

<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b>  <b>SENIOR AND DISABILITIES SERVICES</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b> 9 Grants	<b>Number:</b> 9-2	<b>Page:</b> 1
	<b>SUBJECT:</b> STAR Discretionary Funds Awards		
	<b>APPROVED:</b> /s/ Duane G. Mayes Duane G. Mayes, Director		<b>DATE:</b> 8/26/15
	<i>Replaces policy signed 2/8/13</i>		

### **Purpose**

To delineate responsibilities for management of STAR discretionary funds.

To describe the eligibility requirements and the application process for discretionary funds awards.

To clarify the services for which discretionary funds are available.

### **Policy**

An applicant for STAR discretionary funds must meet the SDS developmental disabilities eligibility requirements or be a participant in the Children with Complex Medical Conditions waiver. STAR Coordinators, employed by the grantee provider agencies (STAR agencies), may assist individuals and their representatives with the developmental disabilities eligibility process. An applicant may submit a request for STAR discretionary funds up to a maximum of \$2,500 per fiscal year, except that certain items have lifetime STAR discretionary funding limits.

### **Authority**

AS 47.80.100 Programs for persons with disabilities;

AS 47.80.130 (a)(5) Grant programs;

AS 47.80.900 (6) Person with a developmental disability.

### **Definitions**

“Discretionary funds” means money, included in grants to STAR agencies, that is offered to applicants to meet short-term needs.

“Fiscal year” means the period between July 1 of one year and June 30 the next year, inclusive.

“Health care professional” (as used in this document) means a physician; a physical, occupational, speech/language or behavioral therapist; or an Early Intervention/Infant Learning Program specialist.

“Representative” means a parent, guardian, or other individual with legal authority to act on behalf of an individual with developmental disabilities.

“SAMS” means the Social Accountability Management System, a data collection and reporting system used by SDS and the Centers for Medicare and Medicaid.

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	<b>SUBJECT:</b> STAR Discretionary Funds Awards		
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## Responsibilities

1. **SDS** is responsible for
  - a. administering the STAR grant program;
  - b. providing technical assistance and guidance; and
  - c. reviewing and approving requests over \$750.
2. The **applicant/representative** is responsible for
  - a. maintaining eligibility for services;
  - b. working with the STAR Coordinator to complete the application for discretionary funding; and
  - c. gathering and submitting documentation required to support requests.
3. The **STAR agency** is responsible for establishing a full-time STAR Coordinator position dedicated to the STAR program, to provide
  - a. assistance with SDS developmental disabilities eligibility application;
  - b. assistance with the STAR Discretionary Funds application process; and
  - c. management of STAR discretionary funds, including
    - i. reviewing applications,
    - ii. approving appropriate requests up to \$750, and forwarding requests beyond \$750 to SDS for approval,
    - iii. maintaining fiscal oversight of discretionary funds,
    - iv. submitting required quarterly reports, and
    - v. entering information on a monthly basis into SAMS.

## STAR discretionary funding process

1. Application.
  - a. The STAR Coordinator meets with the applicant/representative to advise of eligibility requirements, including assisting with the SDS developmental disabilities eligibility application process, as needed.
  - b. The applicant for STAR discretionary funding
    - i. meets the eligibility criteria for developmental disabilities services and/or is a participant in the Children with Complex Medical Conditions waiver, and
    - ii. resides in the census area served by the STAR agency.
  - c. The applicant/representative submits
    - i. a *STAR Discretionary Funds Application* (Attachment), and
    - ii. documentation supporting the requests for discretionary funds, including
      - A) a written, itemized quote or estimate from a vendor, or catalog or website pages showing item and completed order form; and
      - B) a written recommendation, which does not need to be a prescription, from a health care professional.

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	<b>SUBJECT:</b> STAR Discretionary Funds Awards		
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2. Selection.

- a. The STAR Coordinator approves requests when
  - i. no other immediate source of funding is available to meet the need, and
  - ii. the requested supports and services
    - A) are necessary to overcome obstacles to achieving stability,
    - B) are time-limited,
    - C) serve the purpose of early intervention or crisis intervention, and
    - D) fall within the STAR discretionary funds guidelines or are approved by the SDS grants program manager.
- b. Amounts funded.
  - i. The STAR Coordinator approves requests up to \$750.
  - ii. SDS reviews and approves requests over \$750, up to a maximum of \$2,500 per fiscal year, except that certain items have lifetime STAR discretionary funding limits.
- c. Applicants whose requests are approved may receive services away from home and community on a temporary basis if authorized by both the STAR Coordinator and SDS grants program manager.

3. Expenditure of discretionary funds.

The STAR Coordinator purchases all approved equipment and services directly from vendors, unless an application was pre-approved for reimbursement directly to the applicant using receipts that provide proof of actual expenditures.

4. Discretionary funding guidelines.

STAR discretionary funds may be used for the following services and items:

a. Supports and services:

- i. Medical, dental, or other therapies, e.g., speech, mental health, or physical therapy.
- ii. Short-term family counseling to address a specific issue or behavior.
- iii. Employment supports necessary to prevent dismissal because of disability-related issues.
- iv. STAR discretionary funds cannot be used to fund services provided by the STAR Coordinator under terms of the STAR agency grant, e.g., case management, or advocacy and referral.
- v. Emergency respite support in or out of the home, on an hourly or daily basis, utilizing agency personnel or family-directed respite providers certified by SDS.

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	<b>SUBJECT:</b> STAR Discretionary Funds Awards		
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- b. Equipment and supplies:
- i. Medical supplies, excluding items normally provided by parents for children, e.g., diapers, wipes, non-prescription medications, and infant formula.
  - ii. Habilitative devices or products, including disability-specific apps, when recommended in writing by a health care professional with expertise regarding suitability of such equipment for a physical, sensory, motor, or intellectual disability or delay.
  - iii. Therapeutic equipment, when recommended in writing by a health care professional with expertise regarding suitability of such equipment for a physical, sensory, motor, or intellectual disability or delay.
  - iv. Clothing, if warranted by the
    - A) need for health and safety of the applicant, or
    - B) need for appropriate attire for employment.
  - v. STAR discretionary funds cannot be used to purchase the following equipment, supplies and services:
    - A) Toys, games or other types of entertainment, including dolls, stickers, coloring books and crayons, and developmental toys;
    - B) Bicycles and other pedal-driven devices, micro cars, scooters, Segways, or other types of personal transportation;
    - C) Electronic devices, including
      - 1) lights or other devices to treat seasonal affective disorder;
      - 2) computers, computer software, except as allowed under b (ii) above, computer peripherals or other hardware, and handheld or palm computers (PDAs);
      - 3) cell phones and cell phone services; and
      - 4) devices that receive, record, or play audio or video signals (e.g., television sets, compact disc players, MP3 players, iPods, videocassette players, and DVD players) and playable components (e.g., videocassettes, DVDs, CDs, and MP3/iPod downloads;
    - D) Hot tubs, spas, saunas, or permanently-installed hydrotherapy devices;
    - E) Exercise equipment, outdoor playground equipment, or scissors lifts;
    - F) Gym memberships, lessons of any sort (including music, sports, academic), and recreation fees if not recommended as part of a rehabilitation or treatment plan; or
    - G) Gift cards of any kind.
- c. Home and environment:
- i. Rental assistance, limited to one payment of up to \$1,000 per applicant's lifetime, for the purpose of preventing eviction from the home in which the applicant resides, with a corresponding plan to prevent reoccurrence of need.
  - ii. Utilities assistance while other sources for payment are pending, limited to one payment of up to \$500 per applicant's lifetime, for heating, fuel, or electricity for the home in which the applicant resides, with a corresponding plan to prevent reoccurrence of need.

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	<b>SUBJECT:</b> STAR Discretionary Funds Awards		
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- iii. Home modifications that are necessary for the health, welfare and safety of the applicant, and enable the applicant to remain in or to return to the home.
  - iv. STAR discretionary funds cannot be used for home improvements that do not directly meet a disability-related need, and that ordinarily would be the responsibility of the homeowner.
- d. Travel.
- i. Assistance in the form of bus passes or taxi vouchers for transportation to health care provider appointments.
  - ii. Air or ferry transportation for medically-related needs for applicant and one escort (parent, guardian, or other escort approved by the STAR Coordinator).
  - iii. Expenses for medically-related transportation to scheduled appointments outside the home or community of the applicant when:
    - A) supported by documentation from a physician indicating medical necessity,
    - B) supported by evidence of inadequate family or community resources,
    - C) pre-approved in writing by SDS, and
    - D) costs are based on the current state travel mileage rate.
  - iv. STAR discretionary funds cannot be used for
    - A) Travel not related to disability or habilitation;
    - B) Purchase of any means of transportation (e.g., automobiles, trucks, snow machines, boats, airplanes or any other type of vehicle);
    - C) Purchase of any items associated with ownership of any means of transportation (e.g., insurance, snow tires or plows, and parking or moorage fees); or
    - D) Maintenance or repair of automobiles or any other means of transportation;

### **Fiscal oversight**

1. Discretionary funds management. The STAR agency manages the awards by
  - a. purchasing all equipment and services directly from vendors,
  - b. retaining all receipts, and
  - c. documenting all expenditures.
2. Reports. The STAR agency reports expenditures in
  - a. the Cumulative Fiscal Report on a quarterly basis, and
  - b. SAMS on a monthly basis.
3. Records The STAR agency
  - a. retains all applications and supporting documentation, including corresponding plan to prevent reoccurrence of need associated with one time funding awards for utilities assistance and rental assistance, and
  - b. makes the materials available for SDS review upon request.

### **Attachment A: STAR Discretionary Funds Application**

#### **Attachment A, P&P 9-2, Page 1 of 1 (example)**

(actual application at <http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx>)



### Short Term Assistance & Referral (STAR) Grant Program Discretionary Funds Application

Applicant:		Date of Birth:	
Address:			
City:	State:	Zip code:	
Telephone:	Email address:		
Have you received a STAR discretionary funds award before?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Person Completing Form:		Contact:	
<p><b>Certification statement:</b>          I have no funds personally to make this purchase. I verify that there are no other programs available to fund this request, and acknowledge that SDS may request verification in the form of denied applications. I also give permission for the STAR agency to contact me and/or the person completing the form, as indicated above.</p> <p><b>Signature:</b> _____    <b>Date:</b> _____</p>			
Amount of request: \$ _____		Date of request: _____	
Describe items, services or payments requested. <i>Attach supporting documentation, e.g., estimate from a vendor, catalog page/order, or copies of bills, and a written recommendation of health care professional, if appropriate.</i>			
Vendor or service provider name: _____			
Address: _____			
Telephone number: _____			
STAR Agency:		Telephone:	
Request reviewed by <input type="checkbox"/> STAR Coordinator <input type="checkbox"/> SDS Program Manager			
<input type="checkbox"/> APPROVED			
BY _____	Date: _____	Amount: _____	
Comments/Plan:			
<input type="checkbox"/> DENIED			
BY _____	Date: _____	Amount: _____	
Reason for Denial:			