

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	1 of 7

POLICY

To provide financial supports to qualified families in accordance with NRS 435.365 and NAC 435.395 to 435.430 for the purpose of supporting the family unit and sustaining natural support networks thereby reducing risk of out of home placement. This financial assistance is intended to be used to offset expenses necessary to meet specialized needs of individuals served by Developmental Services.

PURPOSE

To provide a clear understanding of the Family Preservation Program (FPP) and its objectives to families and agency staff, and to provide information on the eligibility criteria, application process, reporting responsibilities, and the appeals process.

DEFINITIONS

Individual: the person determined eligible for regional center services.

Head of Household: designated person in the household to be the recipient of the FPP stipend and the responsible person for completion of the FPP application and supporting documentation.

Household: everyone (grandparents, relatives, significant others and any other individuals who are residing in the family home) who contribute to the household income.

Total family gross household income: the income of everyone (family members, grandparents, and other relatives living in the home, significant others and any other individuals residing in the home) who contributes to the family income.

Parent or relative: the biological parent, relative, legal adoptive parent, or legal guardian of such person (NAC 435.395).

FPP supplement: the money provided to the eligible family by the state.

Severe or profound intellectual disability: evidenced by obtaining scores approximately four or more standard deviations below the mean on accepted methods for assessing intellectual capacity and adaptive functioning with onset before age 18 years ([e.g., standard scores below 40 on measures of intellectual and adaptive functioning for instruments normed having a mean of 100 and standard deviation of 15]; an IQ score of approximately 20-25 to 35-40 (Severe) or an IQ level below 20 or 25 (Profound); standard scores below 40 on measures of adaptive functioning).

For a child under 6 years of age: the child has developmental delays and requires support equivalent to a person with severe or profound intellectual disability.

REFERENCES

[NAC 435.395 - 435.430](#)

[NRS 435.365](#)

PROCEDURE

A. PROGRAM OBJECTIVES

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	2 of 7

1. Individual, family circumstances and choices will be the framework in determining the appropriate type of service(s) or support(s) which can best meet the goals of the family.
2. Services provided will be in accordance with desired outcomes, utilizing the least restrictive alternatives, and provided in community-based, integrated environments.

B. PROGRAM

1. Relatives with severe or profound intellectual disability; or
2. Children, under the age of six, who have documented developmental delays requiring support equivalent to the support required by a person with severe or profound intellectual disability.
 - a. The assistance is provided in addition to other community resources available. All eligible families receive a set monthly payment that is established by legislative appropriation each fiscal year. If the number of eligible families exceed the legislatively approved appropriation, a wait list of families is created. ADSD may also adjust the monthly allotment given to each family monthly. The total amount spent may not exceed the legislative appropriation.
3. Some examples of how the assistance might be used to support the family's efforts to maintain the individual in the home include the following:
 - a. Medical supports and specialized supplies or equipment (i.e., medical tests, wheelchairs, walkers, special diets, clothing, etc.) that enhance the individual's health and safety and are not provided by Medicaid, health insurance or other benefit.
 - b. Transportation services that enhance participation and interaction with the community.
 - c. Respite care; and
 - d. General income supplementation for families to improve their economic resources to help relieve financial stress (i.e. rent, food, utilities, etc.).

C. ELIGIBILITY

1. Eligibility for FPP will be determined as outlined in NRS 435.365 and NAC 435.410 and within the parameters established below.
 - a. The individual with an intellectual disability must be cared for by a parent or relative with whom they live.
 - b. The individual is a legal resident of Nevada and the United States. The applicant (Head of Household) is a legal resident of Nevada and the United States.
 - c. Neither the individual nor the parent or other relative with whom they live is reasonably able to pay for his/her care and support.
 - d. The total family gross household income is less than the current 300% of Federal Poverty Guidelines. This includes earned and unearned income for all individuals living in the household excluding the individual's Supplemental

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	3 of 7

Security Income (SSI) or an adoption subsidy. SSI benefits or adoption subsidies received by other members of the household are not excluded.

- e. The individual is not participating in the Developmental Services Shared Living Program, receiving supported living services in the home and their paid support staff is a family member living in the same household, or receiving supported living services outside of the family home (e.g. 24 hour supported living, intermittent supported living in own apartment/home).
 - f. The individual meets the diagnostic conditions for severe or profound intellectual disability as outlined in NRS 435.365 and NAC 435.400.
 - g. The individual is provided with adequate care by the parent or relative in accordance with the Person-Centered Plan and the care includes but is not limited to, personal and safety, education, and environmental health.
2. If, at any time, a family's income exceeds the current 300% of Poverty Guidelines, the individual is no longer eligible to receive the FPP supplement. The applicant/Head of Household is responsible to inform the Regional Center immediately of any changes in the family's income when and if such changes occur. Failure to notify the Regional Center timely may result in the establishment of a payback agreement with the family to return any funds to the state that were provided when ineligibility was established.
 3. If a wait list for FPP exists, individuals will be given the FPP supplement as funds become available. Individuals on the wait list will be prioritized in the following order:
 - a. The date of application will determine who is served first. If there is more than one family with the same priority of need and date of application, the statewide manager will determine who will receive services first based upon a review of the application information.

D. OTHER BENEFITS

1. The FPP applicant/Head of Household must apply for all other welfare/assistance programs, as appropriate, to meet their relative's needs, i.e., SSI, RSDI, Medicaid, etc. Verification of application and receipt or denial of benefits must be provided to the Service Coordinator at the time of submission of the FPP application.
2. The Service Coordinator will assist in the identification of all applicable benefit programs.

E. APPLICATION PROCESS

1. Applicants/Heads of Household must contact the Intake Department of the Regional Center and apply for Regional Center services. All applicants for Developmental Services are screened at Intake for eligibility for the FPP. The DS Intake Worker will make a recommendation for the FPP if the applicant appears to meet eligibility requirements.
2. The individual must be determined eligible for Regional Center services. Once eligible, the individual will be assigned a Service Coordinator. The Service Coordinator will assist with the application to the FPP.
3. A FPP application will be completed by the applicant/Head of Household with the assistance of the Service Coordinator, if needed, and submitted by the Service Coordinator to the statewide FPP coordinator via the Harmony electronic record system

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	4 of 7

within 5 working days of receipt of all documentation required. The Service Coordinator shall notify the statewide FPP coordinator of the availability of the information for review.

- a. The applicant/Head of Household is responsible for completion of the Vendor Registration Form obtained from the Regional Center Service Coordinator. This form needs to be returned to the Service Coordinator for processing with the application.

F. ELIGIBILITY DETERMINATION PROCESS

1. The FPP application is received by the FPP office and the eligibility or ineligibility determination is made. If the application is incomplete, it is returned to the Service Coordinator for completion and resubmission. All new FPP applications, annual redetermination application with updated diagnostic evaluations, and applications for children turning six years of age are reviewed by the ADSD FPP Psychologist for verification of diagnostic eligibility. Additionally, the ADSD FPP Psychologist will review all FPP applications and redeterminations if there are questions concerning the diagnosis of severe/profound intellectual disability (or developmental delay for children under 6).
 - a. The FPP Manager or designee will notify the Head of Household and Service Coordinator of the eligibility decision.
 - b. Applicants determined eligible for FPP will receive retroactive assistance from the first day of the month after the date the completed application was received.

G. VERIFICATION OF SOCIAL SECURITY NUMBER

1. The Service Coordinator is initially responsible for verifying the social security number of the Head of Household on the Vendor Registration Form. "Head of Household" is determined by the family when submitting the FPP Application for Assistance and the Vendor Registration Form to the Service Coordinator. The Service Coordinator must visually inspect the social security card and the number entered onto the Vendor Registration Form to ensure the correct number has been entered. No copies are to be made of social security cards.
2. The FPP Program Officer I or designee is responsible for the final verification of social security numbers of the applicant/Head of Household by looking up the number provided on the Vendor Registration Form via the Social Security Number Verification System with the Social Security Administration and its submission to the Controller's Office.
 - a. The Service Coordinator is responsible for verifying eligibility information at the time of the quarterly review.
 - b. Once notified of any changes the Service Coordinator is responsible for notifying the Program Officer I or designee of any changes in FPP recipient information such as financial status, benefit status, lack of responsiveness of follow-through by the family/guardian to service delivery identified in the Person Centered Plan (PCP), identification of health and safety concerns of the individual, and address changes. Please see section III (A) of this policy for further clarification.
 - c. The Service Coordinator is responsible for ensuring that the applicant/Head of Household is informed of the requirement to complete a Vendor Informational

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	5 of 7

Update form and submit it as changes occur, and that the submission is forwarded to the Program Officer I or designee.

- d. The FPP Program Officer I or designee is responsible for submission of the updated form to the Controller's Office.

H. REPORTING REQUIREMENTS

1. Applicant/Head of Household reporting requirements are noted in the FPP Application for Assistance. This document is signed by the family and specifically includes the requirement and affirmation to follow [Reporting Responsibilities for the Family Preservation Program](#).
 - a. Applicant/Head of Household Responsibility:
 - 1) The applicant/Head of Household is required to notify the Service Coordinator of any changes in residency, household composition, income, other benefits received, and things of value owned by the family in accordance with NAC 435.395 to 435.430. Failure by the applicant/Head of Household to report changes may result in termination of the FPP supplement.
 - b. Service Coordinator Responsibility:
 - 1) To ensure [Reporting Responsibilities for the Family Preservation Program](#) is given to the applicant/Head of Household at the time of application to the program and at redeterminations.
 - 2) To notify the FPP Office if the individual receiving services enters into a Shared Living Arrangement with the family they are living with or if a family member living in the household becomes a direct support staff for the individual.
 - 3) Submit the [Family Preservation Program Change Form](#) within 5 working days when notified of any changes in status to income, household composition, diagnoses, and changes or termination of services.

I. PLANNING

1. The assigned Service Coordinator will work with the individual, applicant/Head of Household, family, and support team to develop a Person-Centered Plan (PCP). The support team consists of people identified by the individual, applicant/Head of Household, family, Regional Center Service Coordinator, and other professionals determined necessary to the planning process.
2. The PCP is written to reflect the receipt of the FPP supplement and any other benefits and addresses support needs identified by the team and the individual related to personal health and safety, education, environmental health and use of financial assistance to enhance the general welfare of the individual.

J. PAYMENT

1. FPP supplement checks will be issued by the State Controller's Office to the applicant/Head of Household.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	6 of 7

- a. The Controller's Office will be notified by ADSD to stop payment on any FPP supplement checks not cashed within 90 days of issuance.
- b. If an overpayment occurs, subsequent monthly payments will be reduced until the amount of overpayment is recovered.
- c. If FPP eligibility is terminated and an overpayment has occurred, the recipient of the overpayment will reimburse the regional center within 60 days of notification.

K. REDETERMINATION

1. An annual re-determination of FPP eligibility is required and will be completed at the annual PCP meeting.
 - a. The applicant/Head of Household is responsible to submit updated information to the Service Coordinator within 15 working days of the date of the annual PCP meeting.
 - b. The Service Coordinator is responsible to notify the FPP Office Program Officer of any updated information no later than 30 days after the annual PCP meeting month. This includes, but is not limited to:
 - 1) Updated financial information provided by the applicant/Head of Household, family;
 - 2) Applicant/Head of Household changes and new Vendor Registration Form if changed;
 - 3) Updated psychological assessment or psychoeducational assessment, if completed;
 - 4) For children, a MDT summary and statement of eligibility from school every 3 years;
 - 5) Current address, phone number and other relevant contact information.This information should be uploaded into the Harmony electronic record system. The Program Officer I or designee will be notified by the Service Coordinator when the information is ready for review.

L. TERMINATION

1. FPP benefits will be terminated if any of the following occur:
 - a. The individual is no longer eligible for the program;
 - b. Provision of false or misleading statements;
 - b. Misrepresentation of acts;
 - c. Concealing or withholding facts to establish or maintain program eligibility; or
 - d. Failure to report changes in circumstances.
2. Upon report of the death of the individual receiving a FPP supplement, the applicant/Head of Household is eligible to receive one additional month of FPP supplement.

M. DENIAL AND APPEAL

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
36-1	9/7/2018	Family Preservation Program	9/7/2018	7 of 7

1. The FPP Manager will notify all applicants or recipients in writing if denied or determined ineligible for the Family Preservation Program. Decisions may be appealed by submitting a written request for review to the Regional Center Manager or designee within 15 working days of the date of the denial.
 - a. A review of the denial/ineligibility will be conducted by the Regional Center Agency Manager or designee within 30 calendar days of receipts of the written request for review.
 - b. Further appeal may be made in writing by the applicant or recipient to the ADSD Administrator or designee. The appeal must be filed within 15 days of the applicant's or recipient's receipt of the notice of the decision by the Regional Agency Manager or designee.
2. According to NRS 435.365 (3): "The decision of the Division regarding eligibility for assistance or the amount of assistance to be provided is a final administrative decision."


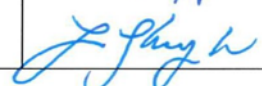
ATTACHMENTS (CLICK BELOW)

CHAPTER 36 FORMS

[Attachment A-Application for Family Preservation Program](#)

[Attachment B - Reporting Responsibilities for Family Preservation Program Benefit Recipients](#)

[Attachment C - Family Preservation Program Change Form](#)

Approved By		
Title	Signature	Date
Quality Assurance Manager		9/7/18
Administrator or Designee		9/7/18
Document History		
Revision	Date	Change
1	6/20/2016	Reformatting, spelling corrections and verbiage
2	9/7/2018	Changes to the application process