



State of Alaska  
Department of Health and Social Services  
Division of Behavioral Health

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Policy & Procedure

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Topic: Individualized Service Funds

**Policy:** The Division of Behavioral Health encourages all and requires many state behavioral health grantees set aside a five percent (5%) match for the purposes of *Individualized Service Funds*. The needs to be addressed by these funds are usually of an urgent if not emergency nature, usually one time or short-term, and always addressed in the individual treatment/rehabilitation plan.

**Intent:** To provide guidelines for the Individualized Service Funds (ISF) also referred to as "five percent (5%) set aside" for priority populations. The required individualized funds are to be used by DBH grantees to purchase needed goods and services for consumers that are **not provided by the program and/or agency**, but must be acquired from another source.

**Procedure:**

I Population to be Served

1. Five percent (5%) set aside is for delivery of highly individualized treatment for priority populations.
2. The grantee may not reallocate funding and/or change target populations served. For example; funds allocated for SED youth may not be used to serve adults.
3. Individualized funding needs are identified through a responsive treatment and rehabilitation plan which identifies an individualized array of home and/or community based services and supports. This is guided by a plan that is individual/family centered and driven.
4. Individualized services identified in the plan may include traditional and non-traditional services. Five percent (5%) set aside should be utilized when **all other funding sources have been exhausted**.

II Administration & Reporting

1. The grantee should develop internal prior authorization and utilization management systems.

2. Grantees must submit annual program budgets to DBH that include the 5% set aside in each of their SMI, SED Youth, Women with Children/Youth and Families grant lines or other grant lines as directed.
3. Grantees must include in the programs quarterly fiscal report a total of the expenditures of the ISF funds.
4. Agencies retain individualized detail of ISF expenditures, available for DBH review, as requested i.e. site reviews. NOTE: this does not have to be included in Quarterly fiscal reports.

**Minimal details of records would include.**

<u>Grant line</u>	<u>Coded Consumer Name</u>	<u>What Purchased</u>	<u>Purpose</u>	<u>Amount</u>
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## Background:

Early in the evolution of community treatment in Alaska, it was observed that for lack of a limited resource (beyond the services provided by various community treatment providers), consumers would occasionally deteriorate and/or enter an avoidable crisis and possibly even be hospitalized. As an example, an individual might end up in API or other higher level of care simply because they lacked funds for medication or one month's rent and subsequently decompensated.

Individualized Service funds (ISF) were initially encouraged for Community Support Services for adults with a chronic mental illness in the late '80s and eventually became a specific grant requirement with 5% of specified grant lines being dedicated for ISF's. As recently as FY 02-03 the use of those funds were extended to both adults with a severe mental illness (SMI) and to youth with a severe emotional disturbance (SED). In FY 06 the evidence based practice programs for Women with Children/Youth and Families were added. The standard amount through FY 07 was 5% each of the SMI, SEDY, and Women with Children/Youth and Families grant lines.

## Definitions – Clarifying Examples

**Additional Supports Allowable:** These items/services/supports are aimed at addressing specific psychosocial stressors affecting an individual's current functioning and reducing the likelihood of out-of-home or institutional placement. As noted above:

“The needs to be addressed by these funds are usually of an urgent if not emergency nature, usually one time or short-term, and always addressed in the individual treatment/rehabilitation plan.”

Purchases may include, with appropriate justification, but are not limited to, the following:

- a. Services indicated in individual treatment plan:
  - Double staffing during a crisis.
  - Respite
  - Language interpreters (i.e. Spanish, ASL, etc.)
  - Transitional living services/semi-independent living
- b. Short term housing & living supports:
  - Room and board (non-custody child in group home or resource home care)
  - Essential home furnishings
  - Clothing
  - Payment of utility bills, rental deposits, short term rent or other housing costs
  - Transportation support (bus tickets, taxi fare, auto repair, etc)
  - Items to increase social interaction (recreational items, fees)
- b. Emergent medical needs:
  - Medications
  - Eye glasses
  - Dentures/dental
- c. Short term school & vocational supports:
  - School supplies
  - Tutoring
  - Computer/programs
- d. Other:
  - Fees or dues
  - Incentives
  - Ankle bracelets/monitors

### **Non-Acceptable Uses for ISF**

Examples of non-acceptable uses include:

- a. Paying for an agency's existing staff or services. (As noted above, may be justified to purchase specialized services from an allied agency such as language translation).
- b. Covering the cost of the agency's own sliding fees or no show costs.
- c. Purchasing an item for a number of eligible consumers (for example, a van). Items must be justified in the individual consumer treatment plan.

### **Questionable Cases**

Grantees should contact their DBH regional specialist with questions. If an area is unclear, the regional specialist will consult with their supervisor and/or other regional specialists to ensure consistency as well as support flexibility and the consumer's best interest.