
FDS SUPPORT AND SPENDING PLAN CHECKLIST

The following criteria are required components of a *Support and Spending Plan (SSP)* packet. Depending on individual circumstances, they may not be the only components required. Typically, the Case Coordinator will review the *SSP* and *Plan Changes* in 10 working days once a complete packet has been submitted. Packets are reviewed in the order that they were received. The Case Coordinator cannot backdate.

- To avoid a lapse in services, submit typed *SSP* 45 days prior to the expiration of the current plan to DDFamilyDirectedProg@DHW.Idaho.Gov
- Verify Medicaid and Children's DD Program eligibility and annual budget
- Verify the Support Broker's (SB) qualification is up-to-date. (renewed annually)
- Verify the following documents are completed in detail and included:
 - Application Update Form*
 - My Voice, My Choice Workbook* - including detailed *Health and Safety Plan*
 - SSP Cover Sheet*
 - SSP Support Plans* - with a separate goals sheet for each need identified
 - Back-up Plans* - detailed, action-based instructions
 - Spending Plan Worksheet*
 - Spending Plan Summary*
 - SSP Authorization*
 - Signed and dated *Choice and Informed Consent Authorization*
 - Recommendation Forms for Goods and Services* signed by licensed physician, SLP, PT, OT or psychologist for service or good, as needed. A separate form for each service and good is required.
 - Current *Health & Physical (H&P)*. H&P must be dated within the last 365 days and document a current diagnosis.
 - Attach license and/or certification of CSW to *SSP* when necessary

Initials *SSPs* only:

- FDS Guide Attendance Certificate* (gathered after Guide Training) & *FEA Attendance Certificate* (gathered after FEA Training)
- Signed *Rights and Responsibilities Certificate* (gathered after Guide Training)
- If child has a legal guardian, copy of court-order appointing guardian
- Include all services and supports the child received are on the *SSP*, including natural supports, services paid with Medicaid card, private insurance or private pay
- All goods or services must meet the following criteria:
 - A safe and effective treatment that meets acceptable standards of medical practice
 - Not educational, vocational, or recreational related activity or good
 - Does not supplant the role or responsibility of the parent
 - Needed to optimize the health, safety and welfare of the child
 - The least costly alternative that reasonably meets the child's need
 - For the sole benefit of the child
 - To maintain the ability to remain in the community, enhance community inclusion and family involvement
 - Decrease dependency on formal support services and thus increase independence of the child
- Ensure every item on the *SSP Authorization* pages relates directly to a goal on the plan
- Ensure *SSP* includes documentation to request payment for '2 CSWs at the Same Time' when applicable
- Include Support Broker's name and address and signature on the *Plan Authorization Sheet*
- Ensure all goods and services meet program guidelines, including CSWs paid no more than market rate
- Ensure the *SSP* addresses how goods and services:
 - Increase independence or substitute human assistance
 - Show a decrease in the need for other Medicaid services
 - Do not include a request for 'goods and services' as a substitute for human assistance and request the same type of assistance from a person
 - Do not include request for human assistance when there was a previous approval for 'goods and services' as a substitute for human assistance, unless justified