

Family Support Services Program (FSSP) Decision Guide for Case Management Approval of Direct Services

Ensure the following questions have been addressed and documented in the member's Family Support Plan **prior** to approval and include any supporting documentation such as professional/medical recommendations, cost comparisons, and relevant research. This decision guide is designed to support case managers in ensuring proper documentation is obtained to help justify the approval of the FSSP expenditure.

Eligibility: Is the member approved for or eligible for coverage under Medicaid Home and Community Based Services (HCBS) Waivers, State Plan Medicaid or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)?
Other Coverage: Is the requested service or item covered under state-plan Medicaid, private insurance, HCBS Waivers, EPSDT or through the school district? TIP: Document all research conducted to verify the request is not duplicative of services covered under other benefits and resources
Need Related to the Member's Disability: How does the requested service or item directly relate to the member's Intellectual or Developmental Disability? Is the need or goal clearly outlined in the Family Support Plan?
Age Appropriate: How does the requested service or item go above and beyond that of typical needs for a child the same age? TIP: Be specific in documenting how it was determined that this need is above and beyond
Cost Effectiveness: How was this service or item determined to be the most cost-effective option? Have other community resources been explored to cover this requested service or need? TIP: Include copies of cost comparisons in the member's case record and denial verification if applicable

Case managers may reference program rules at <u>10 CCR 2505-10 8.613</u> to ensure direct service approvals and the Family Support Plan documentation are meeting all FSSP regulations.