VERMONT
FLEXIBLE FAMILY FUNDING
GUIDELINES

Effective: July 1, 2016

STATE OF VERMONT
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

DEVELOPMENTAL DISABILITIES SERVICES DIVISION

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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>1</td>
</tr>
<tr>
<td>Background Check Policy when Hiring Respite Workers</td>
<td>1</td>
</tr>
<tr>
<td>Eligibility</td>
<td>2</td>
</tr>
<tr>
<td>Record Keeping</td>
<td>3</td>
</tr>
<tr>
<td>Agency Reporting</td>
<td>4</td>
</tr>
<tr>
<td>Agency Allocation</td>
<td>5</td>
</tr>
<tr>
<td>Attachment A: Background Check Policy memo for families</td>
<td></td>
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<tr>
<td>Attachment B: Flexible Family Funding Data Sheet</td>
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</tr>
<tr>
<td>Attachment C: Flexible Family Funding Sliding Scale</td>
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INTRODUCTION

Flexible Family Funding (FFF) reflects an acknowledgement that families, as caregivers, offer the most natural and nurturing home for children and many adults with disabilities. Care and support provided by families are of benefit to the individual, as well as to the service system. By avoiding the need for more intensive and costly out-of-home services, FFF has assisted families to continue to support people with developmental disabilities at home.

PURPOSE

The purpose of FFF is to offer support to individuals with developmental disabilities and their families to enhance their ability to live together. These funds are used at the discretion of the family for services and supports that benefit the individual and family. For adults, it is important that the individual have a voice in the use of the FFF allocation. Examples of acceptable uses of FFF include family respite, assistive technology, individual and household needs (e.g., clothing, heating oil, rent, etc.), and recreational services. These funds can be used for any legal good or activity that the family and individual choose. Families should be encouraged to use these funds for goods or services that are not covered by private or Medicaid insurance or other available funding sources.

BACKGROUND CHECK POLICY WHEN HIRING RESPITE WORKERS

DAIL’s Background Check Policy requires background checks for respite workers hired by families using FFF. Attachment A is a memo to families regarding the procedures for having background checks completed. Agencies should inform families of this requirement. ARIS will bill the agencies for the cost of conducting background checks which will be covered by the agency allocation.
ELIGIBILITY

Developmental Disabilities Services Eligibility Determination:
The designated agency is responsible for determining eligibility for Developmental Disabilities Services (DDS). An individual must be eligible for DDS to be considered for FFF.¹ The staff member who coordinates FFF at the DA meets with the family and, together with the applicant, fills in the information required on the FFF Data Sheet (see Attachment B) and DDS application, if requesting additional services/supports (see Exclusions). The original, completed FFF datasheet must be retained by the agency as required by Medicaid. An agency is responsible to verify if an individual newly applying for FFF has already received FFF during the year from another DA.

If the individual is determined not to have a developmental disability, the family/individual must be informed of the DDS appeals procedure. This must be done in writing, as well as by a method the family/individual understands, if different than in writing.

Criteria:
To receive Flexible Family Funding, a recipient must be: A person with a developmental disability who lives with his/her family. For the purposes of FFF, family members are defined as unpaid biological or adoptive parents, step-parents, adult siblings, grandparents, aunts/uncles, nieces/nephews and legal guardians.

Exclusions:
✓ Individuals who receive Home and Community-Based Services are not candidates for FFF.

✓ Individuals who receive FFF and then move onto Medicaid Home and Community-Based Services are no longer eligible for FFF.

✓ Individuals who live independently, or with their spouse or partner, are not candidates for FFF.

¹ Eligibility is determined according to the standards set in the Regulations Implementing the DD Act of 1996.
**RECORD KEEPING**

At the time of enrollment, the Developmental Disabilities Services Division requires a FFF Data Sheet be maintained at the agency. A family shall not receive a FFF allocation prior to the completion of the required data sheet. Before allocating FFF to a family previously served by another agency, it should be established that they have not received FFF from that agency during the current fiscal year. If a family received less than the maximum amount of FFF for which they are eligible within the fiscal year, the new agency could allocate the balance for which they are eligible. It is important that the information contained on the data sheet be as accurate as possible and is *updated* as necessary, and at least annually. Items requiring further explanation are noted below.

- **Description of Disability/Diagnosis** – The description of disability applies to young children under first grade; a diagnosis is required for children in first grade and older and adults.

- **Gross Annual Household Income** – For individuals under age 18, the gross annual household income includes parental or guardian income, child support payments, and SSI of minor children. For individuals age 18 or over, only the income of the adult with developmental disabilities is counted. Income for individuals age 18 or over includes public monetary benefits (e.g., SSI, Social Security, etc.) and any earned income. “Gross income” means total earnings prior to any deductions or taxes. Income is subject to verification.

- **Number in Family** – The count of all household members who are claimed as a dependent by parents or guardian. If the person with developmental disabilities is age 18 or over, the number in the family is one (1). If more than one minor child is eligible, the household income for the family is counted in total for each child, not divided by the number of children.

- **Amount of FFF** – The level of support authorized is determined by the designated agency, based on the FFF Sliding Scale (see Attachment C) and funding available. For families with more than one family member with a disability, the scale amount is given for each child. Under no circumstance should an individual be provided more than the maximum amount of FFF for which they are eligible, including use of Designated Agency (DA) One-Time 2

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2 It is the responsibility of the Designated Agency to inform the family about the potential tax implications of this funding for workers. It is the responsibility of the family to share information regarding the tax implications of such wages with the worker. If FFF is used to pay respite workers, the family must adhere to the State minimum wage rate for hourly respite services.

Flexible Family Funding Guidelines
Effective: July 1, 2016
Funding and Carryover or when transferring between agencies. (The maximum allocation is $1,000 and may be less given the sliding scale.)

✅ **Resource Availability** – The DA must determine whether the level of FFF authorized is within its budget appropriation. If some resources are present but insufficient to meet the total need, the DA may prorate the authorized allocation until resources are available to meet the full allocation. If no resources or only prorated resources are available, the individual is placed on the waiting list for the balance needed until resources become available.

Regardless of resource availability, an FFF Data Sheet must be completed for each family requesting service. This data sheet shall be maintained at the DA. The DA must also maintain accurate waiting list information for FFF if sufficient resources are not available to serve every person eligible for FFF.

At times, the availability of one-time funding enables families/individuals on the waiting list to receive temporary FFF. If this is the case, the family/individual remains on the waiting list until permanent funding is received.

✅ **Signatures** – The applicant must co-sign the FFF Data Sheet with the DA’s FFF coordinator.

**AGENCY REPORTING**

DAIL/DDSD is required to collect data on categories of need and anticipated outcomes for FFF as part of its quarterly reporting on investment funds. The data for the reporting needs to be collected **before** payment is made to families/individuals. The reporting instructions and spreadsheet are available separately.

✅ **Flexible Family Funding Data Sheet** – This is required for the original allocation of FFF.

✅ **Flexible Family Funding Spreadsheet** – The Division provides designated agencies the FFF Spreadsheet which must be submitted quarterly (see FFF Spreadsheet Instructions). The FFF Spreadsheet details the individuals served by name, date of birth, social security number, Autism Spectrum Disorder (ASD) status (“yes” or “no”), amount paid to each family, category(ies) of need
and anticipated outcome(s), amount of FFF paid, and source of funds (FFF allocation, DA One-Time Funding or Carryover). The total administrative charge is documented as well.

✓ **Families/Individuals Receiving One-Time Funded FFF** – The Division provides the designated agencies a One-Time Funding Spreadsheet. Individuals receiving FFF through DA One-Time Funding must be noted on the spreadsheet. [Note: Families may receive DA One-Time Funding for use other than as their FFF allocation. These funds are allotted based on One-Time Funding criteria in the State System of Care Plan and are not tracked on the FFF spreadsheet.] The need for ongoing FFF for individuals receiving One-Time Funding must be documented separately on the agency’s Waiting List.

**AGENCY ALLOCATION**

✓ **Annual Allocation** – The Division allocates FFF appropriations annually to the DA based on previous year usage and numbers of individuals on the previous year’s waiting list.

✓ **Administrative Charge** – The administration charge must be calculated using the DA’s Department approved administrative rate for the DA. The administrative charge is subtracted from the total FFF agency allocation for the amount of FFF paid out to families, not taken from the individual's allocation.

✓ **Background Check fee** – ARIS Solutions will bill agencies for the background check fee for families hiring respite workers with FFF. The fee will be subtracted from the total FFF agency allocation, not taken from the individual's allocation.
MEMO

To: Family members using Developmental Services Flexible Family Funding
From: Clare McFadden, Assistant Director, Developmental Disabilities Services Division
Re: Background Check Policy for hiring respite workers
Date: October 24, 2014

On August 21, 2014, the Department of Disabilities, Aging and Independent Living (DAIL) issued an updated Background Check Policy. This policy describes the requirements for conducting background checks for workers in programs serving individuals with disabilities that are administered by DAIL. Background checks are one component of preventing abuse, neglect and exploitation of vulnerable people. There is a new requirement that background checks are required for respite workers hired by families using Flexible Family Funding.

A copy of the DAIL Background Check Policy is attached. Following are the steps required for a background check that must be completed prior to a respite worker providing respite to your family member:

1. Contact ARIS Solutions at 1-800-798-1658 and request a background check for a worker who you will be paying through the Flexible Family Funding program. It is essential that you tell ARIS which developmental disabilities service (DDS) agency provides you with the Flexible Family Funds. ARIS will bill the DAIL the fee for conducting the background check. You will not be charged the fee.

2. ARIS will complete a background check and notify you of the results in a letter that will come usually within 10 days.

3. The letter will indicate if the background check reveals a record that will not allow you to hire the worker and pay him/her with Flexible Family Funds.

4. The letter will also indicate if the worker has had past criminal convictions that may exclude him/her from working with your family member. As the employer, you may request a variance to allow the worker to provide respite despite the criminal conviction. See page 4-6 of the policy for information regarding submitting variance requests. Requests should be sent to the Development Disabilities Services Division. The worker should not be paid until after a variance has been granted.

If you have any questions, contact your Developmental Services Agency that provides you with the Flexible Family Funds.
Developmental Disabilities Services

FLEXIBLE FAMILY FUNDING DATA SHEET

Individual’s Name: _________________________ Soc. Security #: _________________

Gender: ______ Date of Birth: _________________ Telephone: ____________________

Parents/Guardians: __________________________________________________________

Address: __________________________________________________________________

____________________________________________________________________________

Description of Disability/Diagnosis (check one):

☐ Intellectual Disability (ID)

☐ Autism Spectrum Disorder (ASD)

☐ Intellectual Disability and Autism Spectrum Disorder (ID and ASD)

Category(ies) of Need (check all that apply):

☐ 1. Respite

☐ 2. Assistive technology

☐ 3. Individual needs

☐ 4. Household needs

☐ 5. Recreation

☐ 6. Other

Anticipated Outcome(s) (check all that apply):

☐ 1. Address health and safety

☐ 2. Improve quality of life (accessibility/accommodations)

☐ 3. Avert crisis placement

☐ 4. Increase communication

☐ 5. Increase independent living skills

☐ 6. Enhance family stability

☐ 7. Maintain housing stability
Have you received FFF from another agency in the past 12 months? □ Y □ N If yes, date____
Would you like information regarding family &/or peer support organizations? □ Y □ N
Would you like to be put in contact with other families in the area? □ Y □ N
Would you like to know about other services? □ Y □ N Please list:

____________________________________________________

Gross Annual Household Income: $________________________ Number in Family: _______

We, the undersigned, certify that the above information is true and accurate to the best of our
knowledge.

________________________________________ Date ________________________________________
Parent/ Guardian

________________________________________ Date ________________________________________
FFF Coordinator

FOR DESIGNATED AGENCY USE ONLY

Amount of FFF Authorized: $_______________________________________________

Resource Availability (check all that apply):

□ Full Allocation □ Partial Allocation □ One-time Funding & Wait List □ Wait List
**DEVELOPMENTAL DISABILITIES SERVICES**

**FLEXIBLE FAMILY FUNDING SLIDING SCALE**

(Scale revised in FY 2010)

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