



Family-Directed Services Program Update Notification

To aid in communicating operational changes to the Children’s DD Family-Directed Services (FDS) Program, a *FDS Program Update Notification* will be e-mailed to Support Brokers when operational changes occur. *FDS Update Notifications* are stored on the FDS DHW website.

FDS Case Coordinator Caseloads

Alphabetical by Child’s Last Name	Case Coordinator Contact Information		
A – G	Jennifer Funk	FunkJ@dhw.idaho.gov	(208) 798-4118
H – O	Marcy Howell	HowellM@dhw.idaho.gov	(208) 234-7978
P - Z	Noralee Fitch	FitchN@dhw.idaho.gov	(208) 475-5091

New Forms!

For immediate use, mandatory on May 1, new forms are attached to this email and will be posted to the FDS Website:

1. Support and Spending Plan
2. Support and Spending Plan Instructions
3. Support and Spending Plan Change Form
4. SSP Required Components

Where to Submit Plans

Submit children’s FDS *SSP* and *Plan Change Forms* to:

DDFamilyDirectedProg@dhw.idaho.gov

Please format the subject line of the email as such: Last Name, First Name, Topic of the document attached. For example, if the child’s name is John Doe and the email is submitting a *SSP*, the subject line would read: *Doe, John: SSP*.

Don’t Forget to Document!

The FACS Quality Improvement Team has identified a trend in insufficient documentation during review of Support Broker files. Please remember from your Support Broker Training:

Written Documentation should always include, but is not limited to:

- Services the Support Broker provides to help the employer self/family-direct.
- Contacts with employer by phone, mail, email, or in person.
- Note in documentation what took place during the contact, how long it lasted, and if there were any issues or concerns.
- Contacts with the Participant’s Circle of Support.
- Meetings with CSWs, other program representatives and stakeholders.
- Any complaints and what follow-up was conducted.

Your written record should include the following information:

- | | |
|-------------------------------|----------------------------|
| ◆ Date and time of visit | ◆ Who was present |
| ◆ Purpose or reason | ◆ Time spent |
| ◆ Brief summary of discussion | ◆ Appropriate signature(s) |
| ◆ Outcome | |

FAMILY
AND
COMMUNITY
SERVICES

Family-
Directed
Services
Program

www.familydirected.dhw.idaho.gov

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