Florida Developmental Disabilities Council, Inc.

Expectations for a Personal Support Provider (PSP)

Purpose:

The Florida Developmental Disabilities Council, Inc. (FDDC) funds Personal Support Providers (PSP) for individuals who complete a Personal Support Level of Need checklist.

FDDC is committed to ensuring individuals can participate meaningfully in all aspects of Council-funded activities. These activities would include, but are not limited to, Council meetings, committees, task forces, work groups, training, and education (e.g., Partners in Policymaking, Fellows, Developmental Disabilities Awareness activities).

The PSP's role is to ensure that the individual is safe, cared for, guided, and supported prior to, during, and after the funded Council activity based on the individual's unique needs.

Expectations of the Personal Support Provider:

The PSP hired shall always be available during FDDC meetings, meals and during full day/evening activities funded by the FDDC (i.e., transportation, hotel, meals, activities outside of the meeting) to meet the unique needs of the individual they are supporting.

A PSP can be hired and reimbursed to assist the individual with:

- ✓ Activities of daily living. These may include toileting, feeding/eating, bathing, transfers, dressing).
- ✓ Medical management. These may include seizure monitoring, diabetic monitoring, medication distribution and management.
- ✓ Interaction, understanding, and communication. These may include reading, expressing thoughts, managing behaviors, navigating the hotel, attending dinners/gatherings, reviewing meeting materials, and participating in meetings.

We encourage the individual hiring their PSP to review their unique needs before attending the FDDC activity based on the requirements of the meeting. Also, it is helpful to touch base during the meeting and afterwards to ensure all needs were met.

04/29/2024

Florida Developmental Disabilities Council, Inc.

Level of Need Form

For a Personal Support Provider (PSP) or Respite/Childcare (RC)

"To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities"

The Florida Developmental Disabilities Council will provide reimbursement for care and support required for individuals to be fully included in our Council-sponsored activities. Reimbursement will be based on the level of need defined by the individual and the rate for reimbursement will be determined based on FDDC's Level of Support Reimbursement Matrix.

The information will assist in determining the level of support. After the level of support is determined, you will receive notification of the rate of pay FDDC will reimburse for a personal support provider or respite/childcare worker. Please identify a category and select a response for each item below

Purpose of Meeting: Council Meeting ☐ Partners in Policymaking ☐

Other ☐ _____

Category: Personal support ☐ Respite/childcare ☐

	Not at all	Sometimes	All the time
1. **Activities of daily living –** These may include toileting, feeding/eating, bathing, transfers, and dressing.	☐	☐	☐
2. **Medical management –** These may include seizure monitoring, diabetic monitoring, medication distribution and management.	☐	☐	☐
3. **Interaction, understanding, and Communication –** These may include reading, expressing thoughts, managing behaviors, navigating the hotel, attending dinners/gatherings, reviewing meeting materials, and participating in meetings.	☐	☐	☐

I attest my self-assessment is true and accurate.

Name of Person Requesting Support: _____

Signature of Person Requesting Support: _____

Email address: _____

Phone Number: _____

Date: _____

This document and the information in it are provided in confidence, for the sole purpose of determining the level of need for a personal support provider or respite/childcare worker and may not be disclosed to any third party or used for any other purpose without the express written permission of the disclosed party.

Allowable reimbursement rate based on the level of need and level of support reimbursement matrix:	
Day Trip: _____	FDDC Staff Signature_____
Overnight Trip: _____	Date: _____

Adopted: 7/27/2022
Amended 4/29/2024