

Table of Contents

		Page
Preface		3
		<i>Supporting Documents</i>
		<i>Relationship to Other DDS Programs</i>
		<i>Making Changes to FSSP</i>
Section 1	Introduction & Purpose	6
		<i>Legislative Intent</i>
		<i>Program Goals</i>
		<i>Guiding Principles</i>
		<i>Target Population</i>
Section 2	Public Awareness & Community Participation	13
		<i>Purpose</i>
		<i>Ideas on How to Do Public Awareness</i>
		<i>The Need for Community Involvement</i>
Section 3	Eligibility & Enrollment	17
		<i>Family Friendly Approach</i>
		<i>Determination of a Developmental Disability</i>
		<i>Program Specific Eligibility for FSSP</i>
		<i>CCMS Data Requirements</i>
		<i>Review Requirements</i>
		<i>Waiting Lists</i>
		<i>Movement Between Service Areas</i>
Section 4	Family Support Council	24
		<i>Definition</i>
		<i>Functions</i>
		<i>Composition</i>
		<i>Recruitment</i>
		<i>Tenure</i>
		<i>Monitoring</i>
		<i>Local Service Area Family Support Plan</i>
Section 5	Family Support Plan	29
		<i>Purpose of a Family Support Plan (FSP)</i>
		<i>Content of the FSP</i>
		<i>How to Develop the FSP</i>
		<i>Relationship to Other Service Plans</i>
		<i>Relationship to Other Sources of Funding</i>
		<i>Review & Amendments</i>
Section 6	Resource Assignment	35
		<i>Guiding Principles</i>
		<i>Suggested Options</i>
Section 7	Supports & Services	38
		<i>General Service Categories</i>
		<i>Determining Allowability of a Service or Support</i>
		<i>Two Approaches to Service Delivery</i>
		1) <i>Services to an Individual Family</i>
		2) <i>Services to More Than a Single Family</i>

Table of Contents

Section 8	Financial Procedures	49 <i>Contract Information</i> <i>General Parameters</i> <i>Local Service Area FSSP Budget</i> <i>Billing & Reporting Procedures</i> 1) <i>Services for Individual Families</i> 2) <i>Services which Benefit More Than a Single Family</i> <i>Strategies for Managing a Pool of Funds</i> <i>Reimbursement Procedures</i> <i>Audit Procedures</i> <i>Case Management Services</i>
Section 9	Dispute Resolution	58 <i>What can be Disputed</i> <i>Resolving Conflicts Between CCB and Councils</i>
Section 10	Program Evaluation	60 <i>Program Evaluation Requirements</i>
Section 11	Summary of Roles & Responsibilities	63 <i>Role of the Family</i> <i>Role of the Community Centered Board</i> <i>Role of Developmental Disabilities Services</i>

Note: At the end of each Section are “Frequently Asked Questions”

Appendix

		Page
Appendix A	Sample Decision-making Guide	67
Appendix B	Sample Family Support Plan Sample Family Expense Statement	68
Appendix C	Community Contract and Management System Procedures	69
Appendix D	Treatment of FSSP Funds and Family Income	70
Appendix E	Interagency Letters Regarding Treatment of FSSP Funds	71
Appendix F	Liability Issues	72
Appendix G	Enabling Legislation (C.R.S. 27-10.5)	73
Appendix H	Rules & Regulations	74
Appendix I	Standards	75
Appendix J	Glossary	76

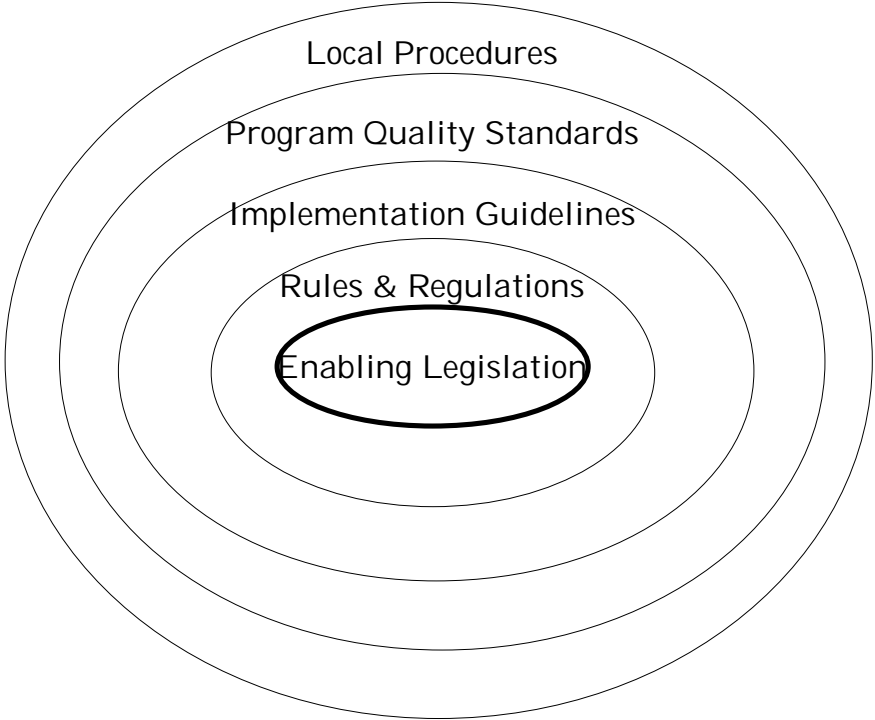
Preface

SUPPORTING DOCUMENTS

Implementation of the Family Support Services Program (FSSP) is based on several documents which establish the intent and parameters for the program. These documents are the Enabling Legislation, Rules & Regulations, Implementation Guidelines, Program Quality Standards, and local procedures. Each of these documents play an important and interlocking role in understanding the Family Support Services Program. In order to have a complete understanding of how to implement the Family Support Services Program, all of these documents must be taken in context and considered as a part of the whole program. Each of the documents builds upon and supports one another starting with the Enabling Legislation as illustrated below.

(reference C.R.S 27-10.5-404 (3), DDS rule 9.0)

- What You Will Find
- ◆ Supporting Documents
 - ◆ Relationship to Other DDS Programs
 - ◆ Making Changes to FSSP



Enabling Legislation

Title 27-10.5-101 and 401, Colorado Revised Statutes (C.R.S.), as amended is the enabling legislation (law) which articulates Colorado’s public policy regarding Family Support Services in the developmental disabilities system. This legislation is the cornerstone of the Family Support Services Program from which all other FSSP documents find their authority. The legislation acknowledges that there is a need to support families who have a family member with a developmental disability, establishes the guiding principles for providing such

Preface

support, and sets out the basic parameters for a Family Support Services Program.

Preface

Implementation directives are found in subsequent supporting documents such as Rules & Regulations, and guidelines. See Appendix G for a copy of pertinent sections of C.R.S. 27-10.5 which apply to the Family Support Services Program.

Rules & Regulations

As prescribed in Statute, Rules & Regulations must be promulgated in order to articulate further the requirements and procedures necessary to implement the Family Support Services Program. Developmental Disabilities Services (DDS) Rules & Regulations, Chapter 9, provide specific instructions for the minimum requirements for how the program is to be operationalized by local Community Centered Boards (CCB), as well as clarification. Rules & Regulations are developed through broad input from throughout the State and represent due process procedures. See Appendix H for a copy of pertinent DDS Rules & Regulations for the Family Support Services Program.

Implementation Guidelines

Many times, language in Rules & Regulations must adhere to a strict format which makes it difficult to convey fully the intent behind the underlying values or how the program should be implemented. Guidelines provide additional direction about intended outcomes, as well as examples and information about procedural requirements such as billing procedures. The document which follows provides the implementation guidelines for the Family Support Services Program.

Program Quality Standards

As prescribed in Statute, and as with all DDS programs, DDS is responsible to monitor the implementation of the Family Support Services Program. As part of this process, DDS develops a set of Standards by which it monitors and evaluates programs. These Standards are based on Statute, Rules & Regulations, and best practices. On-site surveys of programs are conducted using the Standards as a review guide. See Appendix I for a copy of pertinent DDS Program Quality Standards for the Family Support Services Program.

Local Procedures

The above documents are used to establish the parameters under which the Family Support Services Program is to be implemented. Each local agency (CCB) is responsible to develop its own internal procedures which provides the specific directions for how the agency will operationalize the delivery of services. Contact the person responsible for local implementation of the Family Support Services Program for a copy of any pertinent local

Preface

procedures.

Preface

Making Changes to FSSP

The following guidelines identify the State parameters for FSSP, as well as provide guidance to local service areas regarding decision-making for those areas of FSSP which allow for local interpretation. These guidelines (inclusive of Statute, Rules & Regulations, etc.) are to be used as the first source of reference for questions regarding FSSP. If an answer cannot be ascertained from the information provided, and local processes have also been unsuccessful, please contact DDS. The continuing improvement of the Family Support Services Program is important and DDS invites your comments, and suggestions for revision. Please contact:

Developmental Disabilities Services
3824 West Princeton Circle
Denver, Colorado 80236
Phone: (303) 866-7450
FAX: (303) 866-7470
TDD: (303) 866-7471



Section 1 - Introduction & Purpose

Legislative Intent

"It is the intent of the General Assembly of Colorado that the service delivery system for individuals with developmental disabilities emphasize community living for persons with developmental disabilities and provide supports to individuals to enable them to enjoy typical lifestyles. One way to accomplish this is to recognize that families are the greatest resource available to individuals who have a developmental disability and that families must be supported in their role as primary care givers". (Title 27-10.5-401, C.R.S.)

The above legislative declaration provides a clear message for the desired results of the services and supports to persons with developmental disabilities and their families. It also identifies the family as a legitimate and essential resource when addressing needs of a family member with a developmental disability. In response to the legislation, the Family Support Services Program (FSSP) has been developed as a partnership between families and publicly funded supports. The individual's and family's circumstances and needs are the primary consideration for determining the appropriate types of services or supports which can best assist a family with the least disruption to the family lifestyle. (reference C.R.S 27-10.5-401 & 402)

What You Will Find

- ◆ Legislative Intent
- ◆ Program Goals
- ◆ Guiding Principles
- ◆ Target Population
- ◆ Frequently Asked Questions

Program Goals

- 4 To reduce, delay or prevent out-of-home placement which are unwanted by the person or family, and support, as appropriate, returning the person to the home.
- 4 To reduce the added stress on families as a result of supporting a family member with a developmental disability in the home.
- 4 To provide flexible and responsive services and supports which are easily accessible chosen by families who provide care for their family member with a developmental disability at home.
- 4 To promote family choice and local decision-making.
- 4 To encourage and support community participation for persons with developmental disabilities.

Section 1- Introduction & Purpose

- 4 To ensure that innovations in family services and supports are integrated in a timely manner statewide.



Section 1 - Introduction & Purpose

Guiding Principles

While the predominant outcome of the Family Support Services Program is to assist individuals with developmental disabilities to remain in a safe and nurturing family setting, and to prevent out-of-home placement, the following principles are to be used as implementation guidelines:

Facilitating Self-Determination

(reference C.R.S 27-10.5-401)

- (a) *“Families of individuals with developmental disabilities are best able to determine their own needs and should be empowered to make decisions concerning necessary, desirable, and appropriate services and supports”*

Families need to have adequate information and be supported in understanding how a decision-making process can work best for their family. Families should be empowered to make decisions concerning prioritizing needs and services, and to work in partnership with the CCB. Through this partnership, a plan is developed to address those needs within limitations regarding allowability of services and funds available. Professionals and service providers can and should be in a unique position to be a resource to families.

Recognizing the Dynamic Support System

(reference C.R.S 27-10.5-401)

- (c) *“Family support must be responsive to the needs of the entire family unit”*
(m) *“Developmental disabilities programs and policies must enhance the development of the individual with a developmental disability and the family”*
(n) *“State programs should provide sufficient services and supports to enable families to keep their family members with developmental disabilities at home”*

The foundation of family support is the family unit. Stress or pressure on any one member of the family impacts the other members as well. When developing a plan of services and supports, there must be careful consideration given to all aspects of family life as a holistic group of interdependent members.

Adhering to Individualization

(reference C.R.S 27-10.5-401)

- (d) *“Family support must be sensitive to the unique strengths and needs of individual families”*
(f) *“Family support is needed throughout the lifespan of the individual who is disabled”*
(h) *“Family support services must be flexible enough to accommodate unique needs of families as they evolve over time”*

Recognizing that families cope differently, the varied strengths of each family (e.g. emotional, physical, financial) can be challenged with the added stress or pressure of providing care and support for a family member with a developmental disability.

Section 1- Introduction & Purpose

Tailoring service and supports to individual family needs as they change over time is the basis of family support.

Section 1 - Introduction & Purpose

Creating Options / Choices

(reference C.R.S 27-10.5-401)

- (b) "Families must receive the services and supports necessary to care for their children at home"
- (j) "Family support services should be comprehensive and coordinated across the numerous agencies likely to provide resources, supports, or services to families"
- (l) "Supports should be developed by the state that are necessary, desirable, and appropriate to support families"
- (o) "A comprehensive, coordinated system of supports to families effectively uses existing resources and minimizes gaps in supports to families and individuals in all areas of the state"
- (p) "Services and supports provided through the family support program shall be closely coordinated with early intervention services and shall foster collaboration and cooperation with all agencies providing services and supports to infants and preschool children"
- (q) "Any rights, entitlements, services, or supports created by this part 4 are not to be considered a limitation, modification, or infringement on any existing rights, entitlements, services, or supports, otherwise expressly provided by this article"

Often there is more than one way to meet a need for a family. Support options can come from many different sources in a community and should not focus on just financial funding through FSSP. Families, communities, CCB's and others should work together to encourage creative and individualized responses for families' needs. By developing a wide array of community-based support options, family support can address both immediate needs of families, as well as support options which may be preventive in nature and reduce or avoid more costly supports later.

Respecting the Customer

(reference C.R.S 27-10.5-401)

- (i) "Family support services must be consistent with the cultural preferences and orientations of individual families"

Families are inviting help from others, not control. Family support is intended to relieve some of the stress experienced by a family and not create more problems with complex processes and requirements. The need for accountability, paperwork, documentation, and so forth must be carefully balanced with the need to be flexible in responding to individual family needs. The emotional, physical, and financial "cost" to individuals and families of supporting a person at home should be minimized.

Focusing on Inclusive Communities

(reference C.R.S 27-10.5-401)

- (e) "Family support must build on existing social networks and natural sources of support"
- (g) "Family support must encourage the inclusion of people with developmental disabilities within the community"
- (k) "Family support services should be based on the principles of sharing ordinary places, developing meaningful relationships, learning things that are useful, making choices, as well as increasing the status and enhancing the reputation of people served"

Section 1- Introduction & Purpose

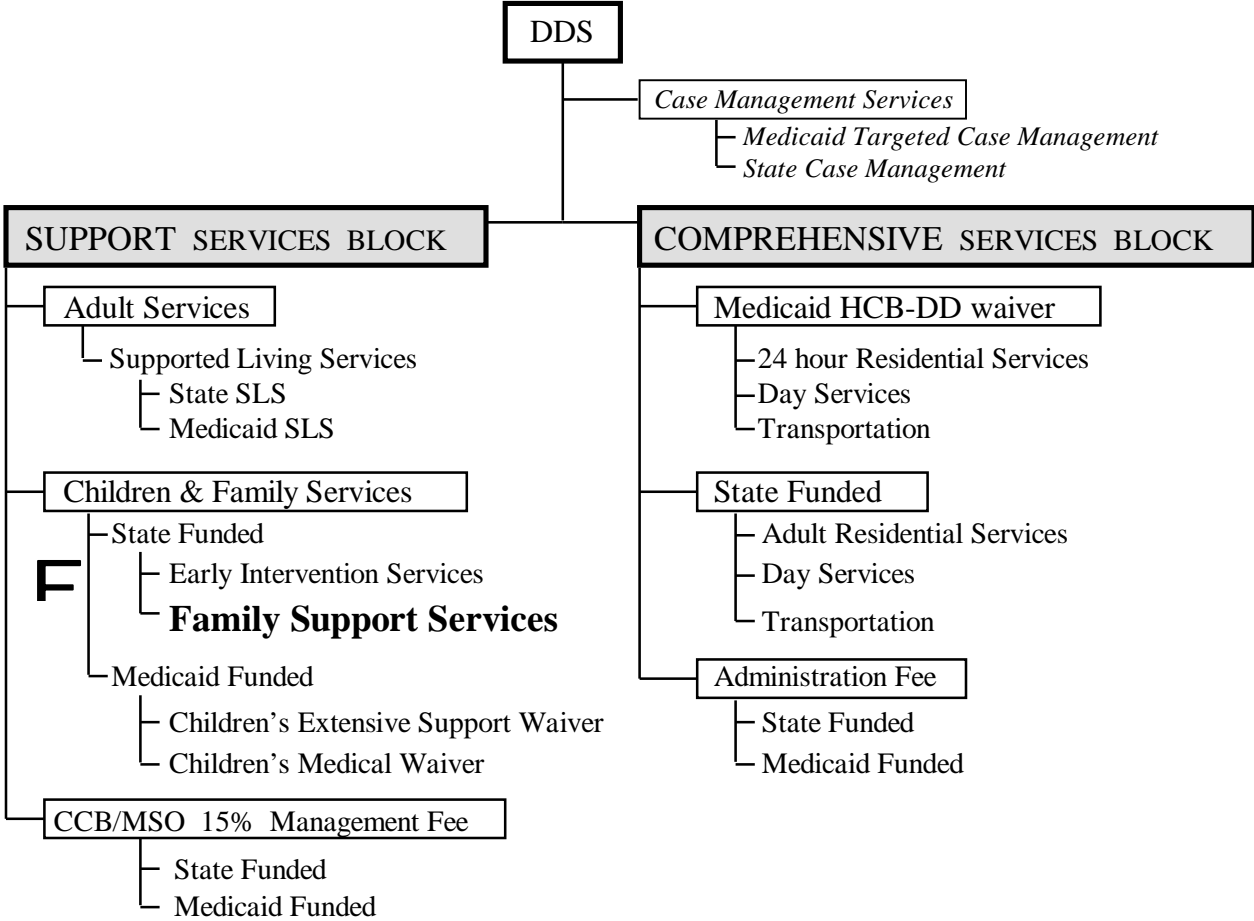
The flexibility of FSSP to address the unique needs of families is best achieved through local control and implementation. Hand-in-hand with local control is local responsibility which is important to the overall effectiveness of the Family Support Services Program.

Section 1 - Introduction & Purpose

It is critical that the funding through FSSP not be the sole source which supports families. To be “supportive” of families requires broad community involvement and avoids an unnecessary dependence on a single program. With the advice and assistance of the local Family Support Council, FSSP should interface with other local resources in order to increase the ability to utilize existing social networks, natural supports and local community resources effectively.

Relationship To Other DDS Programs

Under the Colorado Systems Change Project (SCP), there are two service blocks of funding: Support Services and Comprehensive Services. The diagram below illustrates the basic structure of how funds are allocated by DDS to the CCBs for programs within these two blocks. These Implementation Guidelines provide information regarding the Family Support Services Program (FSSP). Information about other DDS programs can be found in other manuals and source documents distributed by DDS.



Section 1- Introduction & Purpose

The Family Support Services Program is part of an array of programs offered by DDS. Each DDS program is designed around the degree to which the individual/family has responsibility in meeting identified needs, as well as the degree to which the State has responsibility. The following chart illustrates how the locus of responsibility shifts from one source to another depending on the degree to which State support and public funds are used.

← Independent	Interdependent	Dependent	ILD →
Family Support	Supported Living Services	IRSS*----- GRSS*	Regional Centers
Early Intervention	Supported Employment	Sheltered Workshops	
Children's Medical Waiver	Children's Extensive Support	Other Day Services	

- **Independent**
 When an individual is able to meet their own needs without assistance from others, there is maximum freedom to make choices in all areas of daily living. Without the involvement of public funds, how a need is met is entirely up to the individual/family.

- **Interdependent**
 The point at which outside assistance is requested (no matter how great or small), a relationship begins to evolve regarding the locus of responsibility and expectations of action. What responsibility will the individual/family have and what responsibility will others have (in this case, the State or local service area)? How will adjustments in the relationship be made over time if/when circumstances change? Key determinants for the State include who is responsible for daily living expenses (room and board), as well as the health, safety and welfare (including supervision) of the eligible person.

In the array of DDS programs, FSSP is considered to be in the initial phases of State support. The family remains the primary caregiver with primary responsibility for the individual, and a minimum level of assistance is available from the State. As illustrated above, even though a partnership has been forged to help meet the needs of the eligible person, the level of State involvement is minimal and the level of intrusiveness into the family's life should also be minimal. This level of interdependent support is part of the Support Services Block under the Systems Change Project.

- **Dependent**
 There are circumstances in which the level of need of an individual is so great and there is a lack of other available means to provide the necessary support (e.g. family, other community programs) that the State is required to provide comprehensive (24 hour) services to ensure the health and safety of the person. At this point, the locus of responsibility has shifted predominantly to the State as the primary source of support. The types of services and supports are still negotiated with the individual/family or guardian, but there is greater reliance on standards of care and professional oversight. This level of State responsibility and supervision is part of the Comprehensive Services Block under the Systems Change Project.

Section 1 - Introduction & Purpose

- Imposition of Legal Disability

An emancipated adult is presumed to have all the same rights and responsibilities as all other citizens unless a court of law specifically removes an individual's right(s). In the developmental disabilities system, an Imposition of Legal Disability (ILD) is required for long-term placement into a State operated Regional Center. This process takes away the individual's right to determine his/her place of abode and may also include programmatic restrictions.

* IRSS = Individual Residential Services and Supports (three or fewer persons)

GRSS = Group Residential Services and Supports (4-8 persons)

Target Population

At the inception of the family support concept in Colorado, there was a lack of programs available to families who provided support to a family member of any age with a developmental disability in the home. Since FSSP was first implemented, other programs have been developed which provide in-family-home supports, such as the Medicaid funded Supported Living Services (SLS) program for adults, and the Children's Extensive Support (CES) waiver for children who are most in need because of the severity of the disability.

Although FSSP is still available for eligible persons of all ages who live with their family, careful and judicious consideration must be given to use of the most appropriate and cost effective program/means to meet the individual's/family's needs. For example, with the availability of the Supported Living Services program, most adults who live with their family should be able to receive necessary supports without the use of FSSP. With the Children's Extensive Support waiver, the amount of funds available to support these children and families far exceeds what FSSP can offer. Even though there may be family needs which are not allowable under CES, it would be highly unlikely, and only under very unique circumstances, that FSSP funds would be used for these families in addition to CES while others may have nothing. As the developmental disabilities system moves nearer to implementation of Phase II of the Systems Change Project, closer review of the use of FSSP funding will be made. The developmental disabilities system has moved more and more to local control of the limited funds available and the CCBs will be increasingly responsible for the decisions made and the outcomes which support coordinated and effective use of these limited funds.

Section 1- Introduction & Purpose

Frequently Asked Questions

9 / 97

- 1. Can families choose anything they want as long as they say that's what they need in order to provide support to their family member with a disability in the family home?**

While the Family Support Services Program does provide a great deal of flexibility in how the needs of families are met, it is not an anything goes program. In Section 7, there are guidelines for how to determine whether a service or support is allowable. The availability of resources may also influence decisions which are made at the local level.

- 2. Who should decide if it makes sense to provide access to FSSP funding in addition to SLS or CES funding?**

At this time, it is the responsibility of the local service area to make this decision. These types of decisions should be considered only under very unique circumstances.

Section 2 - *Public Awareness & Community Participation*

Purpose

(reference DDS rule 9.2)

- 4 To establish family and community awareness of the Family Support Services Program.
- 4 To ensure that all families have an equal opportunity to apply for the program.
- 4 To facilitate expansion of family support options beyond more than just FSSP funding.

What You Will Find

- ◆ Purpose
- ◆ Ideas on How to Do Public Awareness
- ◆ The Need for Community Involvement
- ◆ Frequently Asked Questions

The effectiveness of the Family Support Services Program is directly related to the community's ability to access and support the program. Families who are the direct beneficiaries of the program within each local service area are best able to express their needs and advocate for services to meet those needs. Limitations on available FSSP funds for the program should not hinder publicizing the program for several reasons: 1) in fairness to the family's ability to access family support services, the community-at-large must have an awareness of the program; 2) grassroots efforts of families are often central to a system's ability to meet families needs; 3) establishing the level of need for each local service area is critical to DDS' ability to request additional FSSP funding to meet these needs, and 4) some services may be available to families who do not have direct FSSP funding (e.g. services which are of benefit to more than a single family such as access to a respite care coordinator, family support consultant, etc.). These goals are best accomplished by having a well publicized and easily accessible program.

The Community Centered Board (CCB), in partnership with the local Family Support Council (*see Section 4 for description*), is responsible for ensuring that the local service area is made aware of the Family Support Services Program. The CCB should work with the local Family Support Council to develop a strategy for marketing the program, for creating cooperation within the community for dissemination of information including, use of natural family networks, and for documenting efforts toward public awareness.

Ideas on How to Do Public Awareness

There are many different strategies which can be tailored to each local service area to distribute information effectively about the Family Support Services Program. These strategies should address a variety of communication forms including written, verbal and visual. Taking into account the cultural and social diversity of the community in comparison with those who are

*Section 2 -
Public Awareness & Community Participation*

accessing the program is essential to effective communication about the program. Following are a

Section 2 - Public Awareness & Community Participation

few examples of marketing strategies, and CCBs are encouraged to share information and ideas with each other and DDS so that families and communities statewide can benefit.

Family-to-Family

Word-of-mouth can be a very strong tool in spreading information, generating public support, creating new opportunities for joint ventures, as well as to maintain an ongoing assessment of how well the program is meeting its goals. It is important that as many families as possible be made aware of the program, since families themselves are often an essential referral source for other families.

Media & Literature

Local radio and television stations often provide air time at a reduced price or no cost. Sometimes radio and television news may want to cover human interest stories, local success stories, or maybe just provide a public service. There are a wide variety of local newsletters which can be used to disseminate information, such as your own Family Support Newsletter, company newsletters, schools, church bulletins, service organizations, community centers, child identification literature, local health departments and hospitals, county departments of social services, etc.

Community Gatherings / Resource Fairs

Holding regular information-sharing meetings can be extremely effective at reaching large groups and establishing familiarity in the community. These are also helpful for word-of-mouth distribution of information as your community becomes accustomed with the types of services and resources available. Resource fairs are also beneficial in bringing together other community resources for collaborative efforts to assist families. FSSP should not stand alone as a single source program. Rather, FSSP should be intertwined with as many other local resources and programs as possible which support people with developmental disabilities.

Reviewing Successes and Failures

Sharing the success stories, as well as the struggles can be a powerful means to generate public awareness and interest. An annual analysis of the characteristics of the families accessing the program, including those currently participating and those on the waiting list, should be useful in providing direction for target areas which may need greater emphasis.

Section 2 - Public Awareness & Community Participation

As families access the program, it may be beneficial for future publicity strategies to keep a simple record of how each family was able to learn about the availability of the program.

Section 2 - Public Awareness & Community Participation

Fund Raising & Volunteer Projects

Public awareness, as well as community interest and support can come about from fund raising activities or projects which need large volunteer participation.

The Need for Community Involvement

Public awareness is a two way street. Informing a community about family support may also lead to opportunities to find out what your community may need. If you think in terms of win-win situations, public awareness may get a life of its own. For example, there are many volunteer opportunities in communities. Families who provide support to a family member with a developmental disability in the home have needs, as well as expertise to share. Letting volunteer organizations know about family support may also open up reciprocal opportunities. Remember that family support has actually been around for a very long time in communities. Sometimes it just needs a little community awareness and encouragement to keep it active. FSSP is not an answer in itself. FSSP is more of a catalyst and it is most successful when it involves community support.

Section 2 - Public Awareness & Community Participation

Frequently Asked Questions

9 / 97

1. **Does every service area have to do some type of public awareness?**

Yes, it is important to publicize what supports are available to families.

2. **Is the cost of Public Awareness for FSSP charged to FSSP or is it part of the General Administration/Managed Service Organization (GA/MSO) functions of the CCB paid for under the Management Fee?**

The cost of Public Awareness is part of the Management Fee paid to a CCB. The CCB and local Council should work together to determine the appropriate type of public awareness strategy to be used in the service area commensurate with its community needs.

3. **What is the purpose in advertising FSSP if waiting lists exist?**

CCBs and DDS need to document the interest and needs of families which will help with the planning process to access new resources. It is also in fairness and equability of access for the other families in the service area who may not yet know about FSSP. The grassroots efforts of families are often central to a system's ability to meet families needs.

Section 3 - Eligibility & Enrollment

Family Friendly Approach

The process of accessing the Family Support Services Program should be as streamlined and simple as possible (*user friendly*). Families have expressed a strong concern that they often feel intimidated or overwhelmed by processes used to access services. A conscious effort is necessary to preserve the "individualized" quality of our service system, and CCBs need to be considerate of the nature of the request for services and the intrusiveness into a person's or family's life. One recommended approach is that each situation be approached from the perspective that, while an individual/family has the "opportunity and equal right" to access all of the elements to our service system, they may not necessarily need or want to do so (i.e. don't treat all families like they should have ten services when they may only need or prioritize one). Individualize the process so that the amount of paperwork starts at the least necessary and then is increased as warranted by the individual family situation and the complexity of the need(s). (*reference DDS rule 9.3.1*)

What You Will Find

- ◆ Family Friendly Approach
- ◆ Determination of a Developmental Disability
- ◆ Program Specific Eligibility for FSSP
- ◆ CCMS Data Requirements
- ◆ Review Requirements
- ◆ Waiting Lists
- ◆ Movement Between Service Areas
- ◆ Frequently Asked Questions

There are two separate levels of access to the program, regardless of the reason(s) for a referral. First, is an initial referral to determine a developmental disability and eligibility for any of the services funded through Developmental Disabilities Services (DDS), and second, is the program-specific referral and eligibility criteria. No services or programs are available until after a determination of a developmental disability is made, even though individuals or families may initially inquire about a specific service or program.

1) Determination of a Developmental Disability

(*reference C.R.S 27-10.5-101 (11), DDS rule 1.2.7 & 1.2.10, 5.0*)

A referral for developmental disabilities services may come from any person or agency. Referrals are to be directed to the CCB in the local service area where the person resides (pursuant to DDS Rules & Regulations, see Chapter 5 for exceptions). This part of the eligibility process should be streamlined, timely and in compliance with DDS Rules & Regulations, Chapter 5. Extensive documentation and records are not normally required; however, there are situations which do require additional information. While the amount of necessary documentation is determined on an individual basis, **some brief examples of the simplest version** might be the following:

- For a child, birth through age 5, a physical examination form from a physician indicating the presence of a syndrome which is known to put the child at risk of a developmental

Section 3 - Eligibility & Enrollment

disability (e.g. Down Syndrome, Fragile X Syndrome), in conjunction with a signed request for the eligibility determination from the parent(s) or legal guardian might suffice.

Section 3 - Eligibility & Enrollment

- For a school age child (age five and older) or an adult, an individual might be required to supply only; a signed request expressing interest in determining whether he/she has a developmental disability, a psychological evaluation of cognitive ability, a functional assessment of adaptive behavior and some type of social history for persons over the age of twenty-two (22) to verify that the onset of the disability occurred prior to age 22.

Ä There is a very distinct difference between the amount of information necessary for the determination of a developmental disability and the additional information which may be required for enrollment into a specific program.

2) Program Specific Eligibility

(reference C.R.S 27-10.5-101 (15), 106 & 407, DDS rule 1.2.13)

Once it has been determined that a person has a developmental disability, then a referral to the Family Support Services Program can be made, as well as to other services or programs, as appropriate. In the case of the Family Support Services Program, this is done through the Family Support Plan (FSP) development process *(see Section 5 for detail)*. It is during this process that families should discuss the full array of options which could meet their needs, including a comprehensive discussion of the benefits and alternatives of each. The CCB support person (a.k.a. Case Manager, Family Support Consultant, Service Coordinator, Resource Coordinator) plays a critical role in assisting the individual and family to gain a reasonable understanding of services, supports and/or resources in order to make an informed decision.

The family member who is generating the program eligibility for the Family Support Services Program must meet the following program criteria:

- 4 The person, regardless of his/her age, has been determined to have a developmental disability by a CCB, pursuant to C.R.S. 27-10.5-102 (11); and
- 4 The person with a developmental disability lives with a family, as defined below.
(reference DDS rule 9.3.2.1)

"Family" means:

- A mother, father, brother(s), sister(s) or any combination; or,
- Extended blood relatives such as grandparent(s), aunt(s) or uncle(s) or,
- An adoptive parent(s); or,
- One or more persons to whom legal custody of a person with a developmental disability has been given by a court; or,
- A spouse and/or his/her children.

Section 3 - Eligibility & Enrollment

"Living with a family" means that the person's place of residence is with that family. This may include those circumstances where the person with a developmental disability is in a period of transition. Transition is broadly interpreted to encompass a variety of situations in which a person may be considered to be "living with a family". Some situations may include a person who is temporarily hospitalized, placed in extended respite care, or in the process of returning to the home from an out-of-home placement. There may also be a transition period for a family with a family member who has recently moved to an out-of-home placement.

The CCB is responsible for making the determination on a case-by-case basis as to whether the family circumstances qualify as a legitimate period of transition. Based on the available information and situation of the family, the family may either remain or become eligible for the program as stipulated in the FSP for up to six (6) months during periods of transition.

The CCB shall not utilize state funds to support families who do not reside in the State of Colorado.

Ä Once a specific person meets the eligibility criteria, the **entire family living in the household becomes eligible to receive services and supports which are related to the person's disability and are necessary to maintain the family member with a developmental disability at home.** (reference DDS rule 9.3.2, 9.3.2.2)

Ä *Note: eligibility for the program does not guarantee the availability of services or supports, and there may be additional requirements for particular service as described in Section 7 (reference DDS rule 9.3.4)*

Community Contract and Management System

(reference DDS rule 1.3.6, 2.1, 8.4.1.1, 9.3.6, 15.2.1)

The family member establishing eligibility must be entered onto the Community Contract and Management System (CCMS) as either "active" receiving services or waiting list per the CCMS guidelines (see Appendix C). FSSP funds cannot be reimbursed for services or supports provided to a family if the family member with a developmental disability is not entered into CCMS. There are two active categories in CCMS for the Family Support Services Program: 1) Family Extended, and 2) Family Other.

Section 3 - Eligibility & Enrollment

1) Family Extended

Family Support Extended is defined as a category of FSSP in which a family is enrolled based on the following:

- a) Families are prioritized and enrolled into the extended category based upon the intensity of need of the family,
- b) There is an on-going level of services and supports which are necessary to meet the needs of the family.
- c) The Community Centered Board, through the Family Support Plan (FSP), makes an on-going (i.e. at least annual) commitment of funding and support,
- d) The funding is expected to continue into the next fiscal year due to prioritization unless changes in the needs of the family occur. (Funding which is reviewed or re-approved monthly, quarterly, or semi-annually does not qualify as on-going.)

2) Family Other

Any FSSP enrollment for which an ongoing commitment of funding and support is not made (i.e. does not meet the criteria of Family Extended) should be entered into CCMS as Family Other.

Review Requirements

(reference DDS rule 5.0, 9.5.3)

There are several factors which impact eligibility for the Family Support Services Program. The CCB is responsible for ensuring eligibility for the Family Support Services Program, and that each family is reviewed based on their individual family situation. There are also circumstances in which a person may no longer meet the definition of a developmental disability. In such a case, the family would no longer be eligible for the Family Support Services Program. The interdisciplinary team and the CCB support person are responsible to monitor the eligibility status of individuals. If a person is found no longer to meet the eligibility requirements, a transition plan, if necessary, may be developed and implemented with the approval of DDS.

Waiting List

(reference DDS rule 9.3.5)

In the event that the demand for the Family Support Services Program is greater than available funds, the CCB will maintain a list of individuals (families) who are requesting and are eligible for the Family Support Services Program. While the chronological order is not the primary nor single determining factor for enrollment, individuals (families) will be placed on the waiting list in the chronological order in which they were referred to the program and entered into the Community Contract and Management System. The procedure for

Section 3 - Eligibility & Enrollment

individuals (families) to be taken off the waiting list will be determined by the CCB, with input from its Family Support Council.

The DDS general Waiting List Guidelines do not apply to FSSP.

Section 3 - Eligibility & Enrollment

Ä Individuals/families may be entered into CCMS active status (i.e. Family Extended or Family Other) and also be entered as waiting list, only if there are needs which are only being partially met or unmet needs are identified in the Family Support Plan.

Movement Between Local Service Areas

(reference DDS rule 9.3.3, 9.3.3.1)

There are times when a family may relocate within the state either by choice or by circumstances outside of their control. In either case, it is important that families not be limited arbitrarily by geographical barriers. At the same time, the program must account for different local service area needs and infrastructure issues to maintain a viable program.

The Family Support Services Program can, to the extent possible within fiscal limitations, provide families with certain assurances. When movement occurs within a fiscal year between two local service areas, the following fiscal procedures shall occur:

- 4 Families remain eligible for the remainder of the fiscal year through the initial enrolling CCB for those services which have been committed to through the Family Support Plan (FSP). The initial enrolling CCB should be sure that the new CCB is informed or that the family will notify the new CCB of the move so that planning can begin for a long-term change. At the start of the next fiscal year, the family becomes the responsibility of the new local service area in which they reside and is subject to the availability of services and/or funding within that local service area. The funds allocated from DDS remain with the initial enrolling CCB (unless the originating CCB agrees to transfer funds) and are available for reallocation to a new family through the established local service area procedures at the beginning of the next fiscal year.

For families who move toward the end of a fiscal year (e.g. April, May, June), the initial enrolling CCB should work with the family to develop an appropriate transition plan.

- 4 The new CCB will be responsible to inform the family of its local service area Family Support program and the availability of any FSSP funds, as well as other community resources for the family.
- 4 All fund allocations for CCB ancillary services (e.g. case management/service and support coordination) will remain with the CCB which originally enrolled the family (unless the originating CCB agrees to transfer the funds). The originating CCB will be responsible for making arrangements, either directly or through purchase, to ensure the adequate provision of monitoring and support for the family, as necessary during the transition period.

Section 3 - Eligibility & Enrollment

Frequently Asked Questions

9 / 97

1. **Do CCBs have to continue FSSP funding to a family who moves to another service area?**

The CCB is responsible to meet the commitment specified in the Family Support Plan through the end of that fiscal year. If the CCB committed to 3 months of funding, then when the three months is up the commitment is over. If the CCB has committed to 12 months of funding (full fiscal year - July to June), then the CCB must complete that obligation.

2. **Must eligibility be re-done at age five? Is it age five or six?**

Eligibility must be re-done using the adult criteria once the child reaches five years of age. It is not allowable to simply continue to provide services without an appropriate review. It is up to each CCB to ensure that reviews are completed in a reasonable and timely manner. CCBs should work with families, prior to a child's fifth birthday, to ensure that an appropriate transition occurs for the family.

3. **Can a local service area choose to exclude the adult population (18 and older) for eligibility to FSSP?**

No, FSSP is available to any family who is providing support to a family member with a developmental disability in the family home. However, careful consideration should be given to other means by which to meet the needs of adults (e.g. SLS).

4. **Can a local service area prioritize certain target populations, types of disabilities or needs, etc.?**

Yes, local service areas can develop priority areas which address particular needs for that service area. For example, targeting high need medically fragile children, or if there is a generic well organized respite care program available for families, FSSP might not be needed as much to fund that service.

5. **Is anyone who lives in the household eligible for FSSP (e.g. boyfriend, roommates, significant other, etc.)?**

The definition of family is specified in DDS rule 1.2.13 and is the only definition of family which applies to FSSP. This definition does not include relationships involving any other persons.

6. **Are children who live with foster families eligible for FSSP?**

No, the foster family receives funding from child welfare services to support the placement. If there are additional needs for the child or family, child welfare should be approached for additional funding.

Section 3 - Eligibility & Enrollment

Frequently Asked Questions

9 / 98

7. **When funding is continued for a family who moves to a new service area during a fiscal year, who is responsible for CCMS and reporting information?**

The initial enrolling CCB is responsible to continue to bill for the individual/family services provided and for maintaining the CCMS records until the next fiscal year when the individual/family is transferred to the new CCB. Essentially, these situations are treated like a purchase of service.

Section 4 - Family Support Council

Definition

A program which is designed to support families must also include families as an integral part of the decision-making process in order to ensure that the program is responsive to family needs. Families have been provided a formalized means by which to provide guidance and assistance to the CCB regarding the Family Support Services Program.

"Family Support Council" means the local group of persons within the designated CCB service area who have been charged with the responsibility for providing guidance and assistance to the CCB for the implementation of the Family Support Services Program. FSSP is designed to maximize local flexibility, control and responsibility. (reference C.R.S 27-10.5-405 & 407, DDS rule 1.2.14, 9.1.3)

What You Will Find

- ◆ Definition
- ◆ Functions
- ◆ Composition
- ◆ Recruitment
- ◆ Tenure
- ◆ Monitoring
- ◆ Local Service Area Family Support Plan
- ◆ Frequently Asked Questions

Functions

(reference DDS rule 9.1.4)

The functions of the Council are, at a minimum, as follows:

- a) Make recommendations to the CCB for the overall policy direction of FSSP.
- b) Be aware of local community resources available to assist families.
- c) Provide direction and assistance to the CCB in the development of a Family Support Plan for the local service area.
- d) Recommend budget parameters for the program (*see Section 8 for details*) such as the maximum amount any one family may receive through the program in any given fiscal year, the balance between funds directed to families with ongoing needs and families with short-term, or one-time needs, and services which are of benefit to more than a single family.
- e) Make recommendations regarding proposed family services or supports not specifically listed in statute (Title 27-10.5-401, C.R.S.).
- f) Monitor the implementation of FSSP, pursuant to the local service area plan.
- g) Make recommendations to the CCB for gathering input and feedback from the families who are enrolled or in need of the program.
- h) Prepare a written report to the Department of Human Services, as determined necessary by each Council, describing their involvement in the program, including any recommendations or concerns (*details provided later in this Section*).
- i) Make recommendations to the CCB on how to assist families who are transitioning out of FSSP.
- j) Identify to the CCB the elements of training they believe are needed by the members of the Council and families enrolled in the program.

Section 4 - Family Support Council

- k) Make recommendations for policies and procedures as may be required by other parts of the Family Support Services Program or which are not otherwise provided for by the State.

Section 4 - Family Support Council

Ä The local Family Support Council is not responsible, nor encouraged, to become involved in decisions regarding individual families. The Council's involvement should be broader and address issues which impact families in general.

Compositi on

(reference DDS rule 9.1.5, 9.1.6, 9.1.7)

The Family Support Council must be comprised of persons with developmental disabilities, family members, professionals and interested citizens from the community. In order to ensure a family emphasis, **the majority of the Council members must be members of eligible families.** Some factors to be considered when recruiting members might include the local community demographics, economy of the area, geography, characteristics of the people receiving services (*such as age, disabilities, race, ethnic or cultural background, or economic status*), community resources, existing committees or other local characteristics which influence the make-up of an effective Council. Developmental Disabilities Services is particularly concerned that family considerations and patterns of various ethnic groups be specifically considered and addressed by the Family Support Council.

The chairperson of the Council must be a member of an eligible family. Councils may have non-voting ex-officio members at their discretion. Consideration should be given to the benefits gained by such membership and the impact on the size of the Council. The size of the Council shall be sufficient to meet the intent and functions of the Council, but no less than five (5). There will be variation among local service areas depending upon local characteristics, resources and needs.

Recruitm ent

(reference DDS rule 9.1.8)

The Family Support Council will be responsible for establishing a process for maintaining an ongoing membership. Solicitation for membership from interested persons and families from the community should be well publicized. The CCB is responsible to assist the Council in advertising, recruiting and training the members of the Family Support Council.

There are no specific agencies or positions which must be represented on the Council other than members of eligible families. It is recommended that CCB Staff be (proportionally) represented as ex-officio members. The nominations for the Council are subject to approval by the Board of Directors of the CCB to ensure that the minimum composition of the Council is maintained and that there is fair representation from a cross section of families including persons of different cultures. It is important that persons selected to serve on the Council be formally appointed and notified. The notification must include, at a minimum:

Section 4 - Family Support Council

the effective date, the length of the appointment, the duties required, and the current Council membership.

Section 4 - Family Support Council

Tenu re

(reference DDS rule 9.1.8)

Each Family Support Council shall establish the criteria for tenure of members which will be most workable given the characteristics of the community. The purpose of the Council is to give a fair and ongoing representation of the families and community who use or benefit from the Family Support Services Program. A reasonable and regular turnover rate is usually desirable for the Council, yet some members may offer such experience or contribute so much that it is not prudent to lose their input. "Balanced" representation is key.

Monitori ng

(reference C.R.S. 27-10.5-405, DDS rule 9.1.4)

The Council has a responsibility to monitor the implementation of the Family Support Services Program and, at a minimum, look at the following:

- 4 The effectiveness of public awareness strategies and the diversity of the families accessing the program in comparison to the demographics of the area;
- 4 The effectiveness of the services and supports provided in meeting the intent of the legislation;
- 4 Family satisfaction with regard to the program over time; and
- 4 The administrative practices of the CCB regarding the Family Support Services Program, including the implementation of the eligibility criteria.

Local Service Area Family Support Plan

(reference C.R.S. 27-10.5-405, DDS rule 9.1.4)

Each local Family Support Council is to provide direction and assistance to the CCB regarding the development of the local service area Family Support Plan. The timing of the development of the service area Family Support Plan is up to each service area, but it must be done annually. The Department of Human Services, Developmental Disabilities Services will request a copy of the current plan each fiscal year.

Each Family Support Plan will include, at a minimum, the following:

- a) The information identified through monitoring activities;
- b) How local community resources will be accessed to blend with or complement FSSP funding;

Section 4 - Family Support Council

- c) The local service area's strategy for addressing the unmet needs of the enrolled families and waiting list families (*elaborate beyond only requesting new resources from DDS*);
- d) How specific ethnic populations, as well as non-traditional or impoverished families, will be represented on the local Family Support Council and served by the program;

Section 4 - Family Support Council

- e) A description of adjustments or corrections which have been made to the program, including a review of unusual services and supports which have been determined allowable within the last year;
- f) A summary of the local service area's evaluation of the program (*see Section 10 for detail*);
- g) Recommendations for needed changes; and
- h) A description of the Council's involvement in the local Family Support Services Program.

Section 4 - Family Support Council

Frequently Asked Questions

9 / 97

1. **Can the local service area Family Support Plan be included as part of the overall Long Range Plan for the CCB?**

Yes, there is no requirement for two separate processes or documents. It is up to each local service area to determine how best to proceed.

2. **Should the Family Support Council have regular financial reports on the status of expenditures for the FSSP budget?**

Yes, the Family Support Council is an integral component of an effective family support program in each local service area. It is important that good information is available for all parties who are involved in decisions regarding FSSP implementation.

Section 5 - Family Support Plan

Purpose of the Family Support Plan

(reference C.R.S. 27-10.5-102 (20), DDS rule 9.5)

The purpose of the Family Support Plan (FSP) is to capture, at a given point in time, the PROCESS which is continually identifying the need(s) and goal(s) of a family as they evolve over time, to coordinate the necessary services, supports and resources, and to identify responsibility and accountability for follow through. The FSP is the document which articulates the agreement and obligation between the family and the CCB for a specified period of time. The FSP is also part of a dynamic process and should not be considered a one-time end product.

What You Will Find

- ◆ Purpose of a Family Support Plan (FSP)
- ◆ Content of the FSP
- ◆ How to Develop the FSP
- ◆ Relationship to Other Service Plans
- ◆ Relationship to Other Sources of Funding
- ◆ Review & Amendments
- ◆ Frequently Asked Questions

"*Family Support Plan (FSP)*" means a written plan designed in cooperation with a family for the purpose of identifying the family's needs and the necessary services and supports to assist the family in providing support to a family member with a developmental disability at home. (reference C.R.S. 27-10.5-113, DDS rule 9.5)

Content of the FSP

(reference DDS rule 9.5.1)

Completion of the FSP document should facilitate the receipt of support to the family and not become the goal itself. The contents should be comprehensive enough to reflect the services and supports needed by the person with a developmental disability and the other family members which relate to the impact of the disability on the family. The extensiveness and volume of the FSP should be directly related to the needs of the family and the complexity of the services and supports provided. The family should be able to influence the amount of information necessary for the FSP within the minimum requirements set forth below.

The FSP must include, but is not limited to:

- 4 The name of the person with a developmental disability
- 4 The names of the family members living in the household which may have access to the services and supports available under the Family Support Services Program;
- 4 The date the FSP was developed or revised;
- 4 The prioritized needs requiring support as identified by the family;

Section 5 - Family Support Plan

- 4 The specific type of service or support and time period which is being committed to in the FSP, including as applicable, the maximum amount of funds which can be spent for each service or support without amending the FSP;
- 4 An explanation of the desired results (*to determine if the service or support is meeting the family's need*);

Section 5 - Family Support Plan

- 4 The action steps for accomplishing the results, including who is responsible for completion;
- 4 The projected timelines for obtaining the services or supports, and as appropriate, the frequency;
- 4 A description of how payment for the services or supports will be made;
- 4 A statement of agreement with the Plan; and,
- 4 The signatures of a family representative and an authorized CCB representative.

The form and format of the FSP are at the discretion of the CCB as long as the minimum information required above is included. Appendix B contains a sample FSP form for consideration. CCBs need to make a conscious effort to minimize the negative impact which can result from requiring an FSP that contains too much information.

How to Develop the FSP

The key to the development process for the FSP is the support provided to the family to direct and guide the process to fit their own circumstances and needs, as well as understanding their options for services and supports and in making decisions. The FSP is a document which can capture the creative thoughts of the family for how they can best be supported, as well as provide them with a tool to guide themselves and the provider(s) in the services being delivered. Some Plans may be for a specific short period of time or for one-time funding while others may involve longer-term commitment of funding.

For the FSP to be a useable document for the family, there needs to be balance between the minimum information necessary for the FSP to support funding requirements and the family's determination of the extent of information needed. Both informal and formal services and supports should be explored with the family and identified on the FSP, as appropriate. Since the Family Support Services Program will likely be unable to meet all of the family's needs, other community and natural supports should be explored. Families need to be encouraged to utilize, develop or helped to develop natural support networks.

The FSP is for the entire family and not just the family member with a developmental disability. In working with a family, it is important to assist them in recognizing the impact a family member with a developmental disability can have on all aspects of family living. Although the need being addressed for the family should originate from or be related to the eligible family member's disability, in order to support the family unit and make it better able to cope, the service or support should be directed to the family member who is impacted (see Section 5 for guidelines).

Section 5 - Family Support Plan

The CCB support person should be in a position to assist the family to consider immediate, as well as future and periodic needs. For example, a need may not be present all the time (e.g. respite care during summer breaks from school or environmental adaptations during the cold winter months), or a service or support, whether informal or formal, which is here today, does not mean it may not change tomorrow. The family may want/need assistance to avoid a short-range planning focus and to become intimately familiar with all of their service and support options in order to know where they can draw from to fill a gap in services or supports, if and when it occurs.

Relationship to Other Service Plans

(reference C.R.S. 27-10.5-102 (20) (c), DDS rule 9.5.2)

Depending upon the circumstances of the person with a developmental disability, there may be other Plans [e.g. Individualized Plan (IP), Individualized Education Plan (IEP), Individualized Written Rehabilitation Plan (IWRP), Individualized Family Service Plan (IFSP)] which have been developed for the person. If other Plans are in place, then the services and supports provided through the Family Support Services Program must be integrated with those other services or supports for the person and family. There is no need or requirement to develop an entirely separate (FSP) document in order to meet State requirements. The information generally included in an FSP can be incorporated into other plans as well. DDS is looking for content, not necessarily format. If no other Plans are being implemented or required for the person, then the FSP can suffice as the Individualized Plan required for all eligible persons, as long as it meets the minimum IP requirements.

Relationship to Other Sources of Funding

(reference C.R.S. 27-10.5-401 (q), DDS rule 9.1.9)

The Family Support Services Program is intended to be utilized in conjunction with a variety of other services, supports and resources to meet families needs. The Family Support Plan should clearly identify the services and supports needed by a family and the funding source for each in order to avoid any confusion. **Duplication of public funding across specific programs should be avoided.** Given the number of individuals on the waiting list who are receiving no services, it is difficult to justify accessing multiple programs for one individual except under very limited circumstances. However, at this time, there are no absolute limitations on the use of FSSP funds in conjunction with other funding sources. The availability of funds from another source to pay for similar services or supports does not have to “automatically” preclude the use of FSSP funds and truly exceptional situations may be considered. Common sense should provide guidance in the

Section 5 - Family Support Plan

decision-making process to determine what the best use of the limited FSSP funds would be to assist a family. The best course of action to effectively meet the family's needs

Section 5 - Family Support Plan

should be taken. If a conflict arises, CCBs are expected to be prudent managers of the limited FSSP available and to ensure that reasonable steps are taken to balance maximizing use of non-FSSP funds with meeting the needs of individual family situations.

The funding available through FSSP should be used to provide services or supports which are considered to be above and beyond the cost generally incurred by a family for a family member the same age without a disability and to minimize gaps in services and supports.

In addition, DDS will continue to work on agreements with other key agencies which provide services and supports to families. These agreements will address the potential conflict between multiple funding sources for families such as the Social Security Administration or County Department of Social Services. Appendix E contains a letter from the Social Security Administration, and a County Letter Aging and Adult Services. Other agreements will be forwarded as they become available.

The purpose of these policies and agreements is to ensure that limited resources appropriated to serve a certain number of individuals per program are not unduly used to serve a smaller total number of individuals by permitting individuals access to multiple program resources. For example, someone enrolled in Supported Living Services (SLS) should only access FSSP funding when that service is not allowable under SLS. FSSP funding cannot be used for someone enrolled in SLS in situations when the service is allowable under SLS, but was not paid for by SLS due to it's being a lower priority for that individual or family (i.e. funds available under SLS were used to address other priorities).

Also, even when FSSP funds **can** be used in addition to Supported Living Services (SLS) funds for service available with the SLS program, it is not necessarily the case that they should be used. To make that determination would require looking at the broader issue of how each service area has developed its plan to spread the limited FSSP funds across those needing services. There are very legitimate concerns about having some families receiving a greater share of the available resources from multiple programs when others are on waiting lists. The needs of someone enrolled in SLS who could also use additional FSSP services must be weighed against someone on the waiting list for FSSP services who is receiving no services at all.

Section 5 - Family Support Plan

Review & Amendments

(reference DDS rule 9.5.3)

As a dynamic document, the Family Support Plan must be reviewed and amended as often as is necessary to ensure that it is reflective of the needs of the family and the services and supports being received. **At a minimum, the FSP must be reviewed at least annually with the family.** The process for the review must take into account the degree to which a family's situation has changed (e.g. if changes are minimal, it may be sufficient for the FSP to be reviewed over the phone and later initialed by the involved parties). While this type of review can appear to be too limited, it does illustrate the ability of the process to be responsive to the family's situation and commensurate with level of service provided. If the necessary changes are outside the scope of the FSP as originally developed, then a more extensive review and updating process should take place. A face-to-face review and update is generally preferred. The CCB support person should work with the family to determine the appropriate method of review.

In order to maintain a dynamic FSP, the process for reviewing and amending it must be dynamic as well. Since the person and the family are central figures in the FSP process, the degree to which others need to be involved in changes should be determined by the family and by the nature of the change(s). The FSP should be developed in such a way that adjustments can be made throughout the year without requiring extensive review (e.g. an upper limit of respite care may be indicated in the FSP). The CCB support person can then work with the family to coordinate the services on a day-to-day basis and monitor any financial limitations. The CCB support person is the only person required to assist the family in making changes in the FSP, others may be involved as requested.

Section 5 - Family Support Plan

Frequently Asked Questions

9 / 97

1. **Can CCBs use the Individualized Family Service Plan (IFSP) document from another agency and incorporate the family support plan?**

Yes, you must ensure that the minimum information necessary is contained in the document.

2. **If a family only identifies one area of need (e.g. respite care), would DDS Program Quality consider this to be a complete Individualized Plan?**

Yes, however, the CCB should work with the family to ensure that they have adequate information available to them from which to make good decisions. For example, a family may not have even considered a particular service or service option simply because they did not understand it could be a consideration, or they may have been so focused on one area that others go un-noticed.

3. **Does the Family Support Plan have to specify the amount of funds provided to a family?**

Not necessarily, it depends on the commitment made in the Family Support Plan. For example, two different families may need respite care. Family A chooses the flexibility to use a variety of providers and is authorized \$150 per quarter. Family B prefers to use one established agency and the FSP identifies only the number of hours of respite care to be provided. The amount is not relevant to the family.

Section 6 - Resource Assignment

Guiding Principles

The Family Support Services Program provides a pool of funds to be used in a flexible manner to assist families who provide support to a family member with a developmental disability in the home. FSSP is not an entitlement program. FSSP is funded entirely with State General Fund dollars, and there are no federal dollars or federal rules and regulations. Funds are provided to each service area within the available appropriations each fiscal year. It is the responsibility of each local service area to establish procedures for assigning resources to individual families which address both families with ongoing needs, as well as families with short-term, or one-time needs. (reference C.R.S. 27-10.5-404, DDS rule 9.3.4)

What You Will Find

- ◆ Guiding Principles
- ◆ Suggested Options
- ◆ Frequently Asked Questions

The local Family Support Council is not responsible, nor encouraged, to become involved in decisions regarding individual families. The Council's involvement should be broader and address issues which impact families in general and the overall implementation of FSSP. Councils could be used as a resource when working through difficult policy questions for unusual requests or when establishing the overall parameters for the resource allocation process.

There are a variety of approaches to resource assignment being utilized around the State. Some service areas use standard amounts, others use needs based assessments, still others target by service categories. There is no definitive approach currently, and in consideration of the many and varied socio-economic and demographic factors in each local service area which may influence the construct of appropriate or reasonable assessments for prioritization of needs, DDS is not prescribing a statewide standard tool at this time. There are, however, some guiding principles which do apply to all service areas. Any assessment instrument or process used to select families at the local level must:

- 4 Be easily understandable to families
- 4 Be applied uniformly to all families
- 4 Provide fair consideration to all individual family situations
- 4 Promote cost containment
- 4 Be tied to a Family Support Plan
- 4 Include the decision-making criteria identified in Section 7

Suggested Options

While each local service area can establish its own process, attention should be given to the goal of FSSP which is to keep the process easily accessible to families and not overly burdensome on

Section 6 - Resource Assignment

the agency to administer. Is it possible to maintain a sufficient level of accountability and is it easier to manage if individual staff determine resource allocations?

Section 6 - Resource Assignment

At what point would a CCB use a group process to make resource allocation decisions? These are the types of considerations that each service area must address. **The following options are only provided as examples for local consideration:**

1. For lower dollar amounts (e.g. less than \$50), individual staff could be authorized to approve standard family requests which are routine and easily documented.
2. For larger dollars amounts or unusual requests, some type of resource management committee of at least three (3) persons could be established for the service area with all internal, or with internal/external agency representation. This type of committee should have a strong understanding and experience with the intent of the program and families' needs. This type of committee could also assist with the process for identifying families as "Family Extended" with ongoing needs, as well as the prioritization of families for short-term, or one-time FSSP funding.
3. Consider using an Allocation Committee for all requests, only if the requests can be responded to in a timely fashion.
4. A service area could establish pre-set amounts for certain types of routine requests which would reduce the need for subjective interpretations.

Section 6 - Resource Assignment

Frequently Asked Questions

9 / 97

1. Can a family appeal resource assignment decisions?

While the resource assignment decisions of an individual or allocation committee may have a local grievance process which are handled by the CCB, the decisions themselves are not appealable to the State.

2. Can families change their minds about how they want to use funds authorized for them?

Families should be allowed the opportunity to adjust their Family Support Plan as the needs of the family change over time. However, a change in the agreed upon Family Support Plan could mean that other local factors may influence the ongoing availability of previously committed funds (i.e. it is up to each local service area to determine what the local policy is). For example, one service area may have a strong emphasis on serving high need families first, and an originally approved high need service which is replaced with a lower prioritized service may not be funded. Another service area may elect to simply commit an amount of funds to a family no matter which need the family chooses to prioritize.

3. Can families use their FSSP funds for new needs that were not identified on the current FSP?

Yes, but the FSP should be revised to accurately reflect the family's needs.

Section 7 - Services & Supports

General Service Categories

(reference C.R.S. 27-10.5-406., DDS rule 9.4.1)

This program is intended to provide a variety of services and supports which are related to the person's disability and are above and beyond typical child rearing or daily living expenses. For reporting purposes, there are eight (8) service categories identified in the Community Contract and Management System which specifically address services and supports provided to individual families. These categories provide for a consistent reporting format on a statewide basis. CCBs must report all services and supports provided to individual families under FSSP within these eight categories. Services which are of benefit to more than a single family are reported under Staff Expenses and Program Expenses (see Section 8 for more detail).

What You Will Find

- ◆ General Service Categories
- ◆ Determining Allowability of a Service or Support
- ◆ Two Approaches to Service Delivery
 - 1) Services to an Individual Family
 - 2) Services to More Than a Single Family
- ◆ Frequently Asked Questions

1) Respite Care

Respite care services include temporary care of a person with a developmental disability in order to offer relief to the person's family or caregiver, or to allow the family or caregiver to deal with emergency situations or to engage in personal, social, or routine activities and tasks that otherwise may be neglected, postponed, or curtailed due to the demands of caring for a person who has a developmental disability. This service category is only for respite care expenses associated with the family member with a developmental disability.

2) Professional Services

The key factors for determining what is considered a professional service is the need for the person to be licensed or certified to perform a service which addresses the human condition. This generally includes services such as individual counseling, therapies, vision and home health services provided to the family member with a developmental disability. These services must be provided by appropriately qualified personnel in accordance with the standards and practices of the industry. For example, therapies must be prescribed by a physician or specialized (licensed/certified) therapist and may include related support activities which are recommended as part of the therapy (e.g. Occupational, Physical, or Speech/Language Therapy). Home health services are provided by a home health agency and are generally characterized as either supportive care or personal care. Examples of services which should not be reported under professional services but may require licensing or certification include plumbing services, carpentry, and money management.

Section 7 - Services & Supports

3) Medical and Dental

These are expenses not covered by Medicaid, other medical or health insurance or other programs. Examples: medications prescribed by a physician, syringes, feeding tubes, suctioning equipment, catheters, lodging and food expenses incurred during out-of-town medical treatment, or long distance telephone calls to arrange or coordinate medical services.

Those additional insurance expenses directly incurred by the family which are related to the family member with a developmental disability may be included. Remember that there are changes constantly taking place regarding insurance coverage's and insurer responsibilities. FSSP should be the secondary coverage.

4) Transportation

Transportation (mileage) costs are related to providing care and support to the family member with a developmental disability and are above and beyond those typically incurred by other families. For example, frequent medical appointments, therapy or program appointments not covered by other sources could be an allowable FSSP expense.

5) Other Individual Expenses

This category is to be used for any services or items which are provided for the person with a developmental disability which would not otherwise fall into the other reporting categories. This may include services or items which are necessary as a result of the person's disability, including physical, medical, educational or behavioral needs. Examples of other expenses might include: special diets, specialized clothing, and development materials.

6) Assistive Technology

There are no restrictions related to the type of equipment which may be appropriate and necessary for the family member with a developmental disability or the family, as long as the equipment pertains directly to supporting the person and is identified in the Family Support Plan. For example: Mobility Aids such as wheelchairs or braces, adaptive equipment such as special beds, switches, tools or jigs, communication devices, glasses, hearing aids, special kitchen appliances, vehicle modifications to enable access by the family member with a developmental disability.

7) Home Modification

These include a wide arrange of adaptations which are directly related to the person's disability and would not be considered part of regular home maintenance or modification needed by all homeowners. These include physical adaptations to the home environment such as ramps, lifts, widened door frames, bathrooms, or repairs to the home structure or furnishing for damage caused by the family member with a developmental disability who has aggressive behaviors (not just normal wear and tear). All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design and installation.

Section 7 - Services & Supports

8) Parent and Sibling Support

Parent and sibling support covers a wide variety of expenses for all other family members (including grandparents, etc.) who live in the household. The central focus for use of this support is intended to relate to the stress or pressure placed upon the family as the result of providing care for the family member with a developmental disability, or to the direct enhancement of social or community activity for the person with a developmental disability.

Examples:

- family counseling, genetic counseling and family planning
- special resource materials or publications, cost of memberships in support organizations
- child care and sitter services for siblings (e.g. sitter services for child care for siblings while the person with a disability is being taken to doctor appointments, therapies or other activities. The child care would not have normally be required except for the need created by the disability.)
- behavioral intervention counseling or training, education and/or training to assist the family in understanding and supporting their family/member with a developmental disability, including brothers and sisters
- homemaker services to provide assistance in performing housekeeping tasks when it is determined necessary to increase the family's ability to provide care for the family member with a developmental disability or to reduce the stress that the family experiences and therefore, increases the chance the family will remain intact
- recreation and leisure needs to reduce the stress or pressure placed upon the family as the result of providing care for the family member with a developmental disability, or to the direct enhancement of social or community inclusion for the person with a developmental disability

Section 7 - Services & Supports

Determining Allowability of a Service or Support

The above reporting categories include examples and description of services and supports which may be allowable under FSSP. It is recognized that **the previous examples are not exhaustive**. The following guidelines are intended to establish the general parameters for use of FSSP funds. However, the individualized nature of FSSP means that there will likely be exceptional circumstances which may not readily fall within the usual and customary practices of the program, but which may be overall supportive of the family structure and enhance the family unit's ability to support a family member with a developmental disability. The Family Support Services Program is designed to respond to a wide variety of family situations and needs by tailoring the types of services and supports which might best serve the unique circumstance of each family. In order to effectively provide a flexible program and consistency within local implementation, it is recommended that **each service area have a written process by which it determines the allowability of exceptional circumstances which may arise.**

FSSP funds are public funds and while flexibility is important, so is accountability to the public and efficient use of limited resources. In order to effectively balance individual tailoring and maintain a level of accountability, the following type of factors are recommended for use at the local level. These types of factors provide for local, as well as statewide consistency in how interpretations are made in each local area to provide flexibility for individual family situations. Ultimately, the CCB must be able to logically and rationally support its decision-making process used and to justify or defend its use of FSSP funds. Local CCBs are charged with this responsibility for the prudent management of limited resources available and it is a responsibility that will require appropriate staff training and support to make good decisions.

In Appendix A is a sample Decision-making Guide which can facilitate a decision-making process, as well as document the answers to the factors identified below. Although this specific guide is not required to be used by the CCBs, it is strongly recommended that documentation be kept in the individual's record for any services or supports, provided or denied, which would or could be considered controversial or outside usual and customary services. The flexible nature of allowable services and supports places a great deal of responsibility on local agency/staff to make good rationale decisions with criteria that can be consistently applied to a wide variety of families. This type of formal documentation will be helpful to both the family, as well as to the agency in understanding how a decision was made to approve or deny a service or support.

The recommended fundamental anchors (factors) include the following.

A) Are the services and supports specifically excluded by the State?

The only items which are excluded by the State (i.e. no local exceptions are allowable) are religious donations, political donations, and activities prohibited by law.

DDS has an ongoing responsibility to monitor the types of services and supports provided at the local level under FSSP to determine whether or not the overall

Section 7 - Services & Supports

purpose and intent of FSSP is being met. There may be occasions when factors such as the potential for misuse, public perception, cost effectiveness, etc. will require that a service or support be added to the list of excluded items in order to preserve the overall integrity of the program even though a single family circumstance may have benefited.

- B) Are the needs, goods, and/or services related to the person's disability or the impact of the disability on the family?

For example, sunglasses could be an allowable expense for a person with autism to reduce excessive light which may trigger disruptive behavior, but not allowable for someone who does not have a disability which is impacted by excessive light. Making a connection to how a disability creates a need should be readily apparent when explained to a reasonable person. The greater the amount of convincing or stretching needed to justify the connection, the greater the likelihood that the service or support should not be allowed.

- C) Are the needs, goods, and/or services above and beyond typical child rearing or daily living expenses normally incurred by an individual or family?

FSSP funds are generally not intended to mitigate or compensate for a family's general economic situation (i.e. FSSP is only involved because of the impact of a disability and not due to a general family need such as food, shelter, clothing, entertainment, transportation. These are things needed by all families and there are other programs or agencies which address these issues.). FSSP funds are customarily used for additional costs related to typical expenses (e.g. the cost associated with specialized clothing, special nutritional needs, or respite care).

- D) Do the goods or services supplant or supplement other services available?

Given the limited funding, it is important to access other sources of funding wherever possible prior to use of FSSP. The flexibility of FSSP funds puts these limited resources available at great risk for the misperception that it can cure all ills or lack of funding for other programs which may be of benefit to persons with developmental disabilities. The intent of FSSP is to provide "support" for the primary caregivers (the family) and not full program services for an individual such as public education, day program, supported employment or transportation to and from programs which have targeted resources to address these specific types of needs.

Section 7 - Services & Supports

E) Would the decision hold up to public scrutiny?

“How would a reasonable person react if he/she were to read in the newspaper about taxpayer dollars going to fund this activity?” Remember that the general public will view this service in the context of other general societal needs as well such as programs for the homeless, person with mental illness, foster care, etc. This does not mean that the general public would have to agree with the service without any information. However, sufficient justification should be available such that the public could be convinced of its necessity and reasonableness. It also does not mean that fear of public scrutiny should keep us from making decisions which are clearly the best use of public funds in meeting the needs of persons with developmental disabilities.

F) Are the goods and services appropriate to meet the need?

Even though a service may be technically allowable or meet other factors, consideration must be given to whether the service requested can reasonably be expected to address the identified need. Do the proposed goods or services achieve the outcome intended or have a good chance of achieving it?

G) Are the goods or services requested essential to meeting the basic level of need and are they cost effective in addressing the identified need relative to other possible service methods?

Family preference is one consideration, and prudent use of public funds is equally a consideration. FSSP is intended to meet the need at the basic level. CCBs should not be funding higher cost items when a similar (available) item for less cost can meet the need. For example, why pay for a taxi, if a friend, neighbor or public transit, is available at a lesser cost and this can achieve the same result. At the same time, there are occasions when a more expensive service may be needed to meet the basic family need or it may be more cost effective in the long run. The term “cost effective” can have many different factors which influence the interpretation of, “Did I make the best use of the limited funds available?”.

H) What is the impact (small or large)?

This factor might apply when considering the impact of the goods or services relative to their costs (i.e. high cost services might be more likely to be approved if the impact is great than if it is small.). Is it a short-term or long-term commitment of funds? Will it reduce or eliminate the need for ongoing system supports?

Section 7 - Services & Supports

I) Other

There may be other factors which have not been identified in the above list which pertain to a particular family situation and are an important consideration. For example, is this an extended family or a single parent, does the individual/family have sufficient resources (income) to cover the cost of the goods or services without assistance, is this a short-term crisis situation, does the timeliness of the need require a quick response, etc. Be sure to include sufficient documentation as to why this additional factor should be considered.

The above types of factors can be used to determine if a desired service or support would be allowable under the general DDS parameters for FSSP. The local Family Support Council, in cooperation with the CCB, will establish any necessary limitations on the amount of funding which may be available per family for any of the various services and supports (e.g. per request limit for equipment, an overall fiscal year limit regardless of the service category).

For those requests which are outside of these types of parameters, the CCB must have a local process for approving or denying such requests. It is the responsibility of the CCB to determine the appropriateness of such exceptions, any potential long-term impact by approving such exceptions, and to ensure that exceptions are indeed exceptions and not the norm (i.e. the greater the incidence of approval, the more likely it becomes the norm). DDS reserves the right to review on an ongoing basis any such exceptions approved at the local level to determine if any change is warranted in the overall parameters for the program.

Two Approaches to Service Delivery

(reference C.R.S. 27-10.5-404, DDS rule 15)

The above decision-making factors apply to all situations involving the use of FSSP funds. In addition, there are two different approaches in which FSSP funds can be utilized to meet the needs of families.

1) Services to an Individual Family

The Family Support Services Program is primarily designed to meet individual family needs by providing choice to each family about how their needs can best be met. A Family Support Plan is developed which identifies the services and supports to be provided for a single family. Such services and supports are reported on a per family basis per service utilized which provides the system with direct family-by-family accountability for use of funds (*see Section 8 and Appendix C for CCMS reporting procedures*). There are examples of services and supports previously listed in Section 7.

Section 7 - Services & Supports

Section 7 - Services & Supports

2) Services to More Than a Single Family

Family support can and must be able to take many different forms in order to meet the variety of family needs and unique situations. For example, sometimes a need can only be met on a family-by-family basis, or it may be an infrequent or changing need which is more economically met on an as-needed-basis. In these situations, families may need funds which are specifically targeted to their family situation to purchase a particular service. At other times, families may have very difficult to meet needs and the community does not readily have the ability to respond to such needs, or families may have needs which are very common across multiple families or perhaps are needed either very frequently or very infrequently. For example, families sometimes just need to be able to pick up the telephone for advice or information, or a need may be so prevalent in a service area that it makes more sense to develop an ongoing capacity to ensure the availability of a service, such as respite care, or the need is so unique that no provider exists in the community. The Family Support Services Program is flexible enough to accommodate different forms of family support based on how each local service area determines to respond to family needs.

Through its local FSSP budget, a family support program may also develop a program service (or capacity) to respond to such frequent or unique needs. This capacity model of service delivery requires that a predetermined amount of FSSP funds be directed toward a service even though the specific number of families who may use it may vary at any given point in time.

The intent of the flexibility of FSSP funds to address these types of frequent or difficult to meet situations is to balance the individualization of the family support model with some practical service delivery realities. Below are a few examples of services for families which may be better provided through a “capacity model” and would be of benefit to more than a single family and would be reported under the “staff expense” or “program expense” categories in the CCMS system. (see Section 8 and Appendix C for CCMS reporting procedures)

Examples

"Family Support Consultant" would be a professional person employed by a CCB who has a direct close working relationship with families and acts as a consultant to families to provide advice and support regarding the Family Support Services Program, as well as other services and supports. This type of generic FSSP service might improve the overall capacity of the family support program to meet families needs by:

Section 7 - Services & Supports

- 4 Meeting with families or being at the other end of the telephone when there are questions, and being a resource to the family regarding available services and supports, or alternatives.

Section 7 - Services & Supports

- 4 Recognizing and supporting, through active listening, the ability of the family to identify the family's strengths and wants/needs.
- 4 Encouraging and assisting the family to reflect on the family's strengths, as well as wants/needs and to take control in identifying for themselves what is needed to keep the family member with a developmental disability in the home.
- 4 Assisting the family in considering the options which may help to support the entire family as an interdependent group.
- 4 Having an understanding and experience with cultural and ethnic differences or preferences which may impact the family's experience with the program.
- 4 Assisting the family in monitoring and exercising control over the services and supports being delivered.
- 4 Ensuring that families understand the necessary paperwork to be completed, including the development and implementation of the FSP.

A Family Support Consultant position would be reported under the “Staff Expense” category on the CCMS reporting form unless they are performing functions which fall into the definition of Case Management (see *Section 11*).

“Respite Care Coordinator” would be a professional person employed by a CCB to facilitate and coordinate the direct provision of Respite Care services for families. This function would differ from the general MSO function of provider procurement in that it would directly deal with a specific family’s needs. A service area may develop a predetermined budget to develop this capacity by the CCB having a staff position.

A Respite Care Coordinator position would be reported under the “Staff Expense” category on the CCMS reporting form unless they are performing functions which fall into the definition of Managed Service Organization (see *Section 8*).

“Resource Library” would be an inventory of goods and equipment used to meet the needs of people with developmental disabilities on a temporary basis. A resource library may be a good way to maximize the use of FSSP funds for items which are needed for a period of time by a family and then transferred to another family. Items could be purchased directly for the resource library, donated new or re-cycled after a family is done with an item specifically purchased for them.

Section 7 - Services & Supports

Resource Library items would be reported under the “Program Expense” category on the CCMS reporting form.

Section 7 - Services & Supports

“Joint Interagency Projects” would be a cooperative effort between two or more agencies whose target population may have similar or overlapping service needs. For example, FSSP funds might be used to support a joint venture for common Respite Care needs being addressed by multiple local agencies, the school district and CCB providing joint behavioral services to support families, a joint resource library, or developing a multi-agency volunteer program to support families. The CCB would still need to demonstrate that FSSP funds are utilized for service to individuals with developmental disabilities (and their families).

Joint Interagency Projects would be reported under either the “Staff Expense” category or the “Program Expense” category on the CCMS reporting form depending on the nature of the project.

See Section 8 for how to report funds used in the above examples.

Section 7 - Services & Supports

Frequently Asked Questions

9 / 97

- 1. Are experimental therapies or other services which are not part of the mainstream service system allowable under FSSP?**

Generally, anything which is experimental in nature should be avoided. Public scrutiny is a central tool in determining how broad the scope could be regarding flexibility within FSSP. Where possible, families should be given reasonable latitude balanced with the overall responsibility of the agency to administer the program. Another consideration should be the length of time and cost. The shorter the commitment and fewer the dollars involved the better. Also, appropriate federal, state and local licensing, certification or approval may be required.

- 2. Can transportation be paid for with FSSP funds?**

Yes, as long as it is not duplicative of other services which the State or local community has already made available for transportation services.

- 3. Can Respite Care be used for child care while a parent is working or at school?**

Regular child care expenses incurred for work or education by the family would not be any different than what any other family would have to deal with and would normally be considered outside of the allowable parameters of the program. However, under extenuating circumstances, the local review process for exceptions would be available.

- 4. Can CCBs choose to bill CCB staff or use of CCB “capacity” type program supports to individual family plans rather than, or in addition to, using the staff or program expense categories?**

It is possible to include in an individual family’s plan the cost of a service which benefits only that single family and which is provided by the CCB. For example, a family who needs behavioral consultation and wants to use the CCB staff person. If there are enough families in this situation, the CCB and its Council, may want to consider developing a cost effective system capacity which would be reported under the staff expense category.

- 5. Can a local CCB/Council exclude a service or support?**

A local CCB cannot exclude items which are allowed within the general parameters of the program (i.e. guidelines, rules, etc.) but it can prioritize. For example, home modifications cannot be excluded but respite care might be prioritized over home modifications.

Section 8 - Financial Procedures

Contract Information

(reference C.R.S. 27-10.5-104.5, DDS rule 2.0, 9.6.1, 9.6.2, 15.0)

Developmental Disabilities Services will annually contract with each Community Centered Board to implement a Family Support Services Program (FSSP) within its designated service area. The FSSP contract will identify the total amount of State General funds available for each service area and the minimum number of families which must be served. Each CCB must develop its own local FSSP Budget (*see below for more information*) with consultation from its Family Support Council. In addition to the FSSP contract amount, each CCB will receive an allocation in its contract for Case Management Services related to FSSP and a Management Fee for General Administration and Managed Service Organization (GA/MSO) activities related to FSSP. These latter funds will be reimbursed on a 1/12th basis each month and reported under Case Management and Management and General, respectively, in the audited annual financial statements for the Community Centered Boards.

What You Will Find

- ◆ Contract Information
- ◆ General Parameters
- ◆ Local Service Area FSSP Budget
- ◆ Billing & Reporting Procedures
 - 1) Services for Individual Families
 - 2) Services which Benefit More Than a Single Family
- ◆ Strategies for Managing a Pool of Funds
- ◆ Reimbursement Procedures
- ◆ Audit Procedures
- ◆ Case Management Services
- ◆ Frequently Asked Questions

General Parameters

- 4 The CCB's FSSP funds will be disbursed 1/12th of contract per month.
- 4 CCBs must establish an accounting system sufficient to track utilization of Family Support Services funds. The system must have the capacity for proper recording classification of revenues and expenditures.
- 4 CCBs must use forms (or formats) specified by DDS (*see Appendix C for a sample form*) for reporting Family Support Services expenditures.
- 4 The 1/12th disbursements will be made after the CCB has submitted its monthly billing information. CCBs may use DDS' estimated billing procedures for monthly drawing down of funds against the total contracted amount. Estimated billing amounts must closely approximate actual monthly Family Support Services expenditures and monthly reconciliation will occur.
- 4 CCBs may reimburse funds to families other than on a monthly basis (e.g. quarterly) or disburse funds in advance to families, however, the information provided for CCMS must still be reported via CCMS for the services actually provided. It is the responsibility of the CCB to ensure that appropriate documentation of expenditures is maintained by the CCB (e.g. receipts, signed family expense record, etc.).

Section 8 - Financial Procedures

Section 8 - Financial Procedures

- 4 The CCB, with its Family Support Council, will establish guidelines pertaining to the maximum amount of funds that the local service area can expend for a single family.
- 4 Any FSSP funds disbursed to a CCB which are unused by the end of the fiscal year are subject to the requirements of the reinvestment plan under the Systems Change Project (see the SCP Implementation Plan - dated July 22, 1998 - for more detail or Appendix B for a synopsis.)
- 4 A CCB, with prior agreement from its Family Support Council, may transfer up to 15% of its total FSSP budget to Early Intervention services for unmet EI needs. Such a transfer is considered to be per fiscal year. DDS prior approval is not required nor will a contract amendment be needed. Any transfer will be reported in the audited annual financial statements.
(note: up to 15% of EI may also be transferred into FSSP. This would not require prior agreement from the Family Support Council.)

Local Service Area FSSP Budget

(reference C.R.S. 27-10.5-405), DDS rule 9.1.4)

The FSSP allocation from DDS will identify only the total amount of State funds available. Although DDS is not prescribing local budget categories, it is the intent of FSSP to meet the varied needs of families. **It is DDS' expectation that FSSP resources will go to some families to address ongoing (extended) needs and to other families to meet short-term or one-time needs.** It is up to each service area to devise the appropriate balance. Each CCB, in consultation with its Family Support Council, must develop an annual FSSP Plan & Budget for its service area. The format and level of detail of the FSSP Budget is up to each service area, but at a minimum, the budget should identify the following information:

- 4 The amount of funds to be directed to individual family use.
- 4 The amount of funds for services which are directed to be used for the benefit of multiple families, and the amount of funds for CCB staff costs related to FSSP.
- 4 The balance between the support of families with ongoing needs and the needs of families with short-term, or one-time needs.
- 4 Any other detailed information that is necessary to provide documentation for how funds are to be used.

Each service area can determine the process to be used in the development of its FSSP Budget. This flexibility is provided to local service areas as a means to support local control and responsibility for the design and implementation of FSSP by the CCB. It is important to note that DDS has a contractual relationship with each CCB, and it is the CCB who has the fiduciary obligation for use of FSSP funds. The Family Support Council is to provide guidance and assistance to the CCB about use of these funds.

Section 8 - Financial Procedures

Development of the local FSSP Plan & Budget, and any mid-year changes, can be made without prior authorization from DDS.

Section 8 - Financial Procedures

Billing & Reporting Procedures

(reference DDS rule 9.6.1, 9.6.2, 15.0)

FSSP follows the same generic monthly billing and reporting requirements as all DDS programs which are disbursed 1/12th of contract per month. The CCB submits a monthly Summary Billing sheet to DDS, which includes billing for FSSP for the month. A copy of the CCMS reporting procedures for FSSP is provided in Appendix C (However, the CCMS manual should be referred to for any revisions after the date of these guidelines to ensure accuracy).

As families submit their expense records or receipts for reimbursement, the information is to be reported via CCMS. If a CCB provides a cash advance to a family, the information may be entered into CCMS at the time the cash advance is provided to the family or the CCB can wait until the actual expense information is provided by the family. If the information is recorded at the time of a cash advance, the CCB must still reconcile the information submitted at that time with any adjustments made based on the actual expense information submitted by the family to the CCB at a later date. (see “adjustments” below)

There are two different types of reporting categories which apply specifically to FSSP: 1) single family services, and 2) services which benefit more than a single family.

1) Single Family Services

Services and supports which can be directly associated with a specific family in advance of service delivery, through the Family Support Plan, and for which a direct commitment of funds is given to a family, must be reported in one of the eight (8) reporting categories for services provided to individual families:

- a) Respite Care
- b) Professional Services
- c) Medical/Dental
- d) Transportation
- e) Other Individual Expenses
- f) Assistive Technology
- g) Home Modification
- h) Parent and Sibling Support

See Section 7 for a definition of these reporting categories.

Documentation

Information reported in CCMS must be supported by appropriate documentation. Families participating in the Family Support Services Program can submit actual receipts or use a Family Expense Statement (*see Appendix B for sample*) to inform the CCBs as to how funds were used. This type of form is intended to provide an easy and simple accounting of the use of Family Support Services funds.

Section 8 - Financial Procedures

A Family Expense Statement serves as the necessary documentation (*in conjunction with appropriate receipts*) to support the expenditures by families and provides the

Section 8 - Financial Procedures

CCB with required accounting information to support and properly classify expenditures from Family Support Services funds and also to prepare utilization reports about the Family Support Services Program. **Each CCB must develop their own procedures specifying the circumstances as to when families need to attach expenditure receipts to a Family Expense Statement.** In establishing these procedures, the criteria each CCB will need to use is to consider their organization's internal control accounting requirements, documentation requirements, and cost benefit associated with requiring receipts of families and review of the receipts by the CCB personnel. DDS recommends that each CCB carefully establish these receipt requirements and to not require receipts where it is not practical or necessary. DDS also recommends setting a minimum dollar amount, such as \$50.00, for one time purchases where receipts would not be required. At the same time, it would not be prudent on the part of the CCB, in their role as fiscal managers of such limited resources, to never require receipts under any circumstances. A reasonable and prudent course of action should be used.

2) Services for More Than a Single Family

There are two additional reporting categories which are to be used by CCBs for services and supports which are of benefit to more than a single family, and therefore cannot reasonably be reported as an individual family expense. These two additional categories are available to provide more local options for how FSSP funds can be used to benefit families and to accurately report how families were supported. In order to avoid overlapping interpretations of how to properly account the cost of certain functions, the following description will be used by DDS.

All types of group services which benefit more than a single family but fall within General Administration and Managed Service Organization (GA/MSO) definitions must be paid out of the 15% Management Fee.

The two additional FSSP reporting categories are:

Staff Expense

This category is to be used by CCBs to report CCB staff salaries and related supporting expenses associated with FSSP functions for which the actions of the staff person can be directly identified with benefit to families and is not otherwise defined as a GA/MSO function.

For example, if a respite care coordinator is developing a list of respite providers for use by the program in general, this activity would fall under the definition of MSO for "Service Development and Procurement" and that portion of the

Section 8 - Financial Procedures

salary, to the extent required by the Uniform and Accounting and Reporting Procedures Manual, represented by the time dedicated to this function must be

Section 8 - Financial Procedures

accounted to Management and General in the audited annual financial statements and must be within the 15% limit. However, when a specific family needs a respite care provider in their home on Saturday night, those activities to make that happen are what meets that family's need (i.e. Family A gets connected to Provider B). That portion of time of the respite care coordinator which is spent making respite provider arrangements for individual families should be accounted to the program/direct service line.

- Another example, functions which may indirectly benefit families such as an agency correctly tracking the overall FSSP Budget, should be reported under GA/MSO. However, a CCB support person's function to assist an individual family with implementing their Family Support Plan would be charged to the FSSP direct line.
- Another example would be a resource library (a lending or loan service in which books, assistive devices and other materials are loaned to families) which does not fall within the definitions of Management and General. Portions of staff time associated with setting this up, lending, etc. and materials in the library could be charged to the program/direct service line.

Other examples of services which are of benefit to more than a single family can be found in Section 7.

Program Expense

This FSSP reporting category is to be used by CCBs to report expenses related to FSSP for goods and purchased services which are of benefit to more than a single family and cannot be reasonably reported per family. There are at least two types of allowable program expenses which could be reported through the Program Expense category. Others may be allowable but should be utilized only in prior consultation with DDS.

- One example might be a resource library (a lending or loan service in which books, assistive devices and other materials are loaned to families) which does not fall within the definitions of GA/MSO and would be charged to the program/direct service line. These items are not reported per family. Rather, such items may be needed frequently enough or are unique enough in nature as to warrant using a resource library approach and would be identified in the local FSSP Budget as a program expense.
- Another example might be a joint project involving two or more agencies in which families directly benefit from a service but for whom individual reporting may not be practical. Such an example might be a joint behavioral consultation

Section 8 - Financial Procedures

service which is more cost effectively operated as a budgeted service (capacity model) rather than a per user service, or a summer respite care program.

Other examples of goods and services which are of benefit to more than a single family can be found in Section 7. **Specifically excluded from this reporting category are CCB staff expenses.**

Strategies for Managing a Pool of Funds

Local communities face a difficult challenge when there is a limited amount of funds available but an unlimited amount of need. The key to distribution of limited funds is fairness in treatment of families. At the same time, the unique circumstances faced by individual families requires that different means to address family situations should be available at the local level. While there are no easy answers, the following examples are strategies for how to manage a pool of funds in a flexible manner to respond to the more common needs of families. Remember that it is the intent of FSSP to meet the varied needs of families. **It is DDS' expectation that FSSP resources will go to some families to address ongoing (extended) needs and to other families to meet short-term or one-time needs.** It is up to each service area to devise the appropriate balance.

4 REGULAR ON-GOING NEEDS

Some families need long-term services and supports based upon the intensity of need and its duration. These types of situations usually require a larger commitment of funds and should come under greater scrutiny. When this level of resource commitment is used, the CCB and its local Family Support Council, may want to consider the following types of criteria:

- Families who need extended support should be considered based on a prioritization which considers the differential needs and resources of families.
- CCB should develop a means of assessing a family's needs. The assessment method must be able to consider a variety of factors which can account for the criticality of need and enable the CCB to make a determination as to who meets the criteria for this level of ongoing support.
- The family level of need should be reviewed at least annually through the FSP process. Adjustments to the FSP should be made at any time that the needs of the family warrant a revision (increases would be subject to available funds).

4 SHORT-TERM or ONE-TIME NEEDS

There are situations which families face which are short-term in nature, or which can be effectively addressed with a quick infusion of funds. Typically, these situations are for short-term wants/needs, one-time special requests, ongoing but low frequency wants/needs, or the need to stabilize a crisis situation. The CCB and its local Family

Section 8 - Financial Procedures

Support Council, should develop a means to address such situations. For example, the following types of criteria could be used:

- Funds would be intended to provide a high degree of flexibility and timeliness of response in addressing the wants/needs of eligible families with no ongoing commitment of funds.
- Access to a special reserve of funding on a case-by-case per request basis.
- Establish a process for prioritization of these funds and any limitations.

4 LESS-INTRUSIVE MEANS OF ASSESSMENT OF NEEDS

Some families express concern that they feel they are "lost" on a never-ending waiting list. Ideally all eligible families would have available ongoing support which would meet the family's needs as they change over time. However, the high demand for the Family Support Services Program usually far exceeds the available funds. Because of this reality, many families have expressed frustration with the long waiting list and little hope of getting services in the foreseeable future. One strategy for addressing these types of situations is to offer an equal chance of service to all eligible families no matter when they applied for services or the level of need of the families. The CCB and its local Family Support Council, may want to consider the following types of criteria:

- Selection would be on a random basis.
- There would be a time-limited infusion of services and supports to provide families relief who otherwise would have no reasonable opportunity to receive it.
- The CCB should ensure and document that the enrolled family acknowledges their understanding that the available funds are for a specified amount and are time-limited.
- Careful planning with the family is very important because of the time-limited nature of the support. A family should consider how the funds can be most appropriately used to support the family. Consideration should be given to the immediate, as well as long-term wants/needs of the family. They may wish to identify in their FSP a long-range want/need or more conservative use of the funds so that the funds will last longer, or they may also choose to spend all the funds on one item, such as a home adaptation or equipment.

Disbursement Procedures

Community Centered Boards

(reference DDS rule 15.2.4)

The State will disburse funds to CCBs for the FSSP program in the same manner in which all DDS disbursements are made for programs which are funded 1/12th of contract per



Section 8 - Financial Procedures

month. After DDS receives the monthly Summary Billing sheet which includes a billing for

Section 8 - Financial Procedures

FSSP, DDS will issue a one-twelfth disbursement for that month. See Appendix C for CCB contract and CCMS language.

Familie

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The method of payment at the local level for services and supports will vary depending upon the wants/needs of the family. It is the joint responsibility of the family and the CCB to determine the most appropriate method of payment to be used. **The method and timing of payment is to be predetermined and indicated on the FSP.** Examples of payment methods include:

- 4 Direct payment to a service provider from the CCB;
- 4 Reimbursement to the family;
- 4 Regularly scheduled payments to families or providers; or
- 4 Advance payment to a family.

Section 7 of this manual provides examples of the allowable types of expenditures in the Family Support Services Program.

No matter which method of payment to families is used, documentation (such as a FSSP Expense Statement) must be available from families which supports that the funds were used for allowable services and supports. This documentation must be after the delivery of services and supports. The services and supports identified in the Family Support Plan are considered to be a projection and the FSP does not suffice as closure for audit purposes.

Audit Procedures

(reference C.R.S. 27-10.5-104.5, DDS rule 15.4)

CCBs will follow the Uniform Accounting and Reporting Procedures Manual for Community Centered Boards regarding the Family Support Services Program. FSSP audit reporting will include three categories: 1) costs associated with Management and General functions [including the statutory limitation on administration of a maximum of 6%], 2) costs associated with FSSP direct services, and 3) costs associated with case management activities for FSSP. Unutilized funds from the Management Fee for FSSP can be utilized in other areas as determined by the CCB. All other funds associated with FSSP are subject to the reinvestment requirements specified in the Systems Change Project (SCP) Implementation Plan - dated July 22, 1998 (See Appendix B for a copy of the pertinent section).

Case Management Services

(reference DDS rule 5.0)

Funding for case management services for FSSP are allocated within the overall case management line for each CCB. Case management for FSSP are funded entirely from State

Section 8 - Financial Procedures

General Funds (as of July 1, 1998 there are no longer any Medicaid funds used). These funds are reimbursed 1/12th of the CCB contract per month. Case management services are to be provided pursuant to DDS rules, Chapter 5.

Section 8 - Financial Procedures

Frequently Asked Questions

9 / 98

1. Does the 5% local match apply to FSSP funds?

Yes, however, the 5% local match requirement for a CCB is based on the overall agency meeting the requirement and not an individual program. The 5% match can come from many different sources (e.g. cash, in-kind, etc.) and these do not have to be directly provided to FSSP.

2. Why can't the Family Support Plan be used to document how funds were expended?

The FSP cannot be used to document expenditures since it is only a "projection" of what funds could be spent for and not a reflection of what funds are "actually" spent on.

3. Can a CCB provide advance cash payments to families?

Yes, however, clarification needs to be provided regarding the intent of "advance" payment for families. There are risks involved in establishing a "standard practice" for all families in all circumstances to receive funds. The interagency agreements regarding treatment of FSSP funds are predicated on the fact that funds are targeted to specific needs via the FSP. This cannot be guaranteed with a cash advance approach and the FSSP funds may be in jeopardy of being treated as unrestricted family income. Colorado's approach to family support has recognized that "family support" is more than just dollars (cash subsidy). It is recommended that the CCB, with input from the local Family Support Council, strongly consider such factors as: 1) how far in advance funds might be given, 2) how much of the available funds would be given at any one time (e.g. quarterly, semi-annual, annual), and 3) for what purpose are advance funds being distributed (ease of administration or benefit to the family).

4. Can FSSP funds be used in the current fiscal year to pay for expenses incurred by a family in the previous fiscal year?

No, only family expenses which take place within the same fiscal year are allowable to be reported during that fiscal year. However, it is allowable to report some items/services which have a usual and customary business practice which happens to cross over the State fiscal year. For example, tuition which is charged to all participants (not just FSSP participants) prior to service delivery such as for summer camp. This expense may occur in June of one fiscal year (and should be reported in that fiscal year) at the time payment is due for the tuition but the service does not start until July. Reporting of FSSP expenses must be for that fiscal year only.

Section 9 - Dispute Resolution

What can be Disputed

There are only four (4) areas which can involve formal dispute resolution from the State: 1) the applicant is not eligible for services or supports, 2) the person is no longer eligible for services or supports, 3) services or supports are to be terminated, and 4) if services identified in the Individualized Plan (or Family Support Plan used as the IP) are to be changed, reduced or denied. (*reference C.R.S 27-10.5-101, DDS rule 7.2*)

What You Will Find

- ◆ What can be Disputed
- ◆ Resolving Conflicts Between CCB and Councils
- ◆ Frequently Asked Questions

A family can appeal any of the above actions through a formal appeal procedure. All other actions taken in regards to the Family Support Services Program, are not appealable, however, a local grievance procedure is available through the CCB to address conflicts (see DDS rule 7.6). For example, a family may be dissatisfied with the resource assignment for FSSP funds and wish to file a complaint. Each local service area is required to have procedures which meet State requirements for addressing grievances/complaints or other such disputes.

Resolving Conflicts Between CCB and Council

(*reference DDS rule 9.1.8*)

While the local Family Support Council acts in an advisory capacity, there may be occasions when the CCB and the Council strongly disagree about a policy or issue. It is important that each local service area develop a resolution procedure in advance to address such occasions and to provide a clear understanding of the working relationship between the CCB's direct administration of the program and the Family Support Council's role in providing guidance and assistance. CCBs and Councils should have well defined areas of responsibilities. Local resolution procedures should address areas such as:

- Under what circumstances would an issue require more formal resolution
- Whether there needs to be consensus from the full Council to define the issue
- What type of documentation would be required
- An explanation of the process to be used, including timelines for resolution
- Whether there should be a role for DDS in mediation

Section 9 - Dispute Resolution

Frequently Asked Questions

9 / 97

- 1. Does the CCB have final authority in how the Family Support Services Program is implemented within a local service area?**

Yes, the CCB is the local agency with whom the State contracts to administer FSSP funds and the program. It is this contractual arrangement which places the CCB in a position of accountability with the State. Due to open and flexible nature of FSSP, it is important that there be a local oversight body to help ensure that the program is responsive to family's needs, implemented within the spirit of the law and is user friendly. The Family Support Council is to provide the overall guidance and assistance to the CCB in an advisory capacity. DDS is very supportive and appreciative of the role of local Councils and fully expects that the advice and recommendations from the Council will clearly influence the implementation of FSSP within a local service area.

Section 10 - Program Evaluation

Requirements

A critical element to sustaining an effective and responsive family support program is the ability to evaluate the progress made toward achieving the established outcomes. This progress toward the goals identified in the introduction section will be measured at multiple levels. (reference C.R.S 27-10.5-103, 105, 407, DDS rule 1.3.8, 9.7.1, 9.7.2)

What You Will Find

- ◆ Program Evaluation Requirements
- ◆ Frequently Asked Questions

CCB / Family Support Council

(reference C.R.S. 27-10.5-404 & 405, DDS rule 9.1.4)

Each CCB, with guidance and assistance from the local Family Support Council, will develop an evaluation method to gather sufficient information from families and service providers to allow for effective planning, needed improvement, and expansion of the program to meet the wants/needs of families within the local service area. Overall evaluation should address progress and achievements in meeting the goals of the program. At a minimum, the evaluation should address the following areas:

1. Effectiveness of Outreach/Public Awareness, including:
 - The number and characteristics (age, disability, ethnicity, etc.) of families/individuals participating in the program in comparison to the demographics of the local service area; and,
 - How well the program integrates with other community resources available to meet the wants/needs of families.
2. Satisfaction and Program Responsiveness, including:
 - Ease of access to the program;
 - Timeliness of services;
 - Effectiveness of services;
 - Availability of services;
 - Family satisfaction with services; and,
 - Responsiveness to family concerns and recommendations.
3. Effective Coordination and Utilization of Funds, including:
 - Variety of local services and supports utilized in conjunction with the Family Support Services Program; and,
 - Efficiency of required paper documentation to sustain the program while limiting the intrusiveness on families.

Section 10 - Program Evaluation

Developmental Disabilities Services

(reference C.R.S. 27-10.5-404, DDS rule 1.3.8)

The primary focus of the evaluation process will be at the local level and will evaluate how each local service area is able to incorporate necessary changes to maintain the effectiveness of the program to meet the wants/needs of families. DDS will evaluate the program on a statewide basis through the following methods or sources:

- The local service area Family Support Plans and evaluations
- Aggregate Reporting and Accounting information, including the types and frequency of services and supports accessed
- Periodic onsite surveys or screenings
- Periodic surveys/questionnaires of families and service providers which will provide data which can be aggregated across the state

Section 10 - Program Evaluation

Frequently Asked Questions

9 / 97

1. None as of 9/1/97

Section 11 - Summary of Roles & Responsibilities

The Family

(reference C.R.S 27-10.5-102 (15), DDS rule 1.2.13)

"Family" means a group of interdependent persons residing in the same household that consists of:

- a) A mother, father, brother(s), sister(s) or any combination, and a family member with a developmental disability; or
- b) Extended blood relatives such as grandparent(s), aunt(s) or uncle(s) and a family member with a developmental disability; or
- c) An adoptive parent(s) of and a family member with a developmental disability; or
- d) One or more persons to whom legal custody of a person with a developmental disability has been given by a court and a person with a developmental disability; or
- e) An adult with a developmental disability living with a spouse and/or his/her children.

What You Will Find

- ◆ Role of the Family
- ◆ Role of the Community Centered Board
- ◆ Role of Developmental Disabilities Services
- ◆ Frequently Asked Questions

Each family must be supported in the fashion appropriate for their circumstances, abilities and wants/needs. There is no absolute in this area. Families should be supported in meeting the following responsibilities:

- 4 To consider their entire family;
- 4 In cooperation with the CCB support person, identify their family's strengths and wants/needs, as accurately as possible;
- 4 To develop the Family Support Plan (FSP) with the assistance of the CCB support person;
- 4 To keep an open line of communication with the CCB support person and be willing to work cooperatively;
- 4 To help educate the CCB support person regarding their preferences for the type and frequency of interaction;
- 4 To submit receipts, as necessary, and accounting forms as required; and
- 4 To provide feedback, as requested, regarding the effectiveness of the program to assist in providing support to the family member with a developmental disability in the home.

The Community Centered Board

(reference C.R.S 27-10.5-405, DDS rule 1.3.10, 9.1.3)

"Community Centered Board (CCB)" for the purpose of the Family Support Services Program means the agency as defined in DDS rule 1.3.10 which is responsible for the implementation and local fiscal management of the Family Support Services Program.

Section 11 - Summary of Roles & Responsibilities

Overall FSSP Coordination

(reference DDS rule 9.1.2)

The CCB must identify one person within the agency who is responsible for the overall coordination of the Family Support Services Program. Families and DDS should be notified of the name and title of this person.

At a minimum, the following functions need to be performed by the CCB for FSSP:

- 4 Overseeing the implementation of FSSP within the designated service area.
- 4 Management of the FSSP budget.
- 4 Coordination of contracts for purchasing services and supports for families enrolled in FSSP.
- 4 Ensuring compliance with FSSP guidelines, Rules & Regulations, and Statute.
- 4 Provide DDS with requested information regarding disbursements for services and supports in FSSP and other information about FSSP as needed.

Case Management Services

(reference C.R.S 27-10.5-102 (2), DDS rule 5.0)

Community Centered Boards receive allocations specifically for Case Management Services related to the Family Support Services Program to meet the CCB's case management responsibilities for the program. All individuals (families) who are referred to the CCB for services have an eligibility determination completed as a case management responsibility and, at a minimum, an initial Individualized Plan (IP), or Family Support Plan (FSP) depending on circumstances, for services and supports developed. The CCB Case Manager (a.k.a. Resource Coordinator, Service Coordinator, etc.) is responsible to ensure the overall service delivery.

Community Contract and Management System

(reference DDS rule 1.3.6, 2.1, 8.4.1.1, 9.3.6, 15.2.1)

The CCB must ensure that eligible persons (families) are entered into the Community Contract and Management System (CCMS) per established guidelines (see Appendix C. Any individual/family who receives FSSP funds must be entered into CCMS. If an individual/family receives short-term or one-time funds, they must still be entered into CCMS in order for a reporting of services to be processed. It is the CCBs' responsibility to keep the information in CCMS accurate and up-to-date. If an individual/family is not expected to continue to receive funds during a fiscal year, CCMS should be changed to

Section 11 - Summary of Roles & Responsibilities

reflect the appropriate current program status.

Section 11 - Summary of Roles & Responsibilities

Training and In-Service

(reference DDS rule 8.4.1.1, 15.2.1)

The CCB is responsible to ensure, at a minimum, that agency personnel involved in the Family Support Services Program are adequately trained to carry out their assigned functions. CCBs are further encouraged to provide, coordinate or ensure training for other service and support providers.

Program Quality / Monitoring

(reference DDS rule 1.3.9, 8.4.1.1, 15.2.1)

The CCB must ensure that FSSP is implemented within their local service area and that all components of the program are in compliance with the guidelines, rules & regulations, and statute. There needs to be a balance between the goal of a family-centered non-intrusive program with the need for accountability for use of public funds. The level of monitoring of the services and supports will vary between families and providers. The CCB is responsible for establishing with each family, a reasonable level of monitoring and the responsibilities for such monitoring. Families are responsible to provide information, as requested or necessary, to the CCB regarding the quality of services and supports, as well as financial. The CCB, with input from the Family Support Council, should establish any necessary precautions to monitor the appropriateness of service providers within the local service area. The CCB and, as requested, participating families must cooperate with the Program Quality section of DDS regarding any onsite surveys and questionnaires.

Developmental Disabilities Services

(reference C.R.S 27-10.5-407, DDS rule 9.0)

The Family Support Services Program is designed with a strong emphasis on local control and implementation. DDS will continue to monitor the statewide implementation of the program, evaluate the achievement of desired results and institute necessary changes. At a minimum, DDS is responsible for the following:

- 4 Program design and refinements
- 4 Development of rules, regulations, guidelines and standards
- 4 Allocation of funds to service areas (CCBs) and disbursement of FSSP funds
- 4 Coordination of statewide training
- 4 Technical assistance
- 4 Program quality and monitoring of the CCB's quality control

Section 11 - Summary of Roles & Responsibilities

Frequently Asked Questions

9 / 97

1. None as of 9/1/97

Appendix A

Sample Decision-making Guide

Appendix B

Sample Family Support Plan

Sample Family Expense Statement

Reinvestment Plan Requirements

Appendix C

Community Contract and Management System

Appendix D

Treatment of FSSP Funds and Family Income

Appendix E

Interagency Letters

Appendix F

Liability Issues

Appendix G

Enabling Legislation (C.R.S. 27-10.5)

Appendix H

Rules & Regulations

Appendix I

Standards

Last Updated: 9/1/97

Appendix J

Glossary

ADA	Americans with Disabilities Act
CARF	Commission on Accreditation of Rehabilitation Facilities
CACCB	Colorado Association of Community Centered Boards
CCB	Community Centered Board
CDE	Colorado Department Education
CDHS	Colorado Department of Human Services
CES	Children's Extensive Support waiver
CDPHE	Department of Public Health and Environment
CMW	Children's Medical Waiver
C.R.S. 27-10.5, as amended	- Colorado Revised Statute authorizing services for persons with developmental disabilities
DDS	Developmental Disabilities Services

Developmental Disability

Developmental disability means a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 6000, et seq., shall not apply. (*Community centered boards are responsible for the determination of a developmental disability.*)

Developmental Delay

Developmental Delay means the slowed or impaired development of a child who meets one or more of the following:

- 1) A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following:
 - (a) Chromosomal conditions associated with mental retardation,
 - (b) Congenital syndromes and conditions associated with delay in development,
 - (c) Metabolic disorders,
 - (d) Prenatal and perinatal infections and significant medical problems,
 - (e) Low birth weight infants weighing less than 1200 grams, or
 - (f) Postnatal acquired problems known to result in significant developmental delays.
- 2) A child less than five (5) years of age who is delayed in development by 1.5 standard deviations or more in one or more of the following areas:
 - (a) Communication,
 - (b) Self-help,
 - (c) Social-emotional,
 - (d) Motor skills,
 - (e) Sensory development, or,
 - (f) Cognition.
- 3) A child less than three (3) years of age who lives with one or both parents who have a developmental disability.

DVR	Division of Vocational Rehabilitation Services
EI	Early Intervention Services
ECC	Early Childhood Connections (<i>applies to infants and toddlers birth through age 2, a.k.a. Part C of IDEA</i>)
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (<i>applies to Medicaid recipients birth through age 20</i>)
FSP	Family Support Plan (<i>applies to Family Support Services</i>)
FSSP	Family Support Services Program

HCBS	Home and Community-Based Services <i>Medicaid funding source for</i> HCB-DD Home and Community-Based Services for the Developmentally Disabled
HCFA	Health Care Financing Administration <i>(federal agency responsible for Medicaid funding)</i>
HCPF	Health Care Policy and Financing
HCP	Health Care Program for children with special needs
HRC	Human Rights Committee
HUD	Housing and Urban Development <i>(section 8 provides rental assistance)</i>
ICF-MR	Intermediate Care Facility for the Mentally Retarded
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team <i>(Includes the person receiving services, parents or guardian of a minor, a guardian or an authorized representative, as appropriate, the person who coordinates services and supports, and others as determined by such person's needs and preference).</i>
IFSP	Individualized Family Services Plan <i>(applies to infants and toddlers, birth through age 2)</i>
IP	Individualized Plan
ISSP	Individual Service and Support Plan <i>(applies to day and residential programs when a specific methodology of intervention is required)</i>
IRWE	Impairment Related Work Expenses <i>(applies to SSA benefits)</i>
JTPA	Job Training Partnership Act
LEAP	Low Income Energy Assistance Program
OBRA	Omnibus Budget Reconciliation Act <i>(1987 applies to eligible people residing in or moving from nursing facilities.)</i>
PASS	Plan to Achieve Self-Support <i>(applies to SSA benefits)</i>
PETI	Post Eligibility Treatment of Income <i>(applies to Medicaid programs, involves the portion of financial responsibility of the person)</i>
PPOR	Per Pupil Operating Revenue <i>(applies to student funding for public education)</i>
SLC	Supported Living Consultant <i>(applies to Supported Living Services)</i>
SSA	Social Security Administration
SSDI	Social Security Disability Insurance <i>(disability benefits through SSA)</i>
SSI	Supplemental Security Income <i>(disability benefits through SSA)</i>
TCM	Targeted Case Management
300% rule	Three times the current monthly SSI benefit <i>(e.g. 1998- SSI amount \$494 x 3 = \$1,482)</i>

Decision-Making Guide

A Record for _____ services or supports requested by _____

A) Are the services and supports **specifically excluded** by the State? NO

B) Is this need directly related to the person's disability or the impact of the disability on the family? The need is created by...

C) All or Part of this service is above and beyond typical child rearing or daily living expenses because...

D) Is this service available through other programs? **NO** If yes, FSSP funds are being used because...

E) The general public would agree or disagree with this service because...

F) This service will successfully meet the need by...

G) This service is meeting only the basic level of support and is cost effective because...

H) The family's ability to provide support to the family member with a developmental disability in the home will be significantly impacted by... High ↔ Low
5 4 3 2 1
(impact)

I) These are other factors considered... High ↔ Low
5 4 3 2 1
(impact)

The Approval/Denial was made based on...

If denied, has this service ever been approved for a family? If yes, this situation is different because...

Who was involved or consulted regarding this decision:

Was DDS consulted? If so, who:

Reviewer: _____

Date: _____

CCMS Individual Data

The family member(s) establishing eligibility for Family Support Services must have a CORE record entered into the Community Contract and Management System (CCMS) Individual module. If the individual is currently receiving FSSP, the DD status must be recorded as “active”. If the individual is on a Waiting List for FSSP, the DD status must be recorded as “case management” and waiting list information must be entered. An individual may be listed as “active” and also on the waiting list (e.g. they need more FSSP services than are available).

Refer to Section III - Individual Module Operation of the CCMS manual for instructions for entry of CORE records into CCMS. Refer to Appendix A - Field Definitions and Minimum Reporting Criteria of the CCMS manual for definitions of the individual fields which must be entered on the Individual Main data screen and the Supported Living Services screen.

CCMS Billing & Reporting Data

The cost of services for individuals active in the Family Support Services Program must be reported via the Community Contract and Management System (CCMS) Billing module. Previously, CCBs have been reimbursed according to these actual costs reported monthly. This has changed under the 1/12th of contract per month disbursement method. The cost of service information submitted via CCMS is now for reporting purposes only. The FSSP contract for each CCB will be disbursed 1/12th of contract per month regardless of the actual expenses reported via CCMS. The CCMS Family Support Expense Record, or a facsimile created by the CCB which collects the same information, is used as the source document from which to enter expense information into CCMS. FSSP Expense records may be printed from the CCMS Billing Report menu.

Although actual expenses must be reported via the Billing module for reporting purposes, the system will create a line on the State Funded Summary Bill based on 1/12th of the contract per month for the amount due. Billing and reporting information for ALL programs and funding types must be sent to DDS monthly by the 10th working day of the month as part of the monthly Summary Bill. Refer to Section II -Steps to Follow Each Month of the CCMS manual for information on the monthly billing reporting requirements.

Refer to Section IV - Billing Module Operation of the CCMS manual for instructions for entry of billing transaction records into CCMS. Refer to Appendix A - Field Definitions and Minimum Reporting Criteria of the CCMS manual for definitions of billing fields which must be entered on the FSSP billing screen.

As families submit their expense records or receipts for reimbursement, the information is to be reported via CCMS. If a CCB provides a cash advance to a family, the information may be entered into CCMS at the time the cash advance is provided to the family or the CCB can wait until the actual expense information is provided by the family. If the information is recorded at the time of a cash advance, the CCB must still reconcile the information submitted at that time with any adjustments made based on the actual expense information submitted by the family to the CCB at a later date. (see “adjustments” below)

Expense data for Family Support Services must be submitted under one of two types of FSSP:

1. FE - FSSP Extended Support
2. FO - FSSP Other Supports

Service Category - The service being reported will be identified by the service codes listed below. All service categories are for expenses incurred by or for the individual except for the service category labeled F08 - Parent and Sibling Support. Refer to Section 7 for a detail description of the service categories.

- F01 - Respite Care
- F02 - Professional Services
- F03 - Medical and Dental
- F04 - Transportation
- F05 - Other Individual Expenses
- F06 - Assistive Technology
- F07 - Home Modification
- F08 - Parent and Sibling Support

Reporting Adjustments

Generally service costs will be reported for the current billing/reporting month on the FSSP Expense Record. However, there are times when adjustments for services which were provided in a month prior to the current billing/reporting month must be reported. These may be positive or negative, dependent on whether you are adjusting figures which were not reported previously or reducing figures which were accidentally over-reported. You enter these amounts using the same entry screen used to enter current costs, but you must complete a field on the FSSP billing screen titled ADJUST DATE and this date must be prior to the current billing/reporting month. You must submit a separate billing transaction for each adjustment and a separate billing transaction for current billing month information. The separate adjustment transaction may be a cumulative of several adjustments over a period of months.

All corrections to amounts previously reported must be documented and shown on the expense record as a separate adjustment line for each person, or on a separate expense record which covers adjustments for a particular month. Indicate the amount (negative or positive) being adjusted for each service category for each person.

Non-person Specific Cost Reporting

FSSP costs may be reported for expenses which are not related to a specific person or family. They are entered into CCMS by using the Special Billing function from the Contract File Update menu. These costs should be reported monthly or at a regular interval determined appropriate by your agency. No special form is required to report these expenses.

Non-person Specific Reporting Categories - The reporting type will be identified by the service codes listed below:

- B01 – Program Expenses
 - B02 – Staff Expenses
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Edited Selection from Section 9 - Reinvestment Plan

A Reinvestment Plan is a proposal for spending revenues which exceed expenditures (costs) in a given fiscal year within the Support Services Block. It is the intent of DDS that all service funds disbursed during a contract period should be utilized during the contract period for the provision of services. However, DDS recognizes that situations arise (such as, the more cost efficient delivery of services, vacancies, and under utilization of services by consumers) that generate excess revenues. The State has developed guidelines regarding how these funds can be spent and the State will conduct a post period review to identify these funds.

DDS has established the following criteria for the Support Block reinvestment plan.

- I. ***Reinvestment Plan Criteria:*** The reinvestment criteria is dependent on the source (State or Medicaid) of the funds and the payment mechanism established by the State. Potential reinvestment plan funds will be initially identified by utilizing un-audited financial data and adjusted after completion of the CCB audit.
- II. ***State Funded 1/12th Disbursement Programs (State SLS, FSSP and EI)***

Service Funds dispersed by DDS which are not spent by the contractor for their intended purpose and have not been adjusted by DDS based on contract control points are considered deferred revenue and may only be utilized for the following purposes:

- A. CCB's who have satisfied the contract control points for each qualifying program may retain as unrestricted revenue up to 5% of the total revenues paid by the State for the combined State Support Services Block (i.e., State SLS, FSSP and EI), and/or;
 - B. Provide additional services to individuals currently enrolled in the program that provided the excess revenues, and/or;
 - C. Provide services to additional individuals who would be enrolled in the program that provided the excess revenues, and/or;
 - D. Development of crisis or emergency pools to fund fluctuations in service needs of individuals enrolled in the program that provided the excess revenue, and/or;
 - E. Provide additional services or serve additional individuals in other State funded programs (e.g. state SLS used in EI or FSSP).
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