

# **DDRC's Family Support Services Program (FSSP)**

**Serving Jefferson, Clear Creek, Gilpin and Summit County.**

FSSP is intended to assist families with costs beyond those typically experienced by other families, to reduce stress and avoid or delay out of home placement.

Families are eligible for FSSP if they have a family member with a developmental delay or disability living in the family home.

Families are prioritized for enrollment in FSSP based on a Most-In-Need (MIN) Assessment and available funds. The amount of funds a family receives is based on the family's MIN score, service needs, and funding limits. Individuals enrolled in a Medicaid Waiver are considered lowest priority for FSSP state general funds regardless of their MIN score. They can only access FSSP state general funds if they meet FSSP emergency criteria.

Families who are not prioritized for enrollment in FSSP may be eligible for funds through the Jefferson County Children and Family Services Fund (Jeffco residents only) or donated funds when available.

DDRC's FSSP is administered by the Children and Family Services (CFS) Department. Any family, eligible for FSSP, may complete a Most-In-Need Assessment Questionnaire and request FSSP services. Your Resource Coordinator (RC) can answer questions and help you fill out the forms.

## **Request for FSSP services/funds**

1. Family fills out a Family Support Most-In-Need (MIN) Assessment Questionnaire
2. Family fills out a Service Request form
3. Family submits the MIN Assessment and Service Request forms to DDRC/CFS
4. CFS date stamps the MIN Assessment and Service Request form the date it is received
5. RC scores the MIN Assessment and notifies the family in writing of their score and prioritization level within 10-business days of receipt of the MIN Assessment
  - a. Prioritization for FSSP enrollment, placement on FSSP wait list, and/or referral to another program or resource

## **Enrollment in FSSP / Family Support Plan**

6. RC schedules a meeting with the family to develop a Family Support Plan within 10 business days of the notification of prioritization for enrollment. The requirements of a Family Support Plan are listed below.
  - a. RC informs family of funding amount available based on the family's MIN score
  - b. Family prioritizes their need(s)
  - c. RC and family identify the most appropriate, cost-effective service(s) to meet the family's prioritized need(s)
  - d. RC and family describe the desired result(s) of service(s)
  - e. Family submits any applicable supporting documentation (i.e.; bids, prescription by licensed medical professional, and/or therapist treatment plan or recommendation)
  - f. RC authorizes specific service(s), the maximum amount of funds available for each service, and the timeline in which funds are available
  - g. RC and family determine appropriate payment type (receipt reimbursement, advancement, or direct vendor payment)

- h. Family representative and RC sign a statement of agreement with the Family Support Plan as written.

### **Release of Funds**

7. DDRC issues funds per the agreed upon payment type and amount within ten business days of receipt of the signed Family Support Plan.
  - i. Advancement of funds will be made in installments ( $\frac{1}{4}$  each quarter) unless there is adequate documentation that supports a different amount on an individual basis.

### **Required Receipts/documentation**

8. Family maintains and submits all required receipts, bills, paid invoices, and service log(s) on or before the end of the fiscal year in which the funds are available
  - i. Receipts, invoices, bills, and service logs must include the name of the family member who received the service, the service provided, the date the service was provided, the name of the provider, the cost, and amount paid. Service logs are acceptable for respite and mileage only
- **Travel Mileage expense log-** date of trip, provider name/purpose of trip, number of miles, other expense, signed attestation by parent/family representative/guardian
- **Respite log-** must include date of service, number of hours, cost, provider/agency name, signed attestation by parent/family representative/guardian