

# FAMILY-DIRECTED SERVICES Support and Spending Plan Instructions



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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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## DEVELOPING THE CHILD'S SUPPORT AND SPENDING PLAN

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Be sure you are using the most recent version of the forms available on the FDS website [www.familydirected.dhw.idaho.gov](http://www.familydirected.dhw.idaho.gov). All *Support and Spending Plans (SSP)* must be typed, although the *My Voice, My Choice Workbook* may be handwritten as long as it's legible. The *SSP* must be signed. Only parents and court appoint legal guardians are eligible to participate in FDS when the child is living at home with them.

Before writing the *SSP*, you should have already completed the child's *My Voice, My Choice Workbook*, as this is considered the child's "Needs Assessment". Have the child's *Workbook* available before you begin writing the child's *SSP*. Each goal, service and good should relate back to a goal and need identified in the *Workbook*.

The *SSP* should reflect the goals the parents or legal guardian have for the child as well as the goals the child would like to accomplish during the plan year. Also the child's service and support needs required to live safely and independently as possible in the community should be included. The goals and needs have to be related directly to the child's developmental disability. Below are instructions on each step in completing this process.

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### STEP 1: SUPPORT AND SPENDING PLAN COVER SHEET INSTRUCTIONS

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1. Type the *SSP*
2. Check either the *Initial Plan* or *Annual Plan* box. Only check the *Initial Plan* box if this is the child's first Family-Directed *SSP* in the program. Document the child's *Diagnosis* in this section.
3. Complete all sections. If not applicable, please indicate "n/a".
4. List the names of all individuals who were involved in helping develop the *SSP*. This list should also include those individuals who may not have attended the family-centered planning meeting(s), but were involved in helping develop your plan. Designate your Fiscal Employer Agent and your Support Broker's name and all contact numbers.

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### STEP 2: Planning Information

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The needs, strengths, preferences, setting locations, and goals for the child will be reported by the parents/guardians and/or the child. Needs, strengths, preference, settings, and goals that are listed on the plan must also be represented in the workbook.

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### STEP 3: BACK-UP PLAN INSTRUCTIONS

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To create the child's Support Plan pages, you will need to refer back to the worksheets in the *My Voice, My Choice Workbook*. The worksheets will help you decide on goals for the child. To address a deficit in socialization skills, a goal can be written as broadly as "increase his socialization skills" or as specifically as "learn to participate with other children during reading hour at the library".

- Each specific goal must be written on a separate *Support Plan* page. Please don't combine goals.
- The child's *Support Plan* will also identify whether someone will be providing support to the child at no cost (natural supports) or whether Medicaid will be paying for the support. In many cases, you may be able to do things yourselves to accomplish a goal or it may be possible for you to get help from community organizations and/or natural supports at no cost. The more support you can find at no cost to you, the more money you will have available to put towards developing the child's goals or to save for additional services, supports or goods that may become necessary. Remember, the funds cannot be carried over to the next plan year.

1. **Goal or Need** - List the goal or need to achieve or be accomplished in the upcoming plan year. Each goal or need is listed on a separate goal sheet. Document the desired outcome for the child once the goal has been reached. The desired outcome may not be met during the same plan year.
2. **Activities** - List what and how often the child is able to do the activities on their own in respect to that goal or need.
3. **Natural Supports** - Identify people you would not need to pay that would help you reach this goal. Identify how often these natural supports will be able to provide this help.
4. **Medicaid Paid Supports** - List the service, task or good needed to reach the child's goals and needs. In the type of support section, indicate the type of support being provided by using the drop-down list. All supports must address a documented deficit in the child's skills or behavior. Use the following definitions of the support categories to determine what type of support best describes the service, task or good being purchased.

**Support Categories:**

- **PERSONAL:** Helps the child maintain health, safety, and basic quality of life.
- **TRANSPORTATION:** Helps your Community Support Worker help the child accomplish identified goals through gaining access to community services, activities and resources.
- **LEARNING:** Helps the child learn new skills or improve existing skills that relate to identified goals.
- **RELATIONSHIP:** Helps the child learn and practice ways to recognize and minimize interfering behaviors in order to establish and maintain positive relationships.
- **EMOTIONAL:** Helps the child learn and practice behaviors consistent with goals and wishes, while minimizing interfering behaviors.
- **ADAPTIVE EQUIPMENT:** Equipment that meets a medical or accessibility need and promotes the child's increased independence.

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## STEP 4: BACK-UP PLAN INSTRUCTIONS

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If problem or at-risk behaviors were identified in the *Workbook* that could jeopardize the health or safety of the child or others, to ensure the child's and other's safety a back-up plan must be developed for that support to direct the CSW supporting the child.

If there are other medical, health and safety issues that could arise while a CSW is providing supports, to ensure the child's safety a back-up plan must be developed for that support to direct the CSW supervising the child.

For any supports identified that require a back-up plan, first list the *Goal* or *Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways to obtain the help or support. Please enter this information in the spaces provided. A list of phone numbers to contact if a situation arises is not an adequate back-up plan.

For example, if the child has issues breathing at times and carries medication to open their airway when necessary, who could administer the medication if the primary staff person was temporarily unavailable. (Perhaps the staff person is using the restroom.) In these types of situations, someone in the immediate environment must be aware of the medication need and the administration protocol.

Another scenario could arise in which the respiratory medication didn't work properly. In this case is there an emergency protocol the CSW should follow? If the child has a seizure disorder, what should the CSW do in situations in which the child has a seizure?

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## STEP 5: SUPPORT AND SPENDING PLAN AUTHORIZATION INSTRUCTIONS

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The *Support and Spending Plan Authorization* page lists the total amount of money you are going to spend for services, tasks, or goods broken down by support category.

1. For each service, task, or good listed under the *Paid Support* section of your *Support Plan*, list that service, task or good in the corresponding support category (*Personal, Emotional, Learning...*).
2. Enter the name of the *person, agency or vendor who will be providing the identified service, task or good*. If the CSW has not been determined, it will be necessary to send the FEA a copy of the *Employment Agreement* when you have selected and hired this staff.
3. Enter the *number of hours (or number of items) needed* for the upcoming year.
4. List the *cost per hour* or *cost per item*.

If you are hiring staff to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay them before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the federal government as an employer under the Family-Directed Service option. Please contact the Fiscal Employer Agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.

5. To calculate the *Annual Cost* you must multiply the *total number of hours (or item)* by the *cost per hour (or item)*. This is the total cost that will be deducted from the budget for this plan year.
6. Add the total for each type of support and list in the *Total Annual Supports and Services* section (A).
7. Under the name of each CSW, write the qualifications required to provide the needed support they would be providing. This should include skills, experience, education and training.

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## STEP 6: SUPPORT BROKER AUTHORIZATION INSTRUCTIONS

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The next step is to complete the *Support Broker Authorization* section. Remember, you can pay your Support Broker different rates for different job duties. If you are acting as the child's unpaid Support Broker, enter zeros in this section. You will transfer the *Support Broker Total* from this page to the child's *Spending Plan Summary*.

1. Review each of the *Required Job Duties* listed and list the maximum number of *hours per year* you would like your Support Broker to spend on that job duty. If you are acting as your child's unpaid Support Broker, you will still need to list the number of hours you will spend performing the required Support Broker duties.
2. You may want your Support Broker to assist you with additional tasks associated with your family-directed services. List each of these duties separately in *Other Requested Job Duties* and list the maximum amount of hours for each duty for the year.
3. Enter the base hourly rate you will pay your Support Broker during the upcoming plan year for each of their job duties into the *cost per hour* column. The base hourly rate cannot exceed \$18.72/hour. Support brokers can receive different hourly rates of pay for different job duties.
4. If you are hiring a person to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay your service provider before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the federal government, as an employer under the Family-Directed Services option. Please contact the Fiscal Employer Agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.
5. To calculate the *annual cost* for each duty, multiply the number of *hours per year* needed by the *cost per hour*.

6. Calculate the *Required Job Duties Subtotal* by adding all of the required annual costs.
7. Calculate the *Other Requested Job Duties Subtotal* by adding all of the annual costs.
8. Add the *Required Job Duties Sub Total* and the *Other Requested Job Duties Subtotal* to get the *Support Broker Total*. This will be amount (B).

Note: The Center for Medicaid and Medicare Services (CMS) has recently clarified that it is a requirement for all service providers to receive a copy of the Support and Spending Plan. This includes all CSWs.

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## STEP 7: FISCAL EMPLOYER AGENT AUTHORIZATION INSTRUCTIONS

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In order to remain on the Family-Directed Services option you must utilize the services of a Fiscal Employer Agent (FEA). FEA fees can vary depending on the Fiscal Employer Agent you have selected. The maximum monthly charge cannot exceed \$108/ month This will be amount (C).

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## STEP 8: ANNUAL PLAN AUTHORIZATION INSTRUCTIONS

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In this step, you will combine all the spending on supports and services, support broker, and FEA services.

1. Enter the *Annual Supports and Services Total*. This total is Amount (A).
2. Enter the *Support Broker Total*. This total is Amount (B).
4. Enter the *Fiscal Employer Agent Total*. This total is Amount (C).
5. Calculate the *Annual Plan Grand Total Amount* (D), by adding Amounts (A), (B), and (C).

**NO SERVICES OR GOODS CAN BE SPENT UNTIL THE SSP HAS BEEN AUTHORIZED  
BY THE CASE COORDINATOR REGARDLESS OF THE ANNUAL PLAN DATES.**

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## STEP 9: CHOICE AND INFORMED CONSENT STATEMENTS INSTRUCTIONS

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Read, sign, and date the *Choice and Informed Consent Statements*. This form states you agree with the SSP you are submitting, accept your responsibilities under the Family-Directed Services option, agree to follow Home and Community Based Services requirements, and choose waiver services over institutional placement for the child.

When complete send the Workbook, SSP and all required associated paperwork to:  
[DDFamilyDirectedProg@DHW.Idaho.Gov](mailto:DDFamilyDirectedProg@DHW.Idaho.Gov)

In the subject line please write the child's name in this format:  
Last Name, First Name (topic) For example: Doe, John (Annual SSP)