

DEVELOPING YOUR SUPPORT AND SPENDING PLAN

INSTRUCTIONS



IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEVELOPING YOUR SUPPORT AND SPENDING PLAN

Your goal is to submit a Support and Spending Plan (SSP) which reflects your personal goals and needs and assures that you are able to live safely and successfully in the community within your allocated budget. There are several steps to developing a Support and Spending Plan. Below is a brief overview of each of the steps involved in completing this process.

- **Step 1.** First, you should have already completed your My Voice My Choice Workbook. Have your workbook available before you begin writing your Support and Spending Plan.
- **Step 2.** Create your My Support Plan pages. To create your My Support Plan pages, you will need to refer back to the worksheets in your My Voice My Choice Workbook.
 - **Each** specific goal needs to be written on a **separate** My Support Plan page.
 - Your My Support Plans will also identify whether someone will be providing support to you at no cost or whether Medicaid will be paying for the support. In many cases you may be able to do things yourself to accomplish your goal or it may be possible for you to get help for free from community organizations and natural supports. The more support you can find at no cost to you, the more money you will have available to put towards developing other goals or to save for additional services, supports or goods that may become necessary. Remember that funds cannot be carried over to the next plan year.
- **Step 3.** Review your My Health and Safety Plan in your *My Voice My Choice Workbook*. If you listed health and/or safety issues at home, work, or in the community you must also create a My Back-Up Plan page to go along with these health and/or safety issues. This will ensure supports are in place which addresses each of the identified risks.
- **Step 4.** Complete the My Support and Spending Plan Authorization page by listing all of the paid supports from your My Support Plan pages.
- **Step 5.** Complete the My Support Broker Authorization Section.
- **Step 6.** Complete the FEA Authorization Section.
- **Step 7.** Complete the final Support and Spending Plan Authorization page. This is where you will list the Community Supports total (A), Support Broker total (B), and the Fiscal Employer Agent total (C). You will combine the three to list a Grand Total Amount (D).
- **Step 8.** Read, sign and date the Choice and Consent Statements.

MY SUPPORT AND SPENDING PLAN COVER SHEET INSTRUCTIONS

- **Step 1.** Check either the Initial Plan or Annual Plan box. Only check the Initial Plan box if this is the first Self Directed plan you have completed.
- **Step 2.** Complete the Personal information, Guardian (if applicable), and Primary Care Providers sections.
- **Step 3.** List the names of all individuals who were involved in helping develop the Support and Spending Plan. This list should also include those individuals who may not have attended the person-centered planning meeting(s), but were involved in helping develop your plan.

MY SUPPORT PLAN INSTRUCTIONS

- **Step 1. Goal or Need** – List the goal or need you want to achieve or accomplish in the upcoming plan year. Each goal or need is listed on a separate page. There is no one correct way to write a goal. For example, you can have a goal “I want to get a job” or “I want to work in an office.”
- **Step 2. Activities** - List the activities and how often you are able to do the activities on your own, to reach your goal or meet your needs.
- **Step 3. Natural Supports** - Identify people you would not need to pay that would help you reach your goal or meet your need. Identify how often these natural supports will be able to provide this help. For example, given the goal of “work in an office” perhaps you have someone that will help you fill out applications.
- **Step 4. Paid Supports** – List the service, task or good needed to reach the goal or meet the need. Also list the specific qualifications, training, skills, abilities or education that the CSW should have to teach these services, tasks, or goods. In the type of support section indicate the type of support being provided by using the included key. Use the following definitions to determine what type of support best describes the service, task, or good being purchased.
 - **Personal:** Helps you maintain health, safety, and basic quality of life.
 - **Emotional:** Helps you learn and practice behaviors consistent with goals and wishes, while minimizing interfering behaviors.
 - **Learning:** Helps you learn new skills or improve existing skills that relate to identified goals.
 - **Relationship:** Helps you establish and maintain positive relationships with family members, friends, spouse or others in order to build a natural support network and community.
 - **Job:** Helps you secure and maintain employment or attain job advancement.
 - **Adaptive Equipment:** Equipment that meets a medical or accessibility need and promotes increased independence.
 - **Transportation:** Helps you accomplish identified goals through gaining access to community services, activities, and resources.
 - **Skilled Nursing:** Intermittent or private duty nursing services which are within the scope of the Nurse Practice Act, and are provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

MY BACK-UP PLAN INSTRUCTIONS

- **Step 1.** Review all of your My Support Plan pages. If your health or safety would be in immediate jeopardy or if a natural or paid support listed on a My Support Plan did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support.

- **Step 2.** Identify three (3) other ways you could go about getting the help you need should a critical support not happen.

- **Step 3.** Use the Back-Up Plan form to create back-up plans for critical natural or paid supports listed on all of your My Support Plan pages.
 - First list the goal or need associated with the support.
 - Then state the support that needs to be provided.
 - Then list three other ways you can obtain the help.

MY SUPPORT AND SPENDING PLAN AUTHORIZATION INSTRUCTIONS

- **Step 1.** For each service, task, or good listed under the Paid Support section of your My Support Plan, list that service, task or good in the corresponding Support section (Personal, Emotional, Learning...etc.)
- **Step 2.** Enter the CSW qualifications; include the specialized skills, abilities, experience and/or training to show the CSW has the competence to support the participant to live as independently and safely in the community as possible.
- **Step 3.** Enter the name of the person, agency or vendor who will be providing the identified service, task or good.
- **Step 4.** Enter the maximum number of hours (or number of items) needed for the upcoming year.
- **Step 5.** List the cost per hour or cost per item. This amount must include the hourly wage for the employee plus the percentage amount of employer tax you must pay.
 - If you are hiring a person to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay your service provider before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the Federal Government, as an employer under the Consumer Directed option. Please contact the fiscal employer agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.
- **Step 6.** To calculate the Annual Cost you must multiply the total number of hours or items by the cost per hour or item.
- **Step 7.** Add the total for each type of support and list in the Total Community Supports and Services section (A).

MY SUPPORT BROKER AUTHORIZATION INSTRUCTIONS

- **Step 1.** Review each of the Required Job Duties listed and list the maximum number of hours the Support Broker will be needed for each duty.
- **Step 2.** You may want your Support Broker to assist you with additional tasks associated with your self-directed services. List each of these duties separately in Other Requested Job Duties and list the maximum amount of hours for each duty.
- **Step 3.** Enter the base hourly rate you will pay your Support Broker during the upcoming plan year for each of their job duties. The base hourly rate cannot exceed \$18.72/hour. Support brokers can receive different hourly rates of pay for different job duties.
 - If you are hiring a person to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay your service provider before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the Federal Government, as an employer under the Consumer Directed option. Please contact the fiscal employer agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.
- **Step 4.** To calculate the annual cost for each duty, multiply the number of hours per year needed by the cost per hour.
- **Step 5.** Calculate the Required Job Duties Sub Total by adding all of the required annual costs.
- **Step 6.** Calculate the Other Requested Job Duties Sub Total by adding all of the annual costs.
- **Step 7.** Add the Required Job Duties Sub Total and the Other Requested Job Duties Sub Total to get the Support Broker Total. This will be Amount (B)

FISCAL EMPLOYER AGENT AUTHORIZATION INSTRUCTIONS

In order to remain on the Consumer Directed Option you must utilize the services of a Fiscal Employer Agent (FEA.) The FEA gets paid \$108.00 a month. The Total FEA fees will be $\$108.00 \times 12 = \1296.00 .

This will be Amount (C).

MEDICARE-MEDICAID COORDINATED PLAN

- **Step 1:** enter the OT, PT, ST and/or DME service type that you would like to access through the MMCP.
- **Step 2.** Enter the name of the person or agency that will provide that service to you.
- **Step 3.** Enter the number of hours or items per year that you want to have.
- **Step 4.** Enter the cost of the item from the Idaho Medicaid Fee Schedule
- **Step 5.** Calculate the annual cost by multiplying the number of hours or items per year by the cost of the item.
- **Step 6.** Add the annual cost for all items in the MMCP section to get the total dollar amount.

FINAL SUPPORT AND SPENDING PLAN AUTHORIZATION PAGE INSTRUCTIONS

- **Step 1:** Enter the Community Support total. This total is Amount (A).
- **Step 2.** Enter the Support Broker Total. This total is Amount (B).
- **Step 3** Enter the Support Broker Contact information.
- **Step 4.** Enter the Fiscal Employer Agent total. This total is Amount (C).
- **Step 5.** Calculate the Grand Total Amount (D), by adding Amounts (A), (B), and (C).
- **Step 6. *IN THE GREY BOX*** –
 - List the plan start and end dates.
 - List the Assessed Annual Medicaid Budget. (Refer to your eligibility letter for this information.)
 - List the MMCP amount
 - Gather the ICT Care Coordinator signature on the SSP

CHOICE AND INFORMED CONSENT STATEMENTS INSTRUCTIONS

Read, sign, and date the Choice and Informed Consent Statements. This form states you agree with the Support and Spending Plan you are submitting, accept your responsibilities under the Consumer-Directed option, and choose waiver services over institutional placement. If you have a legal guardian they must read, sign and date the form as well.