



Rocky Mountain Health Plans
Case Management Agency
Family Support Services Program
Annual Report and Program Evaluation
FY 25-26



Table of Contents

INTRODUCTION.....	3
FSSP PROGRAM OUTCOMES FY 24-25.....	3
FSSP DEMOGRAPHICS.....	3
MOST IN NEED.....	4
FSSP EMERGENCY FUND.....	4
FSSP MEMBER ALLOCATION SPEND.....	5
WAITLIST.....	6
GOALS.....	6
FSSP MEMBER SURVEY FY 24-25.....	8
EFFECTIVENESS OF OUTREACH AND PUBLIC AWARENESS.....	8
DEMOGRAPHICS.....	8
INTEGRATION WITH OTHER COMMUNITY SERVICES.....	9
SATISFACTION AND PROGRAM RESPONSIVENESS.....	9
EASE OF ACCESS TO FSSP.....	9
TIMELINESS.....	9
EFFECTIVENESS AND AVAILABILITY OF SERVICES.....	10
RESPONSIVENESS TO CONCERNS.....	12
OVERALL SATISFACTION.....	13
RECOMMENDATIONS.....	13
EFFECTIVE COORDINATION AND UTILIZATION OF FUNDS.....	13
LOCAL SERVICES AND SUPPORTS USED IN CONJUNCTION WITH FSSP.....	13
EFFICIENCY OF REQUIRED DOCUMENTATION TO RECEIVE FSSP.....	14
EVALUATION.....	14
IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT.....	15
FSSP FY 25-26 PLAN.....	15
FSSP FUNDING.....	15
OUTREACH AND PUBLIC AWARENESS.....	16
SPECIAL PROJECTS.....	17
FSSP GOALS.....	17
CONCLUSION.....	17
APPENDIX A- ANNUAL REPORT DISTRIBUTION.....	19
APPENDIX B- FY 24-25 FSSP SURVEY.....	19
APPENDIX C- FAMILY SUPPORT COUNCIL MEMBER SIGNATURES.....	20

INTRODUCTION

Rocky Mountain Health Plans (RMHP) serves as the Case Management Agency (CMA) for 19 counties across Colorado’s Western Slope. As part of its responsibilities, RMHP oversees the Family Support Services Program (FSSP) in these counties.

FSSP provides financial assistance to families raising children with intellectual or developmental disabilities or delays. This funding helps cover the cost of specific items and services that go beyond typical family needs, supporting children to remain safe in their homes and reducing the risk of out-of-home placements.

This report summarizes the program’s progress during fiscal year 2024–2025 (FY 24-25), including key outcomes and insights from the annual Member Satisfaction Survey.

FSSP PROGRAM OUTCOMES FY 24-25

FSSP DEMOGRAPHICS

Rocky Mountain Health Plans (RMHP) Case Management Agency (CMA) oversees services across 19 counties, organized into five designated service areas (DSAs):

- DSA 13: Chaffee, Lake, Custer, and Fremont counties
- DSA 14: Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties
- DSA 16: Grand, Jackson, Moffat, Rio Blanco, and Routt counties
- DSA 17: Mesa county
- DSA 18: Delta, Gunnison, and Hinsdale counties

In FY 24-25, RMHP CMA served 251 FSSP Members. Figure 1 shows FSSP Membership by DSA.

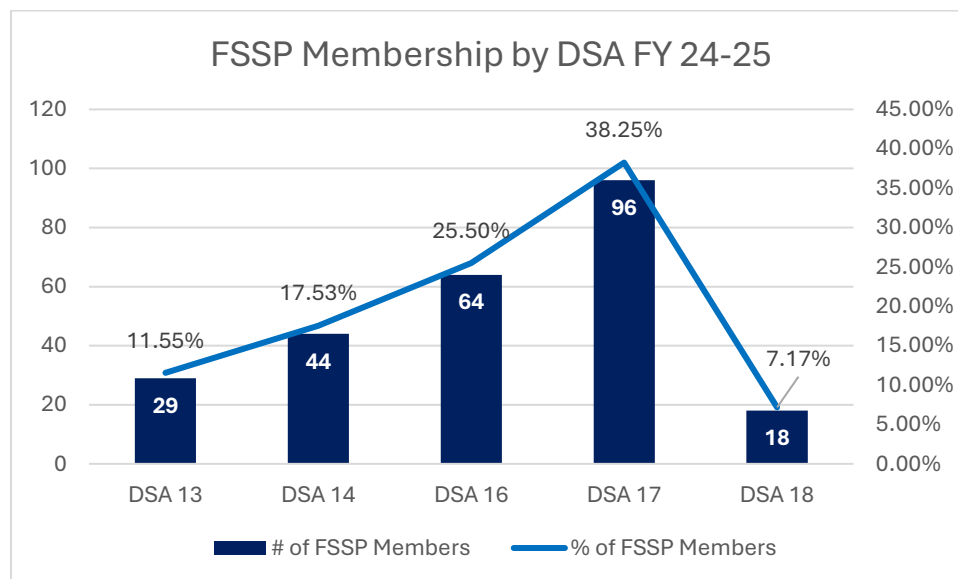


Figure 1: FSSP Membership by DSA FY 24-25

MOST IN NEED

As part of the Family Support Services Program (FSSP) requirements, families complete an annual Most in Need (MIN) assessment to evaluate the level of support needed. This assessment identifies unmet needs related to the child’s intellectual or developmental disability (I/DD) or developmental delay that are not addressed by other available resources.

MIN scores are categorized as High, Medium, or Low, using a standardized bell curve methodology to ensure consistent and equitable classification across all participants. The score categories were used to distribute FSSP allocations to families with families in the “high” category receiving \$3500, families in the “medium” category receiving \$1445, and families in the “low” category receiving \$500. This tiered approach ensured that resources were distributed according to the level of unmet need identified in the assessment.

Figure 2 shows the breakdown of Member MIN scores for FY 24-25.

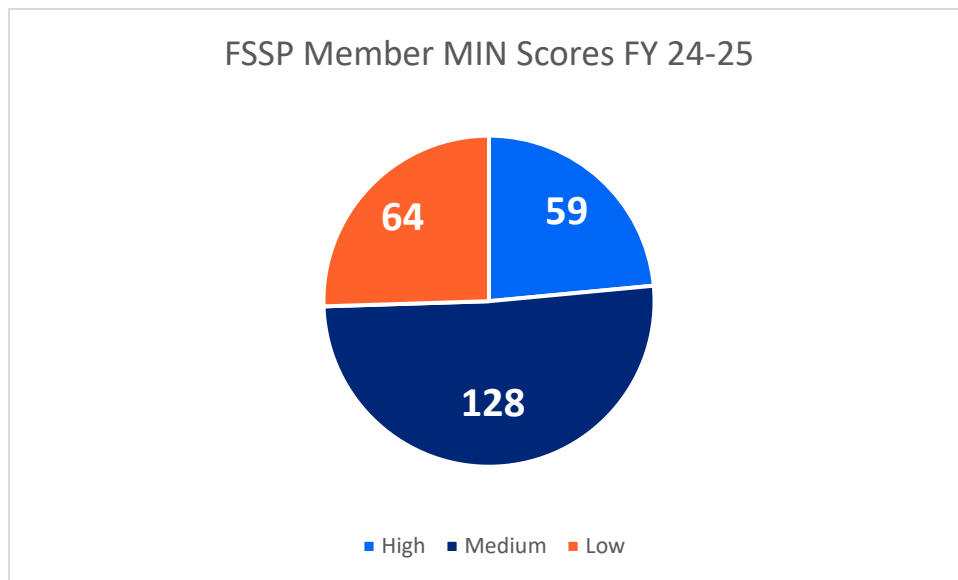


Figure 2: FSSP MIN Scores FY 24-25

FSSP EMERGENCY FUND

A portion of the overall FSSP funding is set aside for an emergency fund to support families facing unexpected crises not covered by their Family Support Plan or other funding sources. These emergencies must pose a significant risk of severe consequences for the Member with an I/DD or developmental delay if left unaddressed. In FY 24-25, \$28,276 was allocated to this emergency fund. It was used to assist with six emergencies, totaling \$2,959.90. The remaining balance of \$25,316.20 was reallocated to Members toward the end of the fiscal year.

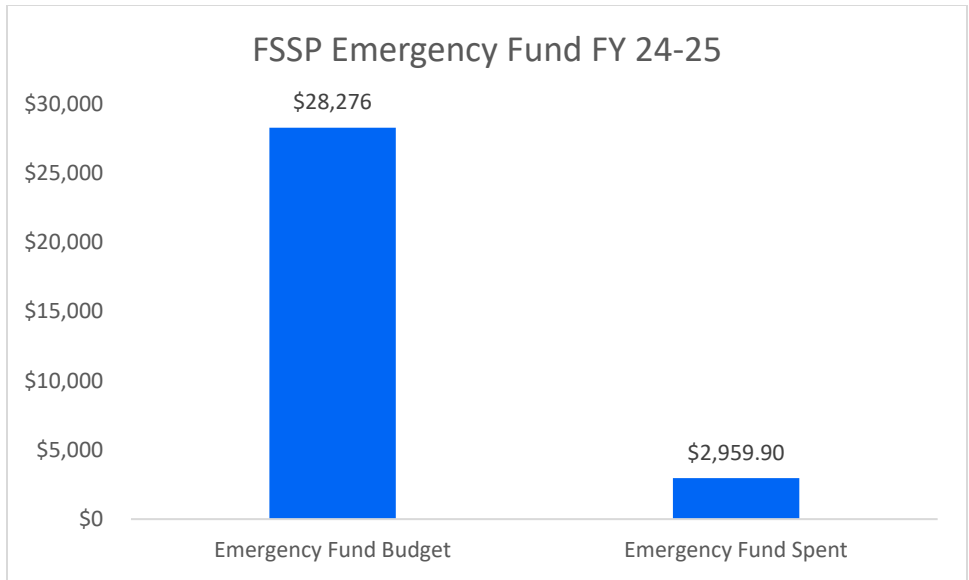


Figure 3: FSSP Emergency Fund Budget and Spent

FSSP MEMBER ALLOCATION SPEND

Figure 4 illustrates the FSSP allocation spending trend for fiscal year 2024–2025. Spending remained steady from July 2024 through March 2025. However, there was a notable increase in expenditure from April to June 2025, as families accelerated spending to utilize their remaining allocations before the fiscal year ended.

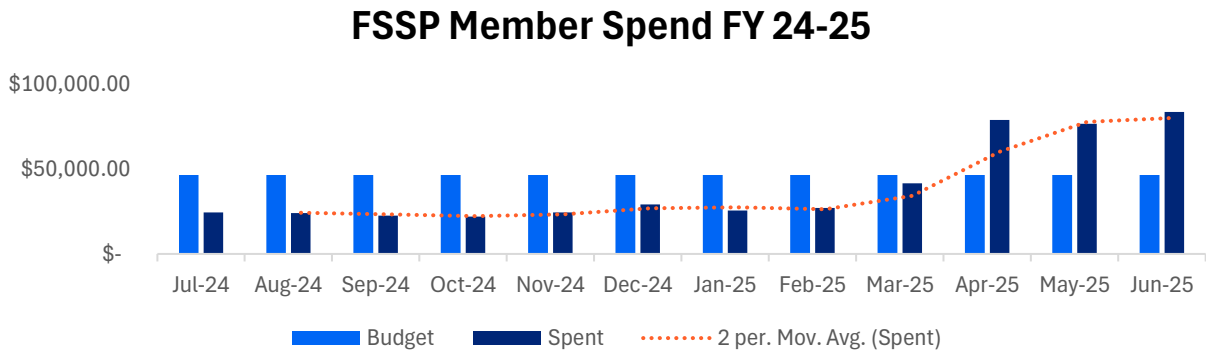


Figure 4: FSSP Member Spending Trend FY 24-25

Figure 5 highlights the distribution of FSSP funding across FSSP service categories in fiscal year 2024–2025. These categories include Assistive Technology, Respite Care, Environmental Engineering (home and vehicle modifications), Medical/Dental, Consultant/Advocate Assistance, Recreational Services, Specialized Services, Parent/Sibling Support, and Professional Services. The largest portion of funding, \$220,242.06, was allocated to Respite Care, followed by \$98,267.41 for Assistive Technology. This spending pattern reflects families’ prioritization of respite care, underscoring the critical need for temporary relief from caregiving responsibilities.

FSSP Member Spent by Service FY 24-25

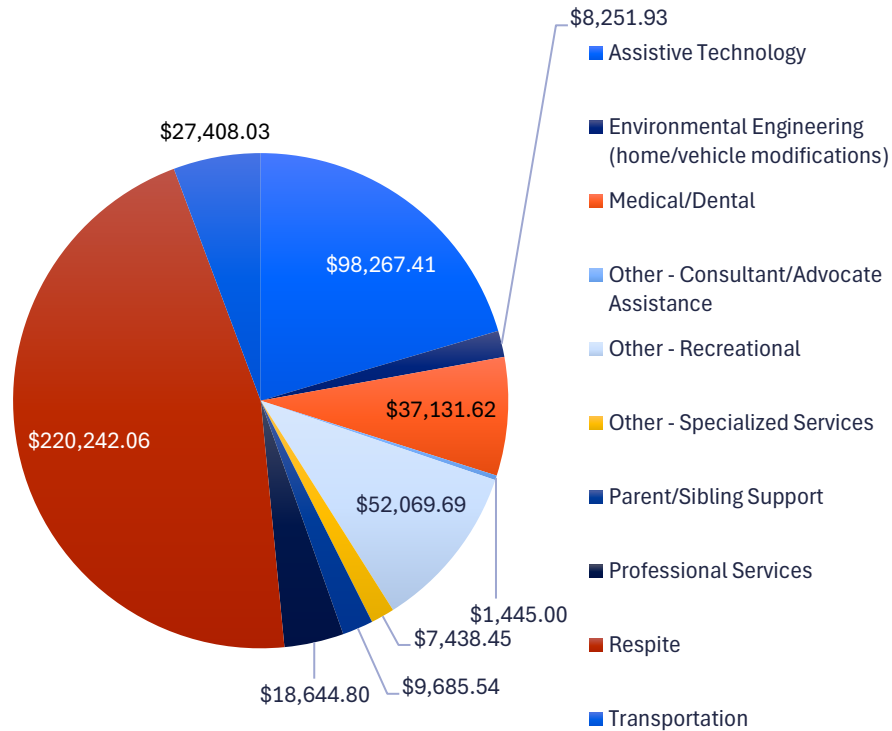


Figure 5: FSSP Member Spend by Service Category FY 24-25

WAITLIST

In FY 2024–2025, all FSSP Members transitioning to RMHP CMA, along with newly interested individuals, were successfully enrolled in the program. A waitlist was implemented in November 2024 and remained in effect until February 2025, during which time 10 Members were placed on the list. By February 2025, all individuals who had requested enrollment in FSSP were admitted into the program.

GOALS

Based on feedback from the FY 2023–2024 FSSP Member Satisfaction Survey, RMHP CMA established a set of goals for fiscal year 2024–2025, as shown in Figure 6. Most goals were successfully achieved; however, there remains room for continued improvement in these areas during FY 2025–2026.

Goal	Action Steps	Target Date
Program Consistency	<ol style="list-style-type: none"> 1. Establish standardized MIN assessment that is used for every FSSP Member. 2. Create a standardized Family Support Plan (FSP) for all FSSP Members. 3. Allocate FSSP funding based upon MIN score consistently across CMA. 4. Utilize the Department's FSSP Decision Guide for Case Management Approval of Allowable Direct Services for determining allowable services. 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Ongoing</p>
Timely reimbursement	<ol style="list-style-type: none"> 1. Implement process for direct deposit. 2. Implement process to purchase needed items for FSSP families. 3. Communicate these options to FSSP families at acceptance into the program and with reminders at each contact. 4. Monitor FSSP reimbursement for timeliness and seek additional efficiencies in the process. 	<p>Completed</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p>
Training	<ol style="list-style-type: none"> 1. Develop standardized training for the FSSP program. 2. Schedule bi-annual refresher training for the FSSP. 3. Create job aid for the CMA that outlines the program and goods/services that can be approved through the program. 	<p>Move to FY 25-26</p> <p>Completed</p> <p>Completed</p>
Communication	<ol style="list-style-type: none"> 1. Create a family version of the allowable services document that can be sent to families to help educate them about FSSP, including information about accessing funding. 	<p>Completed</p> <p>Ongoing</p>

	<ol style="list-style-type: none"> 2. Monthly reminders to staff about communication and follow-up expectations and policies. 3. Develop a family-centered guide on accessing FSSP funds and distribute it to families along with their FY 2024–2025 funding allocations. 	Completed
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Figure 6: FY 24-25 RMHP CMA Goals

FSSP MEMBER SURVEY FY 24-25

The FY 2024–2025 FSSP Member Satisfaction Survey was collaboratively developed by RMHP CMA and its Family Support Council (FSC). The FSC reviewed the survey to ensure the questions were clear, family-friendly, and effective in gathering meaningful feedback. In response to FSC recommendations, an electronic version of the survey was made available for families preferring to respond online. Surveys were mailed to all participating families and included a short URL, allowing them to choose between paper or electronic submission.

The survey remained open for 30 days and received 22 responses, resulting in an 8.8% response rate. Of the responses, 18 were submitted in English and 4 in Spanish.

EFFECTIVENESS OF OUTREACH AND PUBLIC AWARENESS

DEMOGRAPHICS

FSSP FAMILY SURVEY RESPONDENTS

RMHP CMA received survey responses from families in four of the five DSAs within its service area. Figure 7 displays the number and percentage of FSSP families who responded in each DSA. DSA 17 had the highest response rate at 50%, followed by DSA 16 at 36.36 %, and DSA 18 at 9.09%. DSA 14 had the lowest response rate at 4.55%, with no responses from DSA 13.

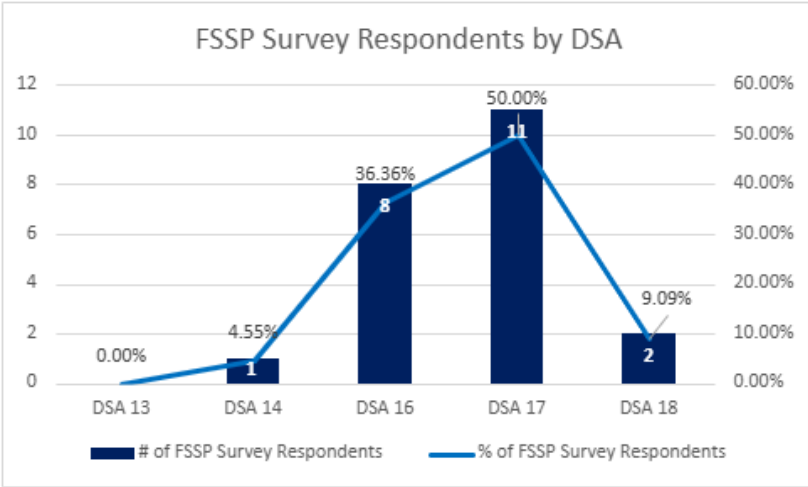


Figure 7: FY 24-25 FSSP Member Satisfaction Survey Respondents by DSA

INTEGRATION WITH OTHER COMMUNITY SERVICES

Families were asked to share additional resources and services they found helpful beyond FSSP. Given that much of the RMHP CMA region is rural, families rely on a diverse range of supports to meet their needs. These include services provided by school districts, the Division of Vocational Rehabilitation (DVR), Colorado Discoverability, Rocky Mountain Down Syndrome Association, Foundations for Families, and local ARC chapters, among others.

SATISFACTION AND PROGRAM RESPONSIVENESS

EASE OF ACCESS TO FSSP

As shown in Figure 8, 77.27% of survey respondents agreed that FSSP funding was easy to access during FY 2024–2025. Meanwhile, 18% disagreed, and 4.5% indicated they were unsure or that the question did not apply to their family.

The survey also asked whether families were able to access their FSSP funds and, if not, what barriers they encountered. Eight respondents confirmed they successfully accessed their funds. However, several families reported challenges, including lack of communication, uncertainty about where to submit receipts, and delayed awareness of available funding. One respondent noted they were only able to use \$300 of their allocation and felt the funding was wasted, while another only became aware of the funds in March.

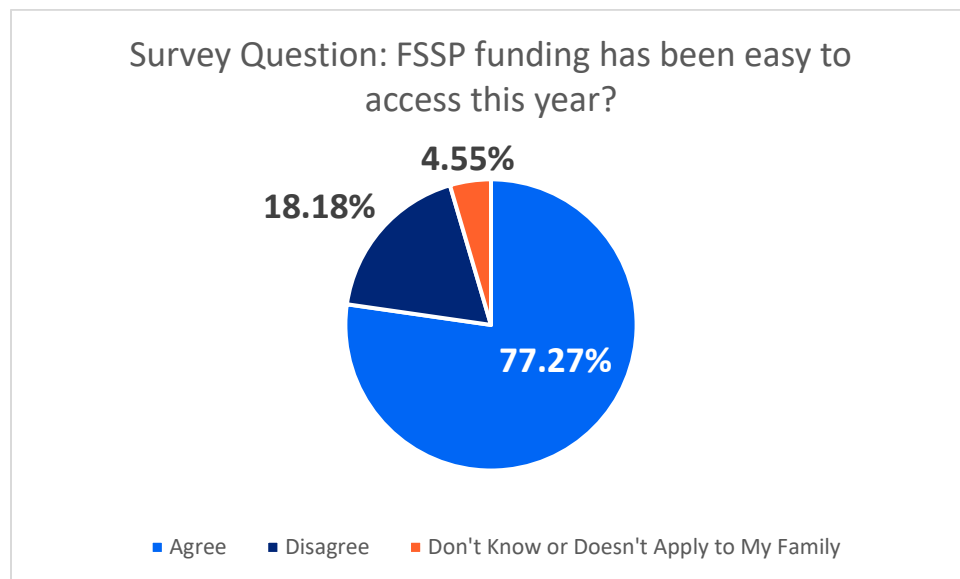


Figure 8: Survey Question 8

TIMELINESS

Two survey questions focused on the timeliness of families receiving the funding application and the actual funding. Figure 9 illustrates responses regarding the application timeline: 50% of respondents felt they received the application in a timely manner, while 18.18% felt it was not timely. The remaining 32% either had no opinion, were unsure, or felt the question did not apply to their situation.

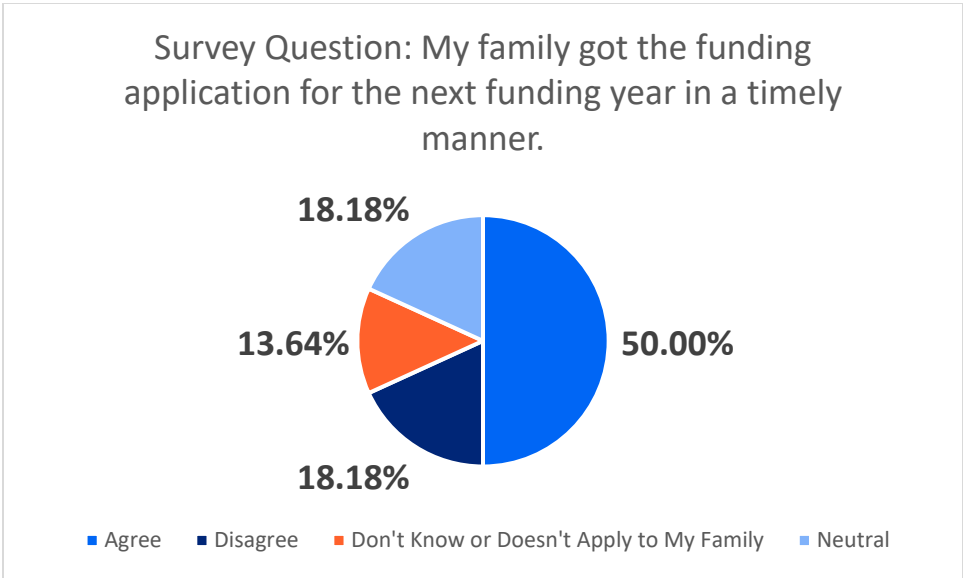


Figure 9: Survey Question 9

Figure 10 presents responses regarding the timeliness of funding: 50% of participants felt the funds were provided promptly, 14% believed they were delayed, and 27% were neutral.

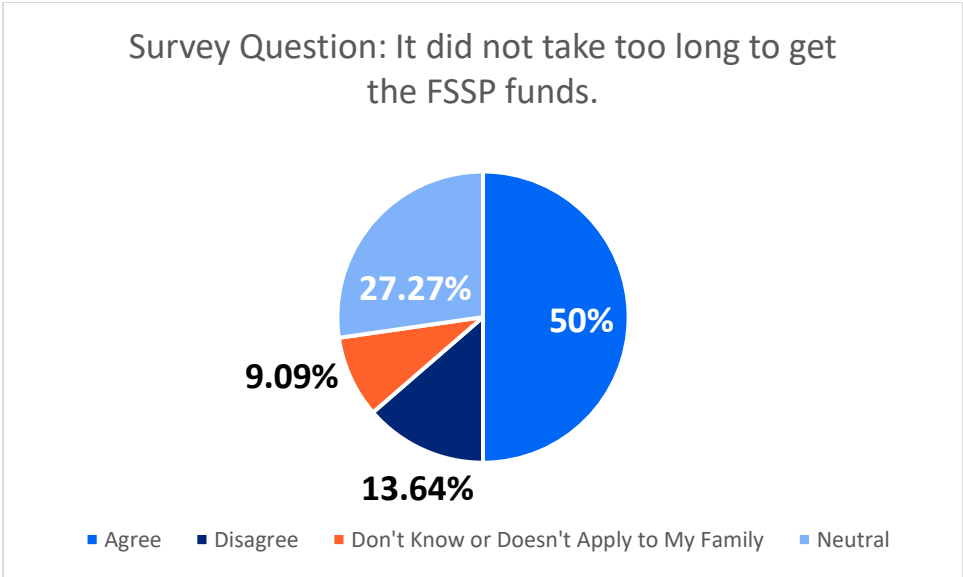


Figure 10: Survey Question 10

EFFECTIVENESS AND AVAILABILITY OF SERVICES

Three survey questions explored families’ perceptions of the FSSP. The first asked whether FSSP helped families access services. A majority, 72.73%, felt the program was helpful in obtaining services, while 9.09% felt it was not (Figure 11).

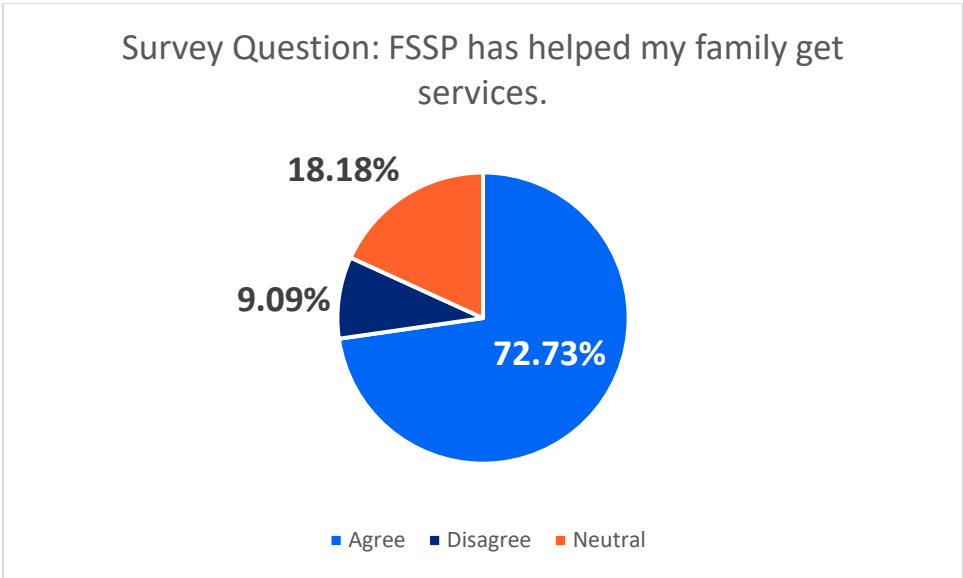


Figure 11: Survey Question 12

The second question asked whether FSSP helped families manage the care of their family member. Most respondents, 63.64%, felt the program was supportive in this area, while 13.64% did not find it helpful in managing care (Figure 12).

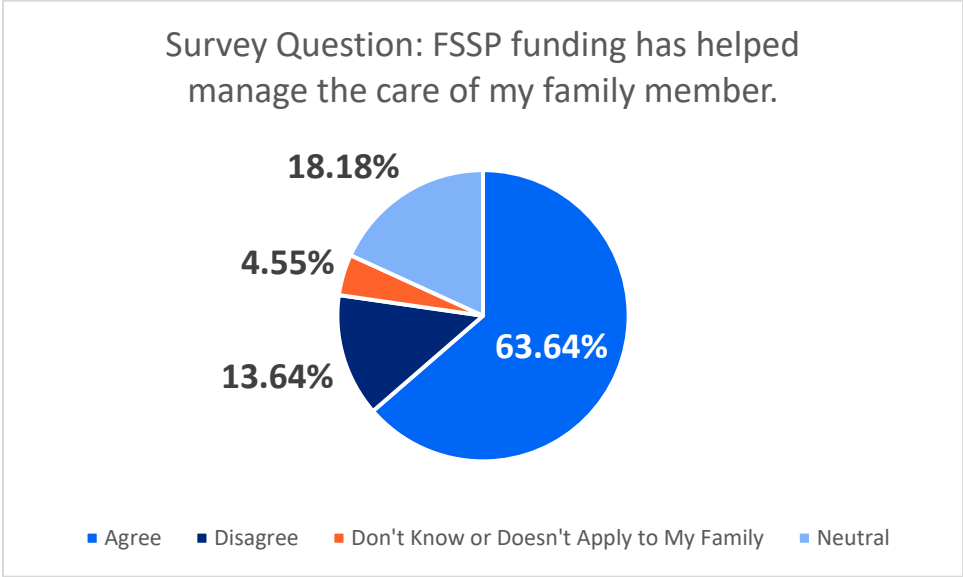


Figure 12: Survey Question 13

The final question in this section asked whether FSSP helped improve the quality of life for the family member. Most respondents agreed that it had, while 13.64% felt it had not, and another 13.64% were neutral (Figure 13).

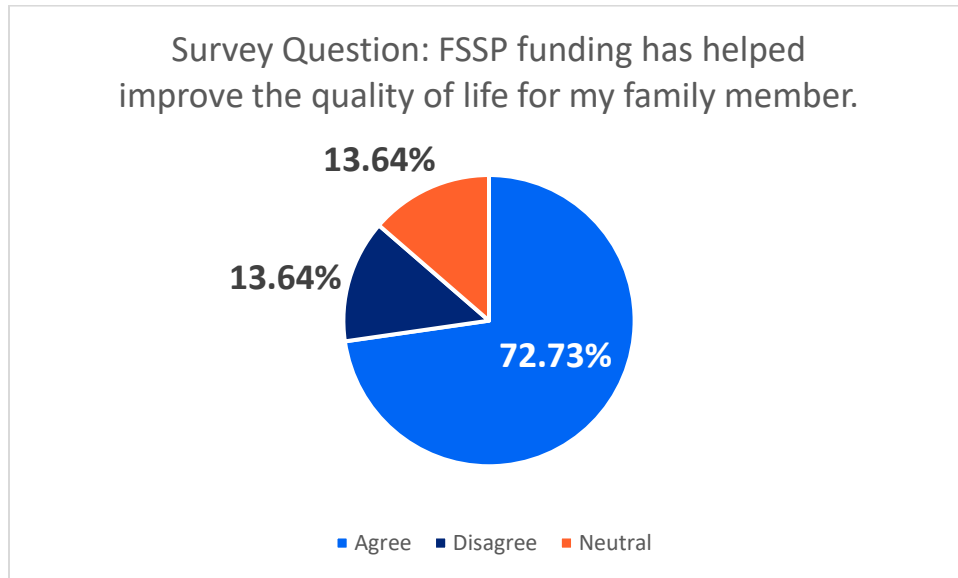


Figure 13: Survey Question 14

RESPONSIVENESS TO CONCERNS

Respondents were asked if their Case Manager (CM) had been responsive to their needs and concerns throughout the year. Most respondents, 81.82%, reported that their CM had been responsive. No respondents disagreed, but 13.64% of respondents were neutral (Figure 14).

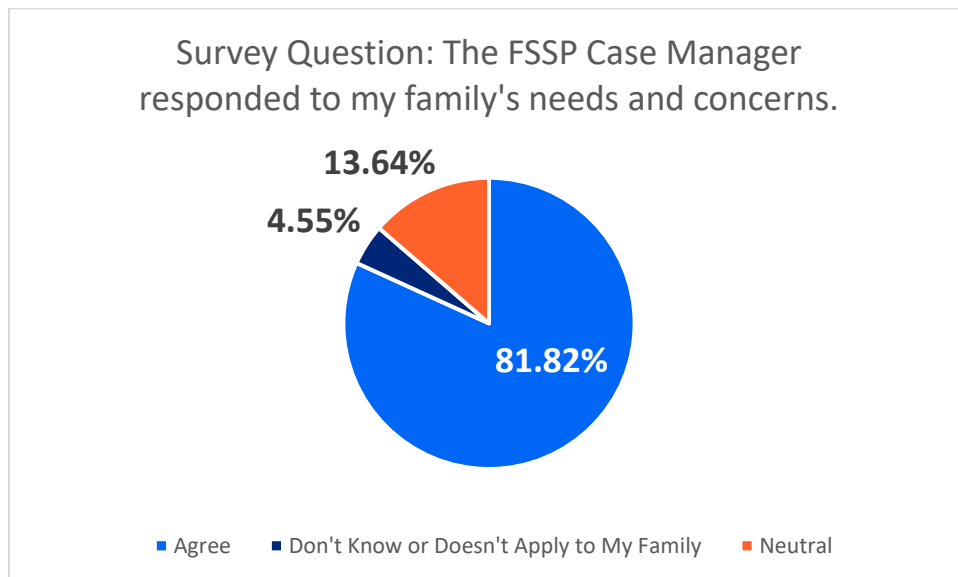


Figure 14: Survey Question 7

OVERALL SATISFACTION

Two questions addressed overall Member satisfaction with FSSP. The first question asked respondents about their happiness with FSSP services received. Most respondents are happy with FSSP services at 81.82%. 18.18% of respondents are not happy with FSSP services (Figure 15).

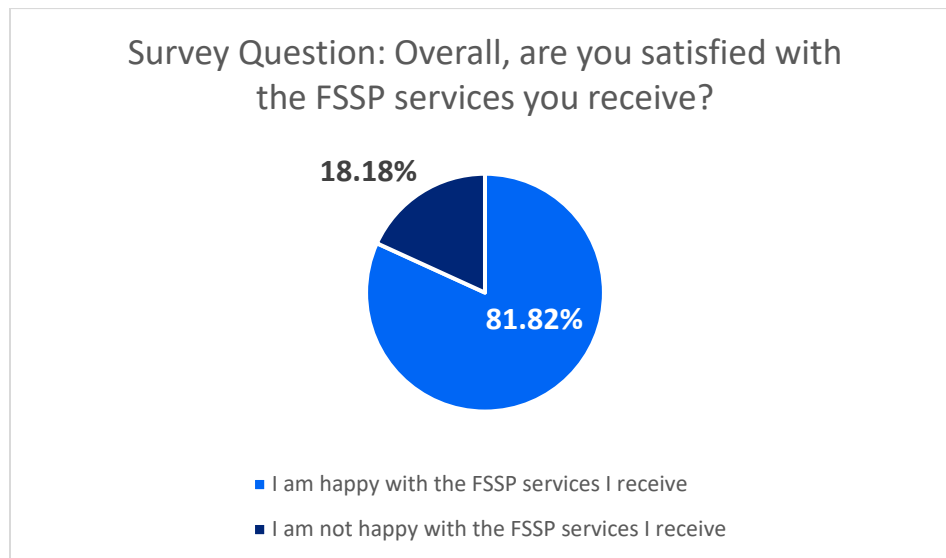


Figure 15: Question 16

The second question in this section was open-ended, asking respondents who were not satisfied to explain why. Of the four respondents who expressed dissatisfaction, two cited a need for improved communication, one felt the previous agency was more successful in securing FSSP services, and one shared that the MIN does not accurately reflect their family as a whole.

RECOMMENDATIONS

Respondents were invited to share general feedback and recommendations for FSSP. Two noted that the funding available to their families was insufficient. One suggested better promotion of the program so families are aware of its availability. Another recommended streamlining the process by offering online access and direct deposit for payments—though direct deposits were available for most of the year. One respondent expressed a preference for the approach used by the previous agency, but did not provide additional information about what was different about the approach.

EFFECTIVE COORDINATION AND UTILIZATION OF FUNDS

LOCAL SERVICES AND SUPPORTS USED IN CONJUNCTION WITH FSSP

Families were asked to identify community-based services that have been helpful to them beyond those provided through FSSP. Respondents shared the following local resources as being helpful in their communities:

- All Abilities Camp
- Foundations for Families
- ARC

- School IEP Advocate
- Blue Peaks Counseling
- Colorado Discoverability
- Pediatric Psychology
- DVR
- Horizons Specialized Services
- Rocky Mountain Down Syndrome Association
- Adaptive Program Scholarships
- Yampa Valley Autism Program

EFFICIENCY OF REQUIRED DOCUMENTATION TO RECEIVE FSSP

Regarding the efficiency of required documentation to receive FSSP funding, 82% of survey respondents indicated that the paperwork required to access FSSP funds was manageable. Only 4.5% disagreed, while another 4.5% felt the question didn't apply to their family or were unsure. The remaining 9% expressed a neutral opinion (Figure 16).

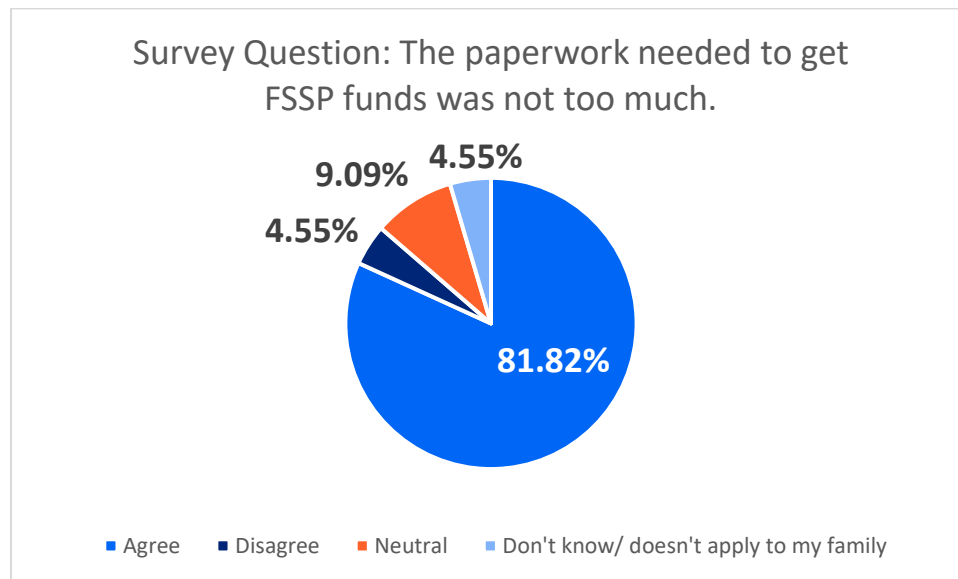


Figure 16: Survey Question 11

EVALUATION

The FSSP has experienced significant growth and success over the past year, evolving into a strong and responsive support system for families. A key milestone was the launch of the FSC during FY 24–25. FSC members received thorough training on FSSP program components, including allocation processes, service categories, allowable and excluded items, and procedures for verifying service eligibility. Their insights and feedback have been instrumental in shaping improvements to the Member experience.

Additionally, RMHP CMA State General Fund CMs received enhanced training on facilitating MIN assessments to ensure they accurately reflect the needs of FSSP families. Training included role-playing and was supplemented by a comprehensive job aid. Based on FSC recommendations,

these assessments are now conducted in person (whenever possible) or by phone to provide a more comprehensive and personalized evaluation.

Over the past year, checks and balances were established to ensure service items met established criteria and were listed on the FSP prior to approval for purchase or reimbursement. This included implementing more rigorous documentation reviews, aligning requests with regulatory and policy guidelines, and establishing clearer approval workflows. These efforts helped improve compliance, reduce unauthorized expenditures, and enhanced overall fiscal accountability across operations.

Lastly, an informational flyer was developed to improve communication with current and prospective families regarding FSSP. The flyer addressed frequently asked questions, clarified program details, and served as a user-friendly resource to support understanding and engagement. Prior to its implementation, the flyer was reviewed and approved by the FSC to ensure accuracy and alignment with program standards.

IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT

While RMHP CMA made significant progress with the FSSP program this year, there remain several key areas for improvement. Results from the Member Satisfaction Survey highlight the following ongoing opportunities for enhancement in the upcoming fiscal year:

- Strengthening communication to improve family access to FSSP.
- Clarifying what services and supports can be approved under FSSP for both staff and families.
- Ensuring timely allocation of funding at the start of the fiscal year.
- Increasing community awareness of the FSSP program.

FSSP FY 25-26 PLAN

FSSP FUNDING

In Spring 2025, the Colorado Department of Health Care Policy and Financing provided allocations for all State General Fund programs with a suggested target caseload of 230 FSSP Members. RMHP CMA has dedicated \$790,077.91 in State General Fund (SGF) resources to the FSSP for FY 25-26.

The state's allocation was based on several factors, including:

- Total SGF appropriation in the Long Bill
- RMHP CMA Member and FSSP waitlist counts
- Estimated service utilization
- Prior fiscal year spending trends
- Rates and frequency of required contract activities

Per RMHP's CMA contract, the funding must be used for:

- All contractually required CMA activities

- SGF-funded case management
- FSSP services
- FSSP emergency funding

The budget breakdown by category is shown in the table below. Rates listed under FY 25–26 Rates per Activity reflect updated amounts effective July 1, 2025.

Program	Activity	Totals	FY 25-26 Rates per Activity
FSSP	Critical Incident Report (CIR)-Maltreatment, Abuse, Neglect, and Exploitation (MANE)	0	\$ 357.77/per incident
FSSP	CIR-NON-MANE	\$560.52	\$ 47.46/per incident
FSSP	Human Rights Committee (HRC)	\$ 766.44	\$ 127.74/per Member reviewed
FSSP	Annual Report and Evaluation	\$1,169.40	\$1,169.40/report
FSSP	Family Support Council (FSC)	\$ 12,749.40	\$ 424.98/meeting/DSA
FSSP	Ongoing Case Manager (CM) Activities	\$253,009.20	\$ 93.14/per monthly Member activity
FSSP	Most In Need (MIN) Assessment	\$7,647.48	\$ 33.78/per assessment
FSSP	Expenditure Report	\$6,678.84	\$ 565.48/per monthly report
FSSP	Services	\$483,704.54	***FSSP services includes forecasted services for 230 Members
FSSP	Emergency Fund	\$23,792.09	
FSSP Totals		\$ 790,077.91	

Figure 17: FY 25-26 FSSP Budget

OUTREACH AND PUBLIC AWARENESS

The FSC and RMHP CMA will collaborate to develop materials that support outreach, raise awareness, and enhance communication with current FSSP Members. These resources will help educate the community about the FSSP program—explaining eligibility criteria, program benefits, and the referral process.

FSC Members have received comprehensive training on all aspects of the FSSP, including budget details, allocation priorities, service criteria, and guidelines for allowable and excluded services and items. Equipped with this knowledge, they will serve as ambassadors within their communities—educating families about how FSSP works, supporting those currently enrolled, and helping eligible families understand how to access the program.

SPECIAL PROJECTS

RMHP CMA remains committed to enhancing the FSSP experience for families by building a program that is equitable, communicative, and easily accessible. This includes ongoing training for SGF CMs to ensure consistent and effective program delivery.

As the FSC continues to meet bi-monthly, RMHP will actively gather input to identify priority areas for improvement throughout FY 25-26.

FSSP GOALS

Goal	Action Steps	Target Date
Continue to enhance communication with FSSP Membership.	<ol style="list-style-type: none"> 1. Monthly allocation letters. 2. Monthly mailing of FSSP plan document. 3. Quarterly check in phone calls with families. 4. Clear and efficient Family Support Plans. 5. Clear FSSP funding allocation letters. 	7/1/2025
Ensure broad understanding of what can and cannot be approved under FSSP.	<ol style="list-style-type: none"> 1. Create family-friendly handout outlining approvable goods and services. 2. Create an internal ongoing list of goods and services that can be approved. 	12/15/2025
Budget FSSP funding to provide as much upfront allocation as possible.		7/1/2025
Improve awareness of FSSP in communities.	<ol style="list-style-type: none"> 1. Continue to collaborate with FSC to improve community awareness of FSSP. 2. Distribute FSSP Plan document to providers and other community leaders. 	<p>Ongoing throughout FY 25-26</p> <p>12/15/25</p>
Standardize training for FSSP.	<ol style="list-style-type: none"> 1. Create training guide for all aspects of FSSP. 	6/15/2026

CONCLUSION

Over the past fiscal year, RMHP CMA has continued to grow and refine the FSSP. The team has focused on improving internal processes and practices, with the primary goal of increasing satisfaction among Members and their families.

Guided by feedback from the FSC and Member Satisfaction Surveys, RMHP CMA implemented or will be implementing several positive changes, including:

- **Enhanced communication:** Families will now receive monthly updates on their allocation balances and quarterly follow-up phone calls.
- **Streamlined reimbursement:** Improvements to the SharePoint reimbursement process have led to more timely handling of purchase and reimbursement requests.
- **Improved tracking tools:** Internal systems were developed to better monitor service delivery and ensure high-quality support.
- **Holistic assessment tools:** RMHP CMA introduced a comprehensive MIN and FSP tool to evaluate Members' daily living activities and support needs, offering a more complete picture of individual and family requirements.
- **Focused training initiatives:** Training was a key priority last fiscal year and will continue to be in FY 25–26. Plans include annual refresher training for all CMA staff on FSSP, along with ongoing training and role-playing exercises for SGF CMs using the MIN/FSP tool.

RMHP looks forward to the upcoming fiscal year and remains committed to strengthening relationships with FSSP Members and their families, with a continued focus on enhancing the program to meet their evolving needs.

APPENDIX A- ANNUAL REPORT DISTRIBUTION


The RMHP CMA will make the annual report available for all FSSP Members as well as the public by posting a copy on the CMA website [Rocky Mountain Health Plans | RMHP](#). RMHP will also mail a copy of the annual report to any Member who requests a copy.

APPENDIX B- FY 24-25 FSSP SURVEY




FSSP Survey FY24-25
English FINAL 4.16.2

APPENDIX C- FAMILY SUPPORT COUNCIL MEMBER SIGNATURES

Family Support Council Members	DSA	FY24-25 Annual Report Council Member's Signatures
Alicia Pedroza Mannes	17	 <small>Alicia Pedroza (Sep 23, 2025 13:43:39 MDT)</small>
Amy White	13	 <small>Amy White (Sep 12, 2025 13:09:52 MDT)</small>
Aubree McKinney	18	 <small>Aubree McKinney (Sep 23, 2025 13:23:57 MDT)</small>
Danielle Angotti	18	 <small>Danielle Angotti (Sep 16, 2025 12:10:01 MDT)</small>
Danielle Miller	17	 <small>Danielle Miller (Sep 24, 2025 15:00:52 PDT)</small>
Elaine Wood	18	
Jamie Nelson	13	 <small>Jamie Nelson (Sep 12, 2025 13:27:56 MDT)</small>
Jennifer Pieroni	16	
Jerrica Thurston	17	 <small>Jerrica Thurston (Sep 23, 2025 13:12:13 MDT)</small>
Kelly George	14	 <small>Kelly George (Sep 19, 2025 16:11:22 MDT)</small>
Lindsey Garey	16	
Robert Harris	17	

FSSP COORDINATOR

Heather Murphy, RMHP Director, CMA	
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CMA EXECUTIVE DIRECTOR

Billie Bemis, RMHP Vice President, LTSS	 <small>Billie Bemis (Sep 23, 2025 13:41:53 MDT)</small>
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