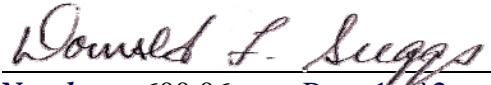


**SMOKY MOUNTAIN CENTER FOR MH/DD/SAS**

<b>Department</b>	Service Management	<b>Original Effective Date</b>	1/12/2009
		<b>Last Review Date</b>	
<b>Functional Area</b>	Service Management	<b>Last Revision Date</b>	
		<b>Approval</b>	
<b>Title</b>	Prohibition of the Use of LME Funds for Services Provided by Family Members or Relatives		
		<b>Number</b>	600.06
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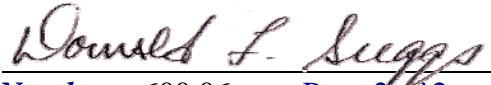
**POLICY**

It is the policy of Smoky Mountain Center for MH/DD/SAS, hereafter referred to as SMC, that LME funds may not be used to pay for services provided by family members or relatives of recipient consumers, or by persons legally responsible for those consumers.

**PROCEDURE**

1. For the purpose of this policy,
  - a. "Family member or relative" refers to mother, father, child, sister, brother, step-relatives, aunt, uncle, cousin and spouse.
  - b. "Persons legally responsible" for consumers refers to parents of minor children, guardians of persons, guardians of consumers' estates, and legal representatives of incapacitated consumers.
  
2. Natural supports and community resources are important elements in consumers' care and are to be reflected in Person Centered Plans.
  - a. LME-funded services should not take the place of but should supplement natural supports and community resources.
  - b. Natural supports include support and assistance from family members and relatives.
  
3. LME funds may not be used to pay for services provided by family members or relatives of recipient consumers or by persons legally responsible for those consumers.
  - a. SMC-contracted providers are prohibited from employing family members or relatives, or legally responsible persons of consumers to provide services directly to those consumers except as described below.
  - b. Care Managers will not knowingly authorize services to be provided by family members or relatives of recipient consumers or by persons legally responsible for those consumers except as described below.
  - c. Care Managers and other SMC employees who become aware of family members or relatives of recipient consumers, or of legally responsible persons providing LME-funded services to those consumers other than with an approved exception as noted below will refer the case to the SMC Customer Services Staff for review and action as deemed appropriate.
  
4. In exceptional situations in which no other viable service provider is available and in which a consumer is deemed to be at risk for deterioration or harm without the service, a

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consumer's family member or relative may be approved by SMC to provide LME-funded services to an adult consumer.

- a. The Clinical Home Provider must provide written documentation of each of the following exception criteria:
  - i. The requested services are medically necessary and within the scope of services that SMC can authorize.
  - ii. The lack of any other qualified person to provide the service; and
  - iii. The risks to the consumer if the relative does not provide the service to the consumer; and
  - iv. The family member's or relative's qualifications to provide the service per service definition requirements;
  - v. The provider's plan for continued efforts to identify an individual that is not a relative or family member of the consumer to provide the service.
- b. A Care Manager will review the above required documentation and may approve the Person Centered Plan if all criteria are met.
  - i. The Care Manager will document review of the exception criteria and whether or not each is met.
  - ii. If all exception criteria are met, the Care Manager will approve the plan and authorize services accordingly.
    1. On subsequent plan reviews, Care Managers will review and document that all exception criteria are still met.
  - iii. If on initial or concurrent review the Care Manager determines that all of the exception criteria are not met, the Care Manager will discuss with the provider why she or he cannot approve the requested plan and will attempt to discuss alternative plans with the provider.
  - iv. If the Care Manager and provider are unable to reach agreement on an alternative plan that the Care Manager can approve, the case will be referred to a Peer Reviewer for determination.
  - v. If the Peer Reviewer determines that the services are medically necessary and that the exception criteria are met, the plan shall be approved and the services authorized.
  - vi. If the Peer Reviewer determines that the services are not medically necessary or that the exception criteria are not met, the plan shall be disapproved and the services shall not be authorized.
  - vii. The consumer shall have the same appeal rights to denial of a request for exception to the prohibition of LME-funded services provided by a relative and for medical necessity denials of LME-funded services.