation or information to submit its recommendations in writing to the division director.

A. The division director may accept, reject or modify any recommendation of the rate setting committee in arriving at a rate decision.

B. The division director shall issue a rate decision to the provider.

C. Within thirty (30) working days of the division director's tentative rate decision, the provider shall accept or appeal the rate.

D. In case of appeal, the provider shall clearly specify those costs within the tentative rate which are being appealed and shall provide written justification for restoration of the requested costs.

E. Within fifteen (15) working days from receipt of the provider's appeal of the rate, or receipt of additional information requested by the division director after receipt of the appeal, the division director shall issue a final decision.

(G) All providers who receive annual DMH funding for POS services in excess of one hundred thousand dollars (\$100,000) shall submit an annual audit to the department. The audit shall include audited financial statements and uniform cost report with their accuracy verified by a certified public accounting firm in compliance with the department's *Service Provider Audit Guide*.

1. Failure to comply with this requirement may result in the provider being placed on probation for one (1) year.

2. Each additional year of noncompliance may result in a cumulative annual five percent (5%) reduction of the provider's per-diem base rate. This sanction will remain in effect until the audit requirement is satisfied.

3. If the department has reasonable cause to believe a residential provider has knowingly presented fraudulent information to secure a more favorable per-diem base rate, the department shall refer that provider for prosecution.

4. In cases where monies have been fraudulently obtained by residential providers, the attorney general shall represent the department to seek restitution of the overpayment.

5. For nonwaiver providers, the period of operation shall be as specified in the provider's contract with the department.

6. Nonwaiver providers who receive base rate increases after appeal to the department shall submit annual audits within one hundred eighty (180) days following the close of the state or provider's fiscal year. These audits shall be based upon the state or provider's fiscal year.



7. For waiver providers, the initial period of operation begins on the effective participation date established by the Department of Social Services, the administering state agency for the Medicaid Program in Missouri and covers a period terminating at the state or provider's fiscal year end.

8. Subsequent periods begin and end with the state or provider's fiscal year.

9. For each period of operation, the provider shall submit an audit within one hundred eighty (180) days following the close of that period of operation.

(H) For facilities changing ownership after a rate is established, the following shall apply:

1. For a facility with a rate at or above the profile rate, the profile rate for that facility category shall become the facility's per-diem base rate. This profile rate may be appealed;

2. For a facility with a rate below the profile rate, the profile rate for that facility shall become the facility's per-diem base rate, also subject to appeal; and

3. All changes are subject to availability of appropriate community placement funds.

(I) The department shall establish reasonable cost allowance limitations and may exclude certain costs. Providers may neither appeal costs above limitations established by the department nor costs excluded by it. The department shall not approve—

1. Administrative costs which exceed fifteen percent (15%) of the total direct (non-administrative) costs contained in the facility budget;

2. Total fringe benefits which exceed those granted to employees of Missouri;

3. Physical plant costs in excess of two thousand eight hundred twenty-five dollars (\$2825) per resident bed per year during Fiscal Year 1990 without just cause and prior approval by the division director. Physical plant costs for each subsequent fiscal year will be increased by the same percentage as the state-appropriated cost-of-living adjustment for that year;

4. A return on investment in excess of twelve percent (12%) of that investment. It shall not approve returns on investment for tax-funded bodies;

5. A cost for food services in excess of four dollars and fifty cents (\$4.50) per client day during Fiscal Year 1990 without just cause and approval by the division director. Food services costs for each reimbursement year will be increased by the same percentage as the state-appropriated cost-of-living adjustment for that year;

6. Paid time off work for employees in excess of paid time off work granted to

employees of Missouri. The provider shall submit to the department its written policy on paid time off work;

7. Costs for professional services, except costs for direct care consultation, unless costs are budgeted as administrative costs; and

8. Client-specific costs for inclusion in the per-diem base rate.

(J) Client specific items and services shall be funded separately and must be supported in writing by the regional center director and the division director or his/her designee.

AUTHORITY: section 630.655, RSMo 1994. This rule was previously filed as 9 CSR 10-5.170. Original rule filed Dec. 11, 1989, effective June 15, 1990. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-4.020 Development of Intermediate Care Facilities for Persons with Mental Retardation

PURPOSE: This rule prescribes procedures on development of intermediate care facilities for persons with mental retardation.

(1) As used in this rule, a provider that owns, operates or has interest in only one (1) intermediate care facility for persons with mental retardation (ICF/MR) is—

(A) A sole proprietor that owns no interest in another ICF/MR;

(B) A partnership or a majority of the partnership that owns no interest in another ICF/MR; or

(C) A corporation that has neither any officers nor a majority of board members in common with another corporation which has any interest in an ICF/MR.

(2) Any entity intending to operate a Medicaid-reimbursed ICF/MR in excess of those beds in existence on May 29, 1991, shall give written notice of that intent to the Department of Mental Health's Division of Mental Retardation and Developmental Disabilities (Division of MRDD) between July 1 and October 1 of the fiscal year preceding the fiscal year in which the provider intends to operate the ICF/MR.

(3) No provider may be reimbursed under Medicaid to operate an ICF/MR without a provider agreement issued by the Department of Social Services' Division of Medical Services (DMS). The DMS shall not issue a provider agreement without receiving either a certificate of authorization or an acknowledgment

of exemption from the Division of MRDD.

(4) After May 29, 1991, the Division of MRDD shall issue an acknowledgment of exemption to permit the DMS to issue a provider agreement to a certified ICF/MR if—

(A) The ICF/MR will have six (6) or fewer beds;

(B) The provider does not own, operate or have any interest in any other ICF/MR; and

(C) The provider has notified the Division of MRDD between July 1 and October 1 of its intent to operate the ICF/MR during the next fiscal year.

(5) Any provider that has received an exemption under section (4) and then either obtains, operates or acquires an interest in any other Medicaid-enrolled ICF/MR, or seeks to enroll an additional ICF/MR in the Medicaid program, shall forfeit the exemption granted under section (4). As soon as the ICF/MR for which exemption was originally granted can be accommodated in the Medicaid Home and Community-Based Waiver Program, the Division of MRDD shall notify the DMS to that effect, and DMS shall terminate the ICF/MR provider agreement within thirty (30) days after receipt of the notification from the Division of MRDD.

(6) After May 29, 1991, the Division of MRDD may issue a certificate of authorization to permit the DMS to issue a provider agreement for a provider to operate an ICF/MR of seven (7) or more beds if—

(A) The proposed ICF/MR is to be a free-standing facility and not attached to any other existing ICF/MR;

(B) The provider has notified the Division of MRDD between July 1 and October 1 of its intent to operate the ICF/MR during the next fiscal year; and

(C) The ICF/MR cannot be accommodated within the federal Home and Community-Based Waiver Program for persons with developmental disabilities as determined by the Division of MRDD.

AUTHORITY: sections 630.050 and 660.075, RSMo 1994. This rule originally filed as 9 CSR 30-5.060. Original rule filed Sept. 1, 1993, effective April 9, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993 and 660.075, RSMo 1991.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CERTIFICATE OF AUTHORIZATION FOR ICF-MR PROVIDER AGREEMENT

The Department of Mental Health's Division of Mental Retardation and Developmental Disabilities hereby certifies to the Department of Social Services' Division of Medical Services that the Division of Medical Services may issue a provider agreement to the following intermediate care facility for persons with mental retardation (ICF-MR):

PROVIDER NAME

ADDRESS

This provider notified the Department of Mental Health on _____, 19____, of its intent to operate an ICF-MR with _____ beds. This certificate authorizes the provider to begin operation after July 1, 19____ with _____ beds.

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
**ACKNOWLEDGEMENT OF EXEMPTION FROM DEPARTMENT OF MENTAL
 HEALTH AUTHORIZATION FOR ISSUANCE OF ICF-MR PROVIDER AGREEMENT**

This document acknowledges that _____, a provider, seeks to operate a single intermediate care facility for persons with mental retardation (ICF-MR) to be known as _____ and to have no more than six (6) beds. Because the proposed facility will have no more than six (6) beds; because the provider does not own, operate or have any interest in any other ICF-MR; and because the provider notified the Department of Mental Health between July 1 and October 1 of the fiscal year preceding the fiscal year in which it intends to operate the facility, the provider is not required to obtain a certificate of authorization from the Department of Mental Health.

The provider understands that if it either obtains other ICFs-MR or increases the beds in this facility to more than six (6), this exemption is invalid and the provider must apply to the Department of Mental Health's Division of Mental Retardation and Developmental Disabilities for a certificate of authorization. That application process is open from July 1 until October 1 each year for certification to operate after June 30 of the following year.

I certify that _____, the provider, does not own, operate or have any interest in any ICF-MR other than _____ and that the provider will not attempt to operate more than six (6) beds in that facility. I acknowledge that violation of either of these conditions will result in loss of Medicaid payments to the provider.

NAME AND TITLE OF PROVIDER'S OWNER/PARTNER/ADMINISTRATOR (TYPE OR PRINT)

SIGNATURE OF OWNER/PARTNER/ADMINISTRATOR

DATE

Based upon this provider's certification, the Division of Mental Retardation and Developmental Disabilities acknowledges that the provider is exempt from the requirement to obtain a certificate of authorization from the Division.

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**NOTIFICATION OF REFUSAL TO AUTHORIZE
ISSUANCE OF ICF-MR PROVIDER AGREEMENT**

The Department of Mental Health's Division of Mental Retardation and Developmental Disabilities hereby notifies the Department of Social Services' Division of Medical Services that the Department of Mental Health refuses a Certificate of Authorization for a provider agreement for an intermediate care facility for persons with mental retardation (ICF-MR) to the following provider:

PROVIDER NAME

ADDRESS

This provider notified the Department of Mental Health on _____, 19____, of its intent to operate an ICF-MR with _____ beds. The provider is refused a Certificate of Authorization because:

These reasons are authorized under Section 660.075, RSMo (1991).

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



9 CSR 45-4.030 Family Support Stipends

PURPOSE: This rule defines terms, establishes eligibility criteria and sets out procedures for providing cash stipends to families, enabling the families' children with developmental disabilities to continue to live in their family homes and remain integrated within their communities.

(1) Through this rule, the Division of Mental Retardation and Developmental Disabilities (division) intends to provide a support to eligible families of children with developmental disabilities by implementing a cash stipend program to be directed and monitored by regional family support councils. Specifically, through its regional centers, the division will—

(A) Develop regional family support plans with direction and assistance from regional family support councils;

(B) Make families of children with developmental disabilities aware of the family support stipend program;

(C) Determine applicant children's eligibility for services from the division; and

(D) Forward applications for stipends to family support councils.

(2) Terms defined in sections 630.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Child—A person under age eighteen (18) with a developmental disability;

(B) Developmental disability—A disability which—

1. Is attributable to:

A. Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or

B. Any other mental or physical impairment, or a combination of mental and physical impairments;

2. Is manifested before the person attains age twenty-two (22);

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in two (2) or more of the following areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, habilitation or other services that may be of lifelong or extended duration and are individually planned and coordinated;

(C) Eligible annual income—Adjusted gross income shown on the family's most recent federal income tax return, less all expenses related to the disability of the child (including insurance expense and medical expense and expense related to therapies and equipment purchases if those expenses are not covered by insurance) and less all other nonreimbursed family medical expenses, that total not to exceed sixty thousand dollars (\$60,000). Because families of children with developmental disabilities often incur more expenses than other families, benefits based on need shall not be considered income, for example, Supplemental Security Income; Medicaid; Medicare; Aid to Families with Dependent Children; General Relief; food stamps; Women, Infants and Children program benefits and adoption subsidies;

(D) Family or private caregiver (family)—The person(s) with whom the child resides or who is primarily responsible for the physical care, education, health and nurturing of the child. The term includes biological or adoptive parents, siblings, extended blood relatives or other persons to whom legal custody of the child has been granted by a court. The term also includes these persons, irrespective of whether their children are living. The term does not include persons providing care through foster home placement, hospitals, habilitation centers, nursing homes, group homes or other institutions;

(E) Family support—Services and helping relationships for the purpose of maintaining and enhancing family caregiving. Family support may be one (1) or more services that enable children to reside within their family homes and remain integrated within their communities and are—

1. Based on individual and family needs;

2. Identified by the family;

3. Easily accessible for the family;

4. Flexible and varied to meet the ever changing needs of family members;

5. Provided in a timely manner; and

6. Family-centered and culturally sensitive;

(F) Family support council—A subcommittee of a regional advisory council with duties as set out in subsection (4)(D) of this rule and in 9 CSR 45-4.040;

(G) Family support program—A coordinated system of flexible family support services that enhance family care giving, strengthen family functioning, reduce family stress, foster community integration, promote individual and family independence and encourage economic self-sufficiency, all to help children remain with their families. The stipend program differs from the division's Choices for

Families voucher program because vouchers are issued for specific client-based needs, but stipends provide assistance to family members as well as the child, enabling the child to continue to live at home;

(H) Fiscal year—A twelve (12)-month period from July 1 through June 30 for which funds are appropriated by the Missouri General Assembly for operation of state government; and

(I) Monitoring—Activities of the family support council as set out in section (16).

(3) The division shall conduct training, education and outreach on the stipend program. It shall—

(A) Develop a training curriculum and provide comprehensive initial and ongoing training for regional center personnel and family support councils;

(B) Develop brochures about the program to be distributed by regional centers to agencies and organizations serving persons with developmental disabilities, to families and to others who may inquire;

(C) Conduct public meetings, provide speakers, provide technical assistance and otherwise take steps to ensure public knowledge about the program; and

(D) Develop jointly with the Missouri Planning Council for Developmental Disabilities a handbook for use by family support councils.

(4) Each regional advisory council chairperson shall appoint a regional family support council.

(A) The family support council shall be composed of seven (7) members, all of whom shall be family members. In this subsection only, family members include those persons defined in subsection (2)(D) except that as many as three (3) members of the council may be family members of persons who do not live in the family home. At least two (2) members shall also be members of the regional advisory council, and at least three (3) members shall be family members of children. The members shall represent a variety of disabilities and the cultural diversity of the region. Members shall serve staggered two (2)-year terms. This is the same council as set out in 9 CSR 45-4.040.

(B) Members shall be reimbursed for reasonable and necessary expenses incurred in the performance of their duties, including travel expenses. During the first year of the program, the reimbursement shall be paid from funds available to the division under the federal Developmental Disabilities Assistance and Bill of Rights Act of 1990 (Public Law 101-496) and from funds appropriated for the



program. In subsequent years, reimbursement shall be paid only from funds appropriated for the program. Department travel regulations shall serve as a guideline to the councils.

(C) Family support councils shall elect chairpersons and other officers as necessary. They shall meet at the call of their chairpersons except that for the first three (3) months after the councils are established, they shall meet monthly to acquaint themselves with their responsibilities and to establish bylaws, rules and procedures for carrying out those responsibilities.

(D) In addition to those set out in section 633.050, RSMo, duties of each family support council shall include, but not be limited to, establishing timelines for making applications for stipends and conducting an annual evaluation of the effectiveness of its stipend program.

(5) Regional centers, regional advisory councils and family support councils shall jointly take steps each year to inform families of availability of stipends and of timelines and procedures for making applications.

(6) A family with an eligible annual income and that has one (1) or more children with developmental disabilities residing in the home shall be eligible to apply for a stipend for each child. No stipend shall exceed the maximum monthly federal Supplemental Security Income payment for an individual with a developmental disability who lives alone. Stipends shall be considered benefits and not income to the families. Stipends shall be used to purchase goods and services to help families provide for children with developmental disabilities. Goods and services include, but are not limited to—

1. Respite care;
2. Personal and attendant care;
3. Architectural and vehicular modifications;
4. Health- and mental health-related costs not otherwise covered;
5. Equipment and supplies;
6. Specialized nutrition and clothing;
7. Homemaker services;
8. Transportation;
9. Integrated community activities;
10. Training and technical assistance; and
11. Individual, family and group counseling.

(7) The division shall not deny, reduce or terminate services to a family solely because the family has received a stipend.

(8) If a stipend recipient moves to another region from the region in which s/he lived at the time s/he received the stipend, the recipient shall continue to receive the original stipend only for the duration of that stipend. Thereafter, the family may make application for a stipend from the family support council in its region of residence.

- (9) A stipend shall terminate—
- (A) When the child reaches age eighteen (18);
 - (B) When the family moves from Missouri;
 - (C) At the end of its original term, even if the child dies during the term of the stipend;
 - (D) When the child moves permanently from the family home; or
 - (E) When the family provides written notice that it no longer wishes to receive the stipend.

(10) If the status of the family changes during the duration of a stipend, for example, due to death or divorce, the newly responsible family member shall apply to the family support council to continue the stipend for its duration. The family support council shall provide written approval for the continuation.

(11) From available funds appropriated for the family support stipend program, the division shall make an annual allocation to each regional center for use by the center's family support council in providing stipends to eligible families.

(A) Allocations shall be made according to the following formula:

1. One-third (1/3) of the division's appropriation shall be allocated equally among the eleven (11) councils;
2. One-third (1/3) of the appropriation shall be allocated among the eleven (11) councils, based upon the estimated number of children with developmental disabilities living within each council's region, using the most current statistics available on July 1 each year; and
3. One-third (1/3) of the appropriation shall be allocated among the councils, based upon the number of children receiving division services who live within each council's region, using the most current statistics available on July 1 each year.

(B) The division shall make an allocation to each family support council by August 1 each year. If appropriations are from earned federal funds, *pro rata* allocations shall be made on the basis of estimated earnings. Any council that has unencumbered funds on March 31 each year shall inform the division in writing on that date of the amount of those funds, and the division shall reallocate the

funds among other councils requesting additional funds. As feasible, the reallocation shall be based upon the formula set out in subsection (11)(A). The division shall make the reallocation by April 15 each year.

(12) The procedure under which a family pursues a stipend is as follows:

(A) The family contacts the regional center, which determines the child's eligibility for division services;

(B) If the child is eligible, the center assigns a case manager within three (3) working days. As expeditiously as possible, the center shall determine if other resources are available to meet the child's service needs. If the center determines it cannot provide funding for the requested services, it shall immediately provide the family an application for a stipend and a stamped, addressed envelope for mailing the completed application to the family support council. The center shall also offer assistance in completing the application. The application shall include, but not be limited to—

1. The child's name and the names of all other persons in the family who would benefit from supports and services to be available through the stipend;
2. The amount requested as a stipend and the reasons for that need;
3. The family's computation of its eligible annual income; and
4. A statement as to whether the family is receiving a stipend or has ever received one;

(C) Within thirty (30) working days after receiving an application, the family support council shall determine the family's income eligibility for a stipend;

(D) If the family is found eligible and if sufficient funds are available, the family support council may provide a stipend. If a family support council provides a stipend, it shall, within five (5) working days, provide written notice to the family. The notice shall include the amount and duration of the stipend as well as instructions on how to obtain the funds from the regional center. The notice shall be copied to the center;

(E) The regional center shall make monthly stipend payments to the family, the first payment within thirty (30) days after the date the center received notice of the stipend. In no case shall a stipend be provided for more than twelve (12) months. Families may receive stipends in subsequent years if they remain eligible and apply each year;

(F) Eligibility for a stipend does not automatically entitle a family to a stipend. Depending upon availability of funds, the family support council may have a waiting list



for stipends for the remainder of that fiscal year and may establish priorities among families on the waiting list. All family support council waiting lists shall become invalid at the end of each fiscal year, and councils shall inform families on those waiting lists that they must reapply during the next fiscal year if they continue to seek stipends;

(G) If a family is found ineligible for a stipend or is found eligible and placed on a waiting list, the family support council shall, within five (5) working days, provide written notice to the family of its status and of its right to appeal the decision. The notice shall be copied to the regional center. The family support council may also refer the family to the regional center for services or other assistance; and

(H) Decisions on stipends shall only be made by family support councils, except that those decisions may be appealed under the following procedure:

1. Within ten (10) days after receiving the family support council's decision, the family shall notify the regional advisory council in writing of its desire to appeal the decision;

2. Within thirty (30) working days after receiving the family's notice of desire to appeal, the regional advisory council shall conduct a private hearing with the family. The regional council shall—

A. Determine whether the family support council followed its procedures and guidelines; and

B. Review the family support council's decision;

3. Within five (5) working days after its hearing, the regional advisory council shall notify the family of its decision by registered mail, return receipt requested, and if the decision of the family support council is sustained, of the family's right to appeal at the final level. If the regional advisory council overturns the decision of the family support council, the regional advisory council shall direct action to be taken by the family support council, as a remedy for the family;

4. If the family desires to further appeal, within ten (10) days after receiving the decision of the regional advisory council, the family shall notify the chairperson of the Missouri Planning Council for Developmental Disabilities in writing of the family's desire to appeal at the final level;

5. Within thirty (30) working days after receiving the family's notice of desire to appeal at the final level, the chairperson of the Missouri Planning Council for Developmental Disabilities shall convene a three (3)-member panel to conduct a private hearing with the family. The panel shall be composed

of one (1) member each from three (3) family support councils other than the council whose decision is being appealed. The panel shall review the decisions of the family support council and regional advisory council; and

6. Within five (5) working days after its hearing, the panel shall notify the family of its decision by registered mail, return receipt requested. If the panel overturns the decision of the regional advisory council, the panel shall direct action to be taken by the family support council as a remedy for the family. The decision of the panel shall be final.

(13) Family support councils, regional advisory councils, the Missouri Planning Council for Developmental Disabilities and the three (3)-member hearing panels shall protect confidentiality of family records and the privacy of families.

(14) To avoid conflict of interest, no family member of a family support council may receive a stipend from that council.

(15) A regional center shall not involve staff in the duties of the family support council.

(16) To assess the effectiveness of its stipend program, each family support council shall conduct an annual evaluation. By March 31 each year, the council shall request that each family with a stipend complete the Family Support Quality Checklist (See Attachment A) to indicate the family's level of satisfaction with the stipend program. Using the checklist responses and any other data or information, the council shall compile a written report that includes the number of families receiving stipends, how those families are using the stipends to meet their needs, gaps in the system and barriers that prevent families from making maximum use of their stipends, the number of families denied stipends and reasons for the denials, the number of eligible families on waiting lists, additional funds needed to meet the demand for stipends and any other information that may be useful to the council and the division in operating and administering the program.

(17) No later than September 1 each year, each family support council shall submit an annual written report to the division director and appropriate regional center director. The report shall include, but not be limited to, a summary of the council's activities during the report year, results of the council's evaluation of its stipend program and council recommendations for improving the operation and administration of the program.

AUTHORITY: section 633.190, RSMo 1994. This rule was originally filed as 9 CSR 70-1.010. Original rule filed April 4, 1994, effective Oct. 30, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 633.190, RSMo 1993.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
FAMILY SUPPORT QUALITY CHECKLIST

ATTACHMENT A

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.

Family Support is defined as services and/or helping relationships whose purpose is to maintain and enhance family caregiving. Family supports may be one or many services that enable the individual with disabilities to stay within the family home and are:

- Based on individual and family needs
- Identified by the family, not the service provider or casemanager
- Easily accessible to the family
- Flexible and varied to meet the ever changing needs of family members
- Provided in a timely manner
- Integrated within the community
- Family-centered and culturally sensitive

All family members have a right to live in a supportive and loving family environment. With adequate supports, it is possible for families to keep their children who have disabilities in the family home. The purpose of the Family Support Stipend and Loan Program is to provide additional supports families need to keep their children in the natural home rather than place the child out of the home in order to receive needed services. Families are trusted to make choices that benefit the entire family.

Please take time to complete the following checklist so that the Division of Mental Retardation and Developmental Disabilities and the Family Support Councils can determine the effectiveness of the Family Support Stipend and Loan Program. Look at the statements and think about how the program has affected your family. Then check if the statements made about the Family Support Program are **Strongly Agree, Agree, Somewhat Disagree** or **Disagree** when meeting the signs of good quality. Checking **Strongly Agree** shows that your needs were met in that area. Checking **Agree** indicates that your needs may have been met and quality supports provided. However, checking **Somewhat Disagree** and **Disagree** indicates that there are signs that the quality of the supports may need improvement. Some questions can be answered by checking **Yes** or **No**. Please feel free to add any additional comments about the Family Support Program.

Thank you for taking time to complete the Family Support Quality Checklist. This will enable the Division of Mental Retardation and Developmental Disabilities and the Family Support Councils to work toward improved family supports in Missouri.

I AM RECEIVING A CASH STIPEND LOW-INTEREST LOAN

INFORMATION AND APPLICATION PROCESS		STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
1.	Information about the family support stipend and loan program is readily available.				
2.	The information packet you received from the regional center is current and reliable.				
3.	The application for a cash stipend or low-interest loan is easy to read and complete.				
4.	The regional center was helpful to you in completing the application for the cash stipend or low-interest loan.				
5.	When you applied for the stipend or loan program, you were provided information about other supports that may be available to your family.				
6.	You feel that your application was processed in a timely manner.				
7.	When you contacted the regional center to apply for the stipend/loan program, you were treated with respect and without judgment.				
8.	Regional center staff and the Family Support Council were sensitive to your family's needs.				
PERSONAL CONTACT		STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
9.	If your family experienced an urgent need for supports before you received the family support stipend/loan: <ul style="list-style-type: none"> • you were referred to the regional center for services or other assistance <input type="checkbox"/> YES <input type="checkbox"/> NO • you received assistance from the regional center in a timely manner 				
SERVICE AVAILABILITY					
10.	You were aware of the regional center and its services before you heard about the family support stipend and loan program. <input type="checkbox"/> YES <input type="checkbox"/> NO				
11.	You were receiving services through the regional center before you applied to receive a stipend/loan. <input type="checkbox"/> YES <input type="checkbox"/> NO				



SERVICE AVAILABILITY (CONTINUED)	STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
12. If you were placed on a waiting list to receive the family support stipend/loan: <ul style="list-style-type: none"> • you were referred to the regional center for services or other assistance <input type="checkbox"/> YES <input type="checkbox"/> NO • services were provided in a timely manner 				
13. You are aware that you may qualify for additional supports such as the Choices for Families Voucher Program through the regional center. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. The family support stipend arrived at the same time each month. <input type="checkbox"/> YES <input type="checkbox"/> NO				
15. Was your family denied services because you received a cash stipend/loan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. You were able to get the supports your family desired.				
17. While obtaining supports, your family was treated with respect.				
18. Your family was able to choose to use natural supports in your community such as friends, neighbors, relatives or other members in your community.				
19. You feel that you have a choice on how you are able to use the family support funds.				
20. You received family supports without causing the loss of other benefits that are important to your family such as health benefits or income assistance.				
21. If you thought of placing your child outside the family home prior to receiving a stipend/loan: <ul style="list-style-type: none"> • you feel that the stipend/loan has provided the additional support needed to keep your child in the family home • you feel that the stipend/loan has reduced stress for your family. • the family support stipend/loan has given your family hope for the future. • your expectations for your family have been raised by receiving a stipend/loan. • you are able to access quality supports in your community with the family support stipend/loan. • you feel that your family has been helped by the family support stipend/loan program. 				
COMMENTS (Please use this space to comment on the Family Support Cash Stipend and Loan Program and how it has affected your family.)				
Empty space for comments				



9 CSR 45-4.040 Family Support Loans

PURPOSE: This rule defines terms, establishes eligibility criteria and sets out procedures for providing low-interest loans to families, enabling the families' members with developmental disabilities to continue to live in their family homes and remain integrated within their communities.

(1) Through this rule, the Division of Mental Retardation and Developmental Disabilities (division) intends to provide support to eligible families of individuals with disabilities by implementing a family support loan program to be directed and monitored by regional family support councils. Specifically, through its regional centers, the division will—

(A) Develop regional family support plans with direction and assistance from regional family support councils;

(B) Make individuals with disabilities and their families aware of the family support loan program;

(C) Determine applicants' eligibility for services from the division;

(D) Forward applications for loans to family support councils; and

(E) Establish mechanisms and procedures for processing loans.

(2) Terms defined in sections 630.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Debt-to-income ratio—Total annual financial liabilities of responsible family members divided by their gross annual income, expressed as a percentage;

(B) Developmental disability—A disability which—

1. Is attributable to:

A. Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or

B. Any other mental or physical impairment or a combination of mental and physical impairments;

2. Is manifested before the person attains age twenty-two (22);

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in two (2) or more of the following areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, habilitation or other

services that may be of lifelong or extended duration and are individually planned and coordinated;

(C) Eligible annual income—The responsible family members' adjusted gross income shown on the most recent federal income tax return, less all expenses related to the disability of the individual (including insurance expense and medical expense, and expense related to therapies and equipment purchases if those expenses are not covered by insurance) and less all other nonreimbursed family medical expenses, that total not to exceed sixty thousand dollars (\$60,000). Because families of individuals with disabilities often incur more expenses than other families, benefits based on need shall not be considered income, for example, Supplemental Security Income; Medicaid; Medicare; Aid to Families with Dependent Children; General Relief; food stamps; Women, Infants and Children program benefits and adoption subsidies;

(D) Family or private caregiver (family)—The person(s) with whom the individual with a disability resides or who is primarily responsible for the physical care, education, health and nurturing of the individual with a disability. The term includes biological or adoptive parents, siblings, extended blood relatives or other persons to whom legal custody of the individual with a disability has been granted by a court. The term also includes these persons, irrespective of whether their children are living. The term does not include persons providing care through foster home placements, hospitals, habilitation centers, nursing homes, group homes, supported living, or other institutions;

(E) Family support—Services and helping relationships for the purpose of maintaining and enhancing family caregiving. Family support may be one (1) or more services that enable individuals with disabilities to reside within their family homes and remain integrated within their communities and are—

1. Based on individual and family needs;

2. Identified by the family member;

3. Easily accessible for the family;

4. Flexible and varied to meet the ever changing needs of family members;

5. Provided in a timely manner; and

6. Family-centered and culturally sensitive;

(F) Family support council—A subcommittee of a regional advisory council with duties set out in subsection (4)(D) of this rule and in 9 CSR 45-4.030;

(G) Family Support Loan Program Fund—A fund within the state treasury into which

funds are deposited for use as loans to eligible families of individuals with disabilities;

(H) Family support program—A coordinated system of flexible family support services that enhance family caregiving, strengthen family functioning, reduce family stress, foster community integration, promote individual and family independence and encourage economic self-sufficiency, all to help individuals with disabilities remain with their families;

(I) Fiscal year—A twelve (12)-month period from July 1 through June 30 for which funds are appropriated by the Missouri General Assembly for operation of state government;

(J) Individual with a disability—A person of any age with a disability as defined in subsection (2)(B);

(K) Monitoring—Activities of the family support council as set out in section (13); and

(L) Responsible family member—Person(s) within a family household whose income is relied upon by the family as a substantial means of support.

(3) The division shall conduct training, education and outreach on the loan program. It shall—

(A) Develop a training curriculum and provide comprehensive initial and ongoing training for regional center personnel and family support councils;

(B) Develop brochures about the program to be distributed by regional centers to agencies and organizations serving persons with developmental disabilities, to families and to others who may inquire;

(C) Conduct public meetings, provide speakers, provide technical assistance and otherwise take steps to ensure public knowledge about the program; and

(D) Develop jointly with the Missouri Planning Council for Developmental Disabilities a handbook for use by family support councils.

(4) Each regional advisory council chairperson shall appoint a regional family support council.

(A) The family support council shall be composed of seven (7) members, all of whom shall be family members. In this subsection only, family members include those persons defined in subsection (2)(D) except that as many as three (3) members of the council may be family members of persons who do not live in the family home. At least two (2) members shall also be members of the regional advisory council, and at least three (3) members shall be family members of children with developmental disabilities. The



members shall represent a variety of disabilities and the cultural diversity of the region. Members shall serve staggered two (2)-year terms. This is the same council as set out in 9 CSR 45-4.030.

(B) Members shall be reimbursed for reasonable and necessary expenses incurred in the performance of their duties, including travel expenses. During the first year of the program, the reimbursements shall be paid from funds available to the division under the federal Developmental Disabilities Assistance and Bill of Rights Act of 1990 (Public Law 101-496) and from funds appropriated for the program. In subsequent years, reimbursements shall be paid only from funds appropriated for the program. Department travel regulations shall serve as a guideline to the councils.

(C) Family support councils shall elect chairpersons and other officers as necessary. They shall meet at the call of their chairpersons except that for the first three (3) months after the councils are established, they shall meet monthly to acquaint themselves with their responsibilities and to establish bylaws, rules and procedures for carrying out those responsibilities.

(D) In addition to those set out in section 633.050, RSMo, duties of each family support council shall include, but not be limited to, establishing timelines for making application for loans and conducting an annual evaluation of the effectiveness of its loan program.

(5) Regional centers, regional advisory councils and family support councils shall jointly take steps each year to inform families of availability of loans and of timelines and procedures for making applications.

(6) A family whose responsible family members have a combined eligible annual income and that has an individual with a disability residing in the home shall be eligible to apply for a loan if the family's debt-to-income ratio does not exceed forty percent (40%). No family may receive more than one (1) loan at a time. Families may apply for subsequent loans. In no case shall a family that has defaulted on a loan receive another loan unless the family makes full payment on the earlier loan. No loan shall be approved for more than ten thousand dollars (\$10,000) or for a term of more than sixty (60) months. Loans may be unsecured. Interest rates shall not exceed one percent (1%) above the prime interest rate as determined by the federal reserve system on the date each loan is approved. Loans shall be used to purchase goods and services to help families provide

for individuals with disabilities. Loans may also be used for payment of funeral and burial expenses for individuals with disabilities.

(7) The division shall not deny, reduce or terminate services to a family solely because the family has received a loan.

(8) From available funds deposited in the Family Support Loan Program Fund, the division shall make an annual allocation to each regional center for use by the center's family support council as loans to eligible families.

(A) Allocations shall be made according to the following formula:

1. One-third (1/3) of the balance in the fund shall be allocated equally among the eleven (11) councils; and

2. One-third (1/3) of the balance shall be allocated among the eleven (11) councils, based upon the estimated number of individuals with disabilities living within each council's region, using the most current statistics available on July 1 each year; and

3. One-third (1/3) of the balance shall be allocated among the councils, based upon the number of individuals with disabilities receiving division services and living within each council's region, using the most current statistics available on July 1 each year.

(B) The division shall make an allocation to each family support council by August 1 each year. If appropriations are from earned federal funds, *pro rata* allocations shall be made on the basis of estimated earnings. Any council that has unencumbered loan funds on March 31 each year shall inform the division in writing on that date of the amount of those funds, and the division shall reallocate the funds among other councils requesting additional funds. As feasible, the reallocation shall be based upon the formula set out in subsection (8)(A). The division shall make the reallocations by April 15 each year.

(9) The procedure under which a family pursues a loan is as follows:

(A) The family contacts the regional center, which determines eligibility of the individual with a disability for division services;

(B) If the individual is eligible, the center assigns a case manager within three (3) working days and provides the family an application for a loan (Appendix A) and a stamped, addressed envelope for mailing the completed application to the family support council. The center shall also offer assistance in completing the application;

(C) Within thirty (30) working days after receiving an application, the family support

council shall determine the family's income eligibility and its debt-to-income ratio;

(D) If the family is found eligible and if sufficient funds are available, the family support council may make the loan. If a family support council makes a loan, it shall, within five (5) working days, provide written notice to the family. The notice shall include the amount and term of the loan as well as instructions on how to obtain the loan through the division. The notice shall be copied to the regional center and to the division director or designee;

(E) The division, in conjunction with the department's Office of Administration, shall establish mechanisms and procedures for processing loans, including—

1. Execution of promissory notes and distribution of loan proceeds to families;

2. Receiving regularly scheduled loan payments from families and maintaining records of those payments;

3. Redepositing loan payments into the Family Support Loan Program Fund and investing monies within the fund in interest-bearing accounts;

4. Providing requested information to families on the status of their loans;

5. Instituting collection proceedings against families with delinquent loan payments, that is, notifying the families of their delinquency and, if the families fail to remit payment within a reasonable time, referring the loan defaults to legal counsel for collection; and

6. Periodic reporting to each family support council on its loan program, including the rate of default on its loans;

(F) Eligibility for a loan does not automatically entitle a family to a loan. Depending upon availability of funds, the family support council may have a waiting list for loans for the remainder of that fiscal year and may establish priorities among families on the waiting list. All family support council waiting lists shall become invalid at the end of each fiscal year, and councils shall inform families on those waiting lists that they must reapply during the next fiscal year if they continue to seek loans;

(G) If a family is found ineligible for a loan, or is found eligible and placed on a waiting list, the family support council shall, within five (5) working days, provide written notice to the family of its status and of its right to appeal the decision. The notice shall be copied to the regional center;

(H) Decisions on loans shall only be made by family support councils, except that those decisions may be appealed under the following procedure:



1. Within ten (10) days after receiving the family support council's decision, the family shall notify the regional advisory council in writing of its desire to appeal the decision;

2. Within thirty (30) working days after receiving the family's notice of desire to appeal, the regional advisory council shall conduct a private hearing with the family. The regional council shall—

A. Determine whether the family support council followed its procedures and guidelines; and

B. Review the family support council's decision.

3. Within five (5) working days after its hearing, the regional advisory council shall notify the family by registered mail, return receipt requested, of its decision and if the decision of the family support council is sustained, of the family's right to appeal at the final level. If the regional advisory council overturns the decision of the family support council, the regional advisory council shall direct action to be taken by the family support council as a remedy for the family;

4. If the family desires to further appeal, within ten (10) days after receiving the decision of the regional advisory council, the family shall notify the chairperson of the Missouri Planning Council for Developmental Disabilities in writing of the family's desire to appeal at the final level;

5. Within thirty (30) days after receiving the family's notice of desire to appeal at the final level, the chairperson of the Missouri Planning Council for Developmental Disabilities shall convene a three (3)-member panel to conduct a private hearing with the family. The panel shall be composed of one (1) member each from three (3) family support councils other than the council whose decision is being appealed. The panel shall review the decisions of the family support council and regional advisory council; and

6. Within five (5) working days after its hearing, the panel shall notify the family of its decision by registered mail, return receipt requested. If the panel overturns the decision of the regional advisory council the panel shall direct action to be taken by the family support council as a remedy for the family. The decision of the panel shall be final.

(10) Family support councils, regional advisory councils, the Missouri Planning Council for Developmental Disabilities and the three (3)-member hearing panel shall protect confidentiality of family records and the privacy of families.

(11) To avoid conflict of interest, no family member of a family support council may receive a loan from that council.

(12) A regional center shall not involve staff in the duties of the family support council.

(13) To assess the effectiveness of its loan program, each family support council shall conduct an annual evaluation. By March 31 each year, the council shall request that each family with a loan complete the Family Support Quality Checklist (Appendix B) to indicate the family's level of satisfaction with the loan program. Using the checklist responses and any other data or information, the council shall compile a written report that includes the number of families receiving loans, how those families are using the loans to meet their needs, gaps in the system and barriers that prevent families from making maximum use of their loans, the number of families denied loans and reasons for the denials, the number of eligible families on waiting lists, additional funds needed to meet the demand for loans and any other information that may be useful to the council and the division in operating and administering the loan program.

(14) No later than September 1 each year, each family support council shall submit an annual written report to the division director and appropriate regional center director. The report shall include, but not be limited to, a summary of the council's activities during the report year, results of the council's evaluation of its loan program and council recommendations for improving the operation and administration of the program.

AUTHORITY: section 633.190, RSMo 1994. This rule was originally filed as 9 CSR 70-1.015. Original rule filed April 4, 1994, effective Oct. 30, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 633.190, RSMo 1993.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF MENTAL RETARDATION AND DEVELOPMENT DISABILITIES
FAMILY SUPPORT LOAN APPLICATION

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.

AMOUNT OF LOAN REQUEST (MAXIMUM \$10,000)		NO. OF MONTHS REQUESTED FOR REPAYMENT (MAXIMUM 60)		
PURPOSE OF LOAN				
TELL US ABOUT YOU & YOUR FAMILY		ADDITIONAL INCOME - JOINT OR OTHERWISE (Do not include Supplemental Security Income; Medicaid; Aid to Families with Dependent Children; General Relief; Food Stamps; Women, Infants & Children Program Benefits; Adoption Subsidies, and other benefits based on need.)		
YOUR NAME				
ADDRESS				
CITY				
COUNTY	ZIP			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	AMOUNT PER MONTH		
NAME OF SPOUSE		GIVE US YOUR FINANCIAL INFORMATION		
NUMBER OF DEPENDENTS	AGES	NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT
NAME OF CHILD (CHILDREN) WITH DISABILITY		RENT OR MORTGAGE		
HOME TELEPHONE NUMBER		AUTOMOBILE		
TELL US ABOUT YOUR JOB - If self-employed, please attach your latest income tax return.		CREDIT CARDS		
NAME OF BUSINESS OR EMPLOYER		OWED TO		
BUSINESS/EMPLOYER ADDRESS		OWED TO		
CITY		OWED TO		
STATE	ZIP	OTHER		
POSITION	DATE OF EMPLOYMENT	OTHER INFORMATION YOU WANT THE FAMILY SUPPORT COUNCIL TO KNOW (OPTIONAL)		
BUSINESS PHONE	MONTHLY GROSS INCOME			
TELL US ABOUT YOUR SPOUSE'S JOB				
NAME OF BUSINESS OR EMPLOYER				
BUSINESS/EMPLOYER ADDRESS				
CITY				
STATE	ZIP			
POSITION	DATE OF EMPLOYMENT			
BUSINESS PHONE	MONTHLY GROSS INCOME			
THIS STATEMENT IS SUBMITTED TO OBTAIN CREDIT AND I (WE) CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE. I (WE) ALSO AUTHORIZE THE FAMILY SUPPORT COUNCIL TO VERIFY OR OBTAIN FURTHER INFORMATION IT MAY DEEM NECESSARY CONCERNING MY (OUR) CREDIT STANDING.		APPLICANT'S SIGNATURE	DATE	
		SPOUSE'S SIGNATURE	DATE	



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
FAMILY SUPPORT QUALITY CHECKLIST

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.

Family Support is defined as services and/or helping relationships whose purpose is to maintain and enhance family caregiving. Family supports may be one or many services that enable the individual with disabilities to stay within the family home and are:

- Based on individual and family needs
- Identified by the family, not the service provider or casemanager
- Easily accessible to the family
- Flexible and varied to meet the ever changing needs of family members
- Provided in a timely manner
- Integrated within the community
- Family-centered and culturally sensitive

All family members have a right to live in a supportive and loving family environment. With adequate supports, it is possible for families to keep their children who have disabilities in the family home. The purpose of the Family Support Stipend and Loan Program is to provide additional supports families need to keep their children in the natural home rather than place the child out of the home in order to receive needed services. Families are trusted to make choices that benefit the entire family.

Please take time to complete the following checklist so that the Division of Mental Retardation and Developmental Disabilities and the Family Support Councils can determine the effectiveness of the Family Support Stipend and Loan Program. Look at the statements and think about how the program has affected your family. Then check if the statements made about the Family Support Program are **Strongly Agree, Agree, Somewhat Disagree** or **Disagree** when meeting the signs of good quality. Checking **Strongly Agree** shows that your needs were met in that area. Checking **Agree** indicates that your needs may have been met and quality supports provided. However, checking **Somewhat Disagree** and **Disagree** indicates that there are signs that the quality of the supports may need improvement. Some questions can be answered by checking Yes or No. Please feel free to add any additional comments about the Family Support Program.

Thank you for taking time to complete the Family Support Quality Checklist. This will enable the Division of Mental Retardation and Developmental Disabilities and the Family Support Councils to work toward improved family supports in Missouri.

I AM RECEIVING A CASH STIPEND LOW-INTEREST LOAN

INFORMATION AND APPLICATION PROCESS		STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
1.	Information about the family support stipend and loan program is readily available.				
2.	The information packet you received from the regional center is current and reliable.				
3.	The application for a cash stipend or low-interest loan is easy to read and complete.				
4.	The regional center was helpful to you in completing the application for the cash stipend or low-interest loan.				
5.	When you applied for the stipend or loan program, you were provided information about other supports that may be available to your family.				
6.	You feel that your application was processed in a timely manner.				
7.	When you contacted the regional center to apply for the stipend/loan program, you were treated with respect and without judgment.				
8.	Regional center staff and the Family Support Council were sensitive to your family's needs.				
PERSONAL CONTACT		STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
9.	If your family experienced an urgent need for supports before you received the family support stipend/loan: <ul style="list-style-type: none"> • you were referred to the regional center for services or other assistance <input type="checkbox"/> YES <input type="checkbox"/> NO • you received assistance from the regional center in a timely manner 				
SERVICE AVAILABILITY					
10.	You were aware of the regional center and its services before you heard about the family support stipend and loan program <input type="checkbox"/> YES <input type="checkbox"/> NO				
11.	You were receiving services through the regional center before you applied to receive a stipend/loan. <input type="checkbox"/> YES <input type="checkbox"/> NO				



SERVICE AVAILABILITY (CONTINUED)	STRONGLY AGREE	AGREE	SOMEWHAT DISAGREE	DISAGREE
12. If you were placed on a waiting list to receive the family support stipend/loan: <ul style="list-style-type: none"> • you were referred to the regional center for services or other assistance <input type="checkbox"/> YES <input type="checkbox"/> NO • services were provided in a timely manner 				
13. You are aware that you may qualify for additional supports such as the Choices for Families Voucher Program through the regional center. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. The family support stipend arrived at the same time each month. <input type="checkbox"/> YES <input type="checkbox"/> NO				
15. Was your family denied services because you received a cash stipend/loan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. You were able to get the supports your family desired.				
17. While obtaining supports, your family was treated with respect.				
18. Your family was able to choose to use natural supports in your community such as friends, neighbors, relatives or other members in your community.				
19. You feel that you have a choice on how you are able to use the family support funds.				
20. You received family supports without causing the loss of other benefits that are important to your family such as health benefits or income assistance.				
21. If you thought of placing your child outside the family home prior to receiving a stipend/loan: <ul style="list-style-type: none"> • you feel that the stipend/loan has provided the additional support needed to keep your child in the family home • you feel that the stipend/loan has reduced stress for your family. • the family support stipend/loan has given your family hope for the future. • your expectations for your family have been raised by receiving a stipend/loan. • you are able to access quality supports in your community with the family support stipend/loan. • you feel that your family has been helped by the family support stipend/loan program. 				
COMMENTS (Please use this space to comment on the Family Support Cash Stipend and Loan Program and how it has affected your family.)				
Empty space for comments				