

Appendix A: Self-Direction

Money Follows the Person (MFP) Rebalancing Demonstration

Operational Protocol

Appendix A: Self-Direction

I. Participant Centered Service Plan Development

- a. **Responsibility for Service Plan Development.** Specify who is responsible for the development of the service plan and the qualifications of these individuals (*check each that applies*):

<input type="checkbox"/>	Registered nurse, licensed to practice in the State
<input type="checkbox"/>	Licensed practical or vocational nurse, acting within the scope of practice under State law
<input type="checkbox"/>	Licensed physician (M.D. or D.O.)
<input checked="" type="checkbox"/>	Case Manager. <i>Specify qualifications:</i>
	DDS hired and qualified State employee Case Manager DSS contract staff hired and qualified as care planner under DSS contract
<input checked="" type="checkbox"/>	Social Worker. <i>Specify qualifications:</i>
	DSS hired and qualified State employee Social Worker DMHAS hired and qualified State employee Social Worker
	Other (<i>specify the individuals and their qualifications</i>):

- b. **Service Plan Development Safeguards.** *Select one:*

<input checked="" type="radio"/>	Entities and/or individuals that have responsibility for service plan development <i>may not provide</i> other services to the participant.
<input type="radio"/>	Entities and/or individuals that have responsibility for service plan development <i>may provide</i> other direct services to the participant. The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. <i>Specify:</i>

- c. **Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

All case managers, social workers, and/or independent brokers support the waiver participant and other team members to develop and implement a plan that addresses the individual's needs and preferences. The case managers, social workers, and/or independent brokers support the individual to be actively involved in the planning process and assist the individual (if necessary) to identify members of his or her planning and support team and to invite them to the meeting. The case managers, social workers, and/or independent brokers support the individual to determine the

content of the meeting and decide how the meeting will be run and organized. Individuals who are interested in self-directing their supports are made aware of the opportunity to hire an independent support broker to assist with planning. If selected, the independent support broker would become a member of the person's planning and support team. The case managers, social workers, and/or independent brokers encourage the individual and family to review assessments and reports before the meeting. The case manager/social worker is responsible to ensure the individual planning meeting is scheduled at a time when the person, his or her family and other team members can attend. The case manager/social worker ensures the individual has a choice of supports, service options, and providers and that the plan represents the individual's preferences. During the planning meeting the individual and team discuss ways to enhance the individual's future participation in the planning process if needed.

- d. Service Plan Development Process** In three pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how the MFP demonstration and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; (g) assurance that the individual or representative receives a copy of the plan. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

A) The applicant/participant, the case manager/social worker, and individuals chosen by the applicant/participant develop the Individual Plan (IP). A re-evaluation is conducted at least annually and at that time an IP is developed for the next year. The participant/applicant can request changes in the plan at any time during the year. The case manager/social worker discusses the requested IP changes with the participant/participant representative and approves or denies the changes.

B) There are 2 assessment tools used for all participants. There is a self-assessment tool used to assist the participant in identifying their own needs. This is considered during the assessment process. Also, there is an assessment tool used to by the social worker/case manager to assess level of care. These 2 assessments vary depending upon the operating unit however all operating units include both a 'professional level of care assessment' and a 'participant level of care self assessment'.

C) The case manager/social worker must educate the applicant/participant and representative about all waiver and Medicaid State Plan services as part of the IP development.

D) The IP must reflect the goals desired by the applicant/participant. The applicant/participant or representative must sign the plan to indicate understanding of the OP. If the applicant/participant does not agree with the OP, the applicant/participant or representative may file an appeal.

E) All MFP demonstration services are considered supplemental to the qualified range of services. MFP demonstration services will enhance the range of services available to the participant but will not duplicate or supplant.

F) The IP shall include the services including units, frequency, scope etc, and the roles of the applicant/participant, case manager, providers, family and informal caregivers in achieving the goals and meeting the applicant/participant's needs, including health care needs. The case manager/social worker/or care planner is responsible for the quality control function of quality management. This function includes monitoring and overseeing the implementation of the IP. Monitoring and implementing the IP requires that the case manager/ social worker maintain contact

with the participant and their representative to ensure appropriate service delivery. Contact occurs at least quarterly. MFP quality assurance staff also reviews cases according to the quality management plan to assure that quality controls in place.

G) The IP can be updated at the request of the participant/applicant, the representative or the provider when the participant's condition or needs change.

- e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

Each waiver participant has a Level of Need Assessment and Risk Screening Tool completed regarding his/her skills and circumstances, and reviewed with the Team at least on an annual basis. This tool produces a Summary report that identifies all responses that may present a risk to the participant in medical, health, safety, behavioral and natural support areas. The team is required to address how each potential risk is mitigated in the IP. Included in this response is the use of an emergency back up plan if the participant is reliant upon a paid or unpaid service to provide for basic health and welfare supports.

- f. **Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the services in the service plan.

All waiver participants are provided with a complete listing of all waiver service providers at the time of the IP and provider selection process by the case manager/social worker. This list of providers is also available on the ctdssmap.com website. DDS case managers will accompany potential and current waiver participants to different service provider locations if desired to assist in the selection process.

- g. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency or other agency operating the MFP demonstration project:

DDS authorizes the IP under the Memorandum of Understanding agreement subject to quarterly retrospective reviews of a sample of 10-15 IPs each quarter by DSS. DDS also prepares quarterly reports of IP quality reviews by DDS case management supervisors, the DDS Medicaid Operations Unit and DDS Quality Service Review results for review and comment by the DSS oversight unit.

While assessments and care plans may be developed by other operating units or contractors depending upon the target population, the care plan must be approved directly by the Medicaid agency before it is funded.

- h. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for the duration of time that the State is operating the MFP project plus one year. For example, if the State enrolls individuals into the MFP program for three years the State must retain all service plans for four years time (the three years of the demo plus one additional year.) Service plans are maintained by the following (*check each that applies*):

<input type="checkbox"/>	Medicaid agency
<input type="checkbox"/>	Operating agency
<input type="checkbox"/>	Case manager
	Other (<i>specify</i>):

II. Service Plan Implementation and Monitoring

- a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare – Quality Control (QC); (b) the monitoring and follow-up method(s) that are used; and (c) the frequency with which monitoring is performed.

Target Population	Monitoring Responsibility	Method	Frequency
Aging/Physical	DSS Contractor: Care Planner	Compare IP, vendor quarterly reports; Reviews progress on the plan during reviews at each service site; review of the V/FEA monthly and quarterly expenditure reports for individuals who choose participant-direction; Quarterly contact through the care planner/social worker/case manager	Quarterly or more frequent as needed; In person, at least annually.
Mental Illness	DMHAS Social Worker	Same as above	Same as above
Intellectual Disability	DDS Case Manger	Same as above	Same as above
Acquired Brain Injury	DSS Social Workers	Same as above	Same as above
Dual Diagnosis	One of the above. Dependent upon operating unit responsible for package of services.		

b. Monitoring Safeguards. *Select one:*

<input checked="" type="checkbox"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may not provide</i> other direct waiver services to the participant.
<input type="checkbox"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may provide</i> other direct waiver services to the participant. The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. <i>Specify:</i>

III. Overview of Self-Direction

- a. Description of Self-Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the demonstration, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the demonstration’s approach to participant direction.

<p>A) Opportunities for Participant Direction</p> <p>Demonstration participants may choose to self-direct some or all of their services to the extent that the self-direction will be allowed under the 1915(c) waiver in which the participant will eventually be enrolled. See demonstration section B.7 for a description. It is not the intent of the demonstration to allow self-direction under the demonstration for an individual who will not be allowed to self-direct in the waiver in which he/she will eventually be enrolled. To the extent allowed under the 1915(c) waiver, demonstration waiver participants will assume and retain responsibility to:</p> <ul style="list-style-type: none">• Recruit their attendants• Conduct criminal history checks;• Determine the competency of attendant; and• Hire, train, manage, and fire their attendants. <p>The participant/employer may appoint a designated representative to assist with or perform employer responsibilities to the extent approved by the participant/employer. In addition, the participant/employer has a budget authority over the services he or she is directing. In addition to personal attendants, participants are supported in self-directing all or any portion of their services if they so choose. The traditional agency option is available to provide authorized services to participants who decide not to self-direct based on their IP.</p> <p>B) How Participants take Advantage of these Opportunities</p> <p>The case manager/social worker informs the participant of the option to self-direct /select waiver services/demonstration services at the time of enrollment and at least annually thereafter. At any time, a participant may elect to self-direct services or to terminate self-direction of services. If the participant/employer decides to terminate self-direction, the case</p>

manager/social worker/care planner will ensure that those program services delivered through the self-direction option are transitioned over to services offered through the traditional service delivery model.

C) Entities Supporting Participants who choose to self-direct

- The services of a Vendor Fiscal Employer Agent (VFEA) are required for individuals who self-direct their services and supports. The VFEA assists the individual and/or family or personal representative to manage and distribute funds contained in the individual budget including, but not limited to, the facilitation of employment of service workers by the individual or family, including federal, state and local tax withholding/payments, processing payroll or making payments for goods and services and unemployment compensation fees, wage settlements, fiscal accounting and expenditure reports, support to enter into provider agreements on behalf of the Medicaid agency, and providing information and training materials to assist in employment and training of workers. This service is required to be utilized by individuals and families who choose to hire their own staff and self-direct some or all of the waiver services in their IP. The service will be delivered as an administrative cost and is not included in individual budgets.
- Independent Brokers are an optional support available to persons served under the DDS and Chronic Care Waiver. Supports include:
 - ✓ Assistance with developing a natural community support network
 - ✓ Assistance with managing the Individual Budget
- Support with and training on how to hire, manage and train staff
 - ✓ Accessing community activities and services, including helping the individual and family with day-to-day coordination of needed services.
 - ✓ Developing an emergency back up plan
 - ✓ Self advocacy training and support
- Case managers, care planners and social workers have various roles supporting self-direction in different HCBS programs. At minimum, their role includes assessment and quality control of services regardless of service delivery model. In some HCBS programs such as those administered by DMHAS and DDS, the role is expanded to essentially also help with roles similar to the independent broker.

D) There is no other relevant information.

b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the demonstration. *Select one:*

	Participant – Employer Authority. As specified in each 1915(c) waiver’s Appendix E-2, Item a, the participant (or the participant’s representative) has decision-making authority over workers who provide demonstration services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
	Participant – Budget Authority. As specified in 1915(c) waiver’s Appendix E-2, Item b, the participant (or the participant’s representative) has decision-making authority over a budget for demonstration services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="checkbox"/>	Both Authorities. The demonstration provides for both participant direction opportunities

	as specified in 1915(c) waiver's Appendix E-2. Supports and protections are available for participants who exercise these authorities.
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c. Availability of Participant Direction by Type of Living Arrangement. *Check each that applies:*

<input checked="" type="checkbox"/>	Participant direction opportunities are available to participants who live in their own private residence (whether owned or leased) or the home of a family member.
<input checked="" type="checkbox"/>	Participant direction opportunities are available to individuals who reside in other community-based living arrangements where services (regardless of funding source) are furnished to four or fewer persons unrelated to the proprietor.
<input checked="" type="checkbox"/>	The participant direction opportunities are available to persons residing in a leased apartment, with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or individual's family has domain and control.

d. Election of Participant Direction. Election of participant direction is subject to the following policy (*select one*):

<input checked="" type="checkbox"/>	The demonstration is designed to afford every participant (or the participant's representative) the opportunity to elect to direct demonstration services as specified in demonstration Section B.7. Alternate service delivery methods are available for participants who decide not to direct their services.
	The demonstration is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria. <i>Specify the criteria:</i>

e. Information Furnished to Participant. Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

	The case manager/social worker provide information about options to self-direct to the participants and their families at the time of the IP meeting and at any time the individual expresses an interest in self-direction. (For persons served by DDS, this includes a Family Manual on Self-Direction and Your Hiring Choices http://www.dmr.state.ct.us/HCBS/DMRbook2ENG.pdf , and informational fact sheets).
	The VFEA (fiscal intermediary) has responsibility to provide fact sheets to individuals who are referred to them who choose to self-direct. Fact sheets include information about criminal background checks, abuse/neglect registry checks, employer responsibilities, hiring and managing your own supports, employee safety: workers compensation and liability insurance. The VFEA ensures that individual provider qualifications and training requirements are met prior to employment and the appropriate forms to document that training are completed.

f. Participant Direction by a Representative. Specify the State's policy concerning the direction of demonstration services by a representative (*select one*):

<input type="checkbox"/>	The State does not provide for the direction of demonstration services by a representative.
<input checked="" type="checkbox"/>	The State provides for the direction of demonstration services by a representative. Specify

	the representatives who may direct demonstration services: <i>(check each that applies):</i>
<input checked="" type="checkbox"/>	Demonstration services may be directed by a legal representative of the participant.
<input checked="" type="checkbox"/>	Demonstration services may be directed by a non-legal representative freely chosen by an adult participant. Specify the policies that apply regarding the direction of demonstration services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant: The State's practice is to allow participants the opportunity to self direct waiver services with the assistance they need by allowing family members, advocates, or a representative of the participant's choosing, to assist with the responsibilities of self-direction. A representative does not have to be a legal representative. The representative assumes responsibilities for the Agreement For Self Directed Supports, which is reviewed with the representative and the participant, and signs the Agreement. The participant can also be the sponsoring person. The Agreement for Self Directed Supports includes the identification of areas of responsibility where the responsible person will require assistance. Any assistance needed as indicated in the agreement must be addressed in the participant's IP. For persons served under the ABI waiver, demonstration services may not be directed by a non-legal representative.

- g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each demonstration service. *(Check the opportunity or opportunities available for each service):*

Participant-Directed Demonstration Service	Employer Authority	Budget Authority
One Time Transitional Fund	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accessibility Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transition Coordination	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

- h. Financial Management Services.** Generally, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the demonstration participant. *Select one:*

<input type="checkbox"/>	Yes. Financial Management Services are furnished through a third party entity. <i>(Complete item E-1-i).</i> Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	Governmental entities
<input checked="" type="checkbox"/>	Private entities
<input type="checkbox"/>	No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. <i>Do not complete Item E-1-i.</i>

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a demonstration service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as a Demonstration service	Fill out i. through iv. below:																				
<input checked="" type="checkbox"/>	FMS are provided as an administrative activity. Fill out i. through iv. below:																					
i.	<p>Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services:</p> <p>VFEAs are procured through a competitive RFP process. Private not-for-profit and for-profit corporations and LLCs furnish these services. CT DDS pays the VFEAs directly per the contract. Participants who self direct must use a VFEA under contract with the State. CT requires the re-bidding of VFEA contracts every three years. Vendors who were recently awarded contracts as a result of the competitive procurement process, will have contract scopes expanded to provide services under DSS MFP.</p>																					
ii.	<p>Payment for FMS. Specify how FMS entities are compensated for the activities that they perform:</p> <p>FMS entities are compensated as an administrative expense based on the number of persons served as detailed in the competitive bidding process.</p>																					
iii.	<p>Scope of FMS. Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>):</p> <p><i>Supports furnished when the participant is the employer of direct support workers:</i></p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Assist participant in verifying support worker citizenship status</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Collect and process timesheets of support workers</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Other (<i>specify</i>): Verify training requirements of direct support workers are completed.</td> </tr> </table> <p><i>Supports furnished when the participant exercises budget authority:</i></p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Maintain a separate account for each participant's self-directed budget</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Track and report participant funds, disbursements and the balance-of participant funds</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Process and pay invoices for goods and services approved in the service plan</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Provide participant with periodic reports of expenditures and the status of the self-directed budget</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other services and supports (<i>specify</i>):</td> </tr> </table> <p><i>Additional functions/activities:</i></p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</td> </tr> </table>		<input checked="" type="checkbox"/>	Assist participant in verifying support worker citizenship status	<input checked="" type="checkbox"/>	Collect and process timesheets of support workers	<input checked="" type="checkbox"/>	Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance	<input checked="" type="checkbox"/>	Other (<i>specify</i>): Verify training requirements of direct support workers are completed.	<input checked="" type="checkbox"/>	Maintain a separate account for each participant's self-directed budget	<input checked="" type="checkbox"/>	Track and report participant funds, disbursements and the balance-of participant funds	<input checked="" type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan	<input checked="" type="checkbox"/>	Provide participant with periodic reports of expenditures and the status of the self-directed budget	<input type="checkbox"/>	Other services and supports (<i>specify</i>):	<input checked="" type="checkbox"/>	Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
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	<input type="checkbox"/> Other (<i>specify</i>):
iv.	<p>Oversight of FMS Entities. Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p>The State conducts an annual performance review of VFEAs. VFEAs are responsible for providing the State with an independent annual audit of its organization and the State funds and expenditures under the agent’s control according to procedures dictated by the operating agency’s auditing team. In addition, quarterly statements of expenditures against individual budgets are sent to the individual, the regional office in the case of DDS and to the central offices of other operating agencies. These statements are reviewed on a periodic basis as detailed in the quality management plan. In addition to the quarterly statements, an annual expenditure report is submitted for each participant that is reviewed by the State and either accepted or sent back for clarification or changes</p>

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

■	<p>Case Management Activity. Information and assistance in support of participant direction are furnished as an element of Medicaid case management services. <i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the demonstration:</i></p> <p>Participants served by DDS: The role of the DDS case manager (TCM) in individual planning is to support the person and other team members to develop and implement a plan that addresses the individual’s needs and preferences. Case managers support individuals to be actively involved in the planning process. Case managers share information about choice of qualified providers and self-directed options at the time of the planning meeting and upon request. Case managers assist the person to develop an individual budget and assist with arranging supports and services as described in the plan. They also assist the individual to monitor services and make changes as needed. Case managers share information regarding the ability to change providers when individuals are dissatisfied with performance.</p> <p>Individuals who self direct by hiring their own staff will have case manager <u>or</u> a specialized case manager, called a DDS support broker, to assist them to direct their plan of individual support. In addition to TCM activities, the DDS support brokers assist individuals to hire, train and manage the support staff, negotiate provider rates, develop and manage the individual budget, develop emergency back up plans, and provide support and training to access and develop self-advocacy skills. These additional duties are considered outside the scope of the TCM service so the time/costs are not included in the rate setting methodology for TCM.</p> <p>Another option for those who self-direct is to have a TCM <u>and</u> independent support brokerage through the option of FICS under the waiver. This waiver service noted below provides support and consultation to individuals and/or their families to assist them in directing their own plan of individual support. This service may be self-directed or provided by a qualified agency and is</p>
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	<p>available to those who direct their own supports and hire their own staff. The services included are :</p> <ul style="list-style-type: none"> • Assistance with developing a natural community support network • Assistance with managing the individual budget • Support with and training on how to hire, manage and train staff • Assistance with negotiating rates and reimbursements. • Collaborates with TCM and either participates in participant’s planning meetings or is made aware of the participant’s individual plan and goals from both the participant and case manager. • Accessing community activities and services, including helping the individual and family with day-to-day coordination of needed services. • Developing an emergency back-up plan • Self advocacy training and support <p>Participants served by DMHAS: Participants served by DMHAS will use a similar process however there is no option for support brokers.</p>	
<input checked="" type="checkbox"/>	<p>Demonstration Service Coverage. Information and assistance in support of participant direction are provided through the demonstration service coverage (s) entitled:</p> <table border="1" data-bbox="760 827 1500 898"> <tr> <td data-bbox="760 827 1500 898"> <p>For all others, case management demonstration service, independent broker</p> </td> </tr> </table>	<p>For all others, case management demonstration service, independent broker</p>
<p>For all others, case management demonstration service, independent broker</p>		
<input type="checkbox"/>	<p>Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity. <i>Specify: (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the demonstration; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:</i></p>	

k. Independent Advocacy (select one).

<input checked="" type="checkbox"/>	<p>Yes. Independent advocacy is available to participants who direct their services. <i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i></p>
	<p>Independent advocacy is available to participants through the Office of the Ombudsperson for Developmental Services as well as through the use of an FICS (independent support broker), Office of the Ombudsman, AAAs, CILs, and Office of Protection and Advocacy.</p>
<input type="checkbox"/>	<p>No. Arrangements have not been made for independent advocacy.</p>

l. Voluntary Termination of Participant Direction. Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

<p>Individuals may through the IP process, request the termination of self-direction and his or her Self-Directed Support Agreement and individualized budget. Individuals seeking termination may choose an alternative support service. The case manager, support broker or regional designee (depending upon the agency) discusses with the individual/family all the available options and resources available, updates the IP, and begins the process of referral to those options. Once the new option has been identified and secured, the case manager, support broker or regional designee will fill out the form for termination of their individual budget. The form is sent within 10 business days to the VFEA, Resource Administrator or regional designee, and the regional fiscal office</p>
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representative in the case of DDS and central office in all other cases. In the absence of a regional fiscal office representative for DDS, the form is sent to the appropriate central office.

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Each individual who self-directs by hiring his or her own workers has an Agreement for Self-Directed Supports describing the expectations of the participant. Termination of the participant's self-direction opportunity may be made when a participant or representative cannot adhere to the terms of the Agreement for Self Directed Supports. Key terms are:

1. To participate in the development and implementation of the Individual Planning Process.
2. Funds received under this agreement can only be used for items, goods, supports, or services identified in the service recipient's individual plan and authorized individual budget.
3. To actively participate in the selection and ongoing monitoring of supports and services.
4. To understand that no one can be both a paid employ and the employer of record.
5. To authorize payments for services provided only to the recipient according to the individual plan and budget.
6. To enter into an agreement with the provider agency/agencies or individual support worker(s) hired. The agreement is outlined in the Individual Family Agreements with Vendor and Employees an identified the type and amount of supports and services that will be provided.
7. To submit timesheets, receipts, invoices, expenditure reports, or other documentation o the required forms to the fiscal intermediary on a monthly basis or within the agreed upon timeframe.
8. To review the VFEA expenditure reports on a quarterly basis and notify the case manager, broker and VFEQ of any questions or changes.
9. To Follow Cost Standards and Costs Guidelines for the Department for all services and support purchased with the allocation.
10. To get prior authorization from the Department to purchase supports, services, or goods from a party that is related to the individual through family, marriage or business association.
11. To seek and negotiate reasonable fares for services and reasonable costs of items, goods, or equipment, and to obtain three bids for purchases of items, equipment, or home modifications over \$2500.
12. Any special equipment, furnishings, or item purchased under the agreement are the property of the service recipient and will be transferred to the individual's new place of residence or day program or be returned to the state when the item is no longer needed.
13. To participate in the Department's quality review process.
14. To use qualified vendors enrolled by the Department.
15. To ensure that each employee has read the required training materials and completed any individual specific training in the IP prior to working with the person.
16. To offer employment to any new employee on a conditional basis until the criminal history background check, driver's license check and department abuse Registry Check has been completed. Anyone on the Department Abuse Registry cannot be employed to provide support to the individual.
17. To notify the case manager/broker when the individual is no longer able to meet the responsibilities for self-directed services.

The individual acknowledges that the authorization and payment for services that are not rendered

could subject him/her to Medicaid fraud charges under State and federal law. Breach of any of the above requirements with or without intent may disqualify the individual from self-directing services.

An agreement for self-directed supports can be terminated if the participant does not comply with the agreed upon requirements. The case manager, social worker, or care planner would coordinate the transition of services and assist the individual to choose a qualified provider to replace the directly hired staff.

- n. **Goals for Participant Direction.** In the following table, provide the State’s goals for each year that the demonstration is in effect for the unduplicated number of demonstration participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their demonstration services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Demonstration Year	Number of Participants	Number of Participants
Year 1	N/A	N/A
Year 2	5	10
Year 3	10	20
Year 4	10	20
Year 5	10	20

Participant Employer

- a. **Participant – Employer Authority** (Complete when the demonstration offers the employer authority opportunity as indicated in Item E-1-b)
- i. **Participant Employer Status.** Specify the participant’s employer status under the demonstration. Check each that applies:

■	Participant/Co-Employer. The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide demonstration services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. <i>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff:</i>
■	Participant/Common Law Employer. The participant (or the participant’s representative) is the common law employer of workers who provide demonstration services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and State law. Supports are available to assist the participant in conducting employer-related functions.

- ii. **Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide demonstration services. *Check the decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	Recruit staff
<input checked="" type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input checked="" type="checkbox"/>	Select staff from worker registry
<input checked="" type="checkbox"/>	Hire staff (common law employer)
<input checked="" type="checkbox"/>	Verify staff qualifications
<input checked="" type="checkbox"/>	Obtain criminal history and/or background investigation of staff. Specify how the costs of such investigations are compensated:
<input checked="" type="checkbox"/>	Specify additional staff qualifications based on participant needs and preferences
<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications
<input checked="" type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits
<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct-staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input checked="" type="checkbox"/>	Discharge staff (common law employer)
<input checked="" type="checkbox"/>	Discharge staff from providing services (co-employer)
<input type="checkbox"/>	Other (<i>specify</i>):

- b. **Participant – Budget Authority** (*Complete when the demonstration offers the budget authority opportunity as indicated in Item E-1-b*)

- i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Check all that apply:*

<input checked="" type="checkbox"/>	Reallocate funds among services included in the budget
<input checked="" type="checkbox"/>	Determine the amount paid for services within the State’s established limits
<input checked="" type="checkbox"/>	Substitute service providers
<input checked="" type="checkbox"/>	Schedule the provision of services
<input checked="" type="checkbox"/>	Specify additional service provider qualifications
<input checked="" type="checkbox"/>	Specify how services are provided,
<input checked="" type="checkbox"/>	Identify service providers and refer for provider enrollment
<input checked="" type="checkbox"/>	Authorize payment for demonstration goods and services
<input checked="" type="checkbox"/>	Review and approve provider invoices for services rendered
<input type="checkbox"/>	Other (<i>specify</i>):

- ii. **Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for demonstration goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Initial funding range is provided by the Regional Planning and Resource Allocation Team (PRAT) based on Level of Need Assessment for persons served by DDS. For all others, the funding range is determined by central office staff after assessment is complete. Within that allocation individuals design an Individual Budget to support the outcomes identified in the IP. The resource allocation ranges derived from analysis of past utilization and costs for services used by like individuals based on assessed level of need. The participant can direct the entire budget for waiver goods and services as the participant chooses.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The PRAT or central office of the operating unit provides the individual with the resource allocation based on their assessed Level of Need in writing. Following the development of the IP, the individual may request additional funding based on identified needs. For DDS requests for additional funding are reviewed by the regional PRAT, or may go to a regional or State level utilization review process depending upon the amount of funding requested beyond the initial funding range. Requests for additional funding from persons served by other operating agencies, direct their request to central office staff. Any denial of service/funding levels is communicated in writing by the Central Office Waiver Policy Unit regardless of the operating agency and includes the formal notice and requests for a Fair Hearing. This same process applies any time an individual requests an increase in approved funding levels.

- iv. **Participant Exercise of Budget Flexibility.** *Select one:*

<input checked="" type="checkbox"/>	The participant has the authority to modify the services included in the participant-directed budget without prior approval. Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:
<input type="checkbox"/>	Modifications to the participant-directed budget must be preceded by a change in the service plan.

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The VFEA monitors expenditures and alerts the waiver participant and Department's support broker/case manger of any variance in line items prior to payment that exceed the quarterly budgeted amount for the specific line item where the variance occurred.

The VFEA has a system to verify that the service or support or product billed is in the authorized Individual Budget prior to making payment. The VFEA is responsible to cover out of its' own funds any payments that exceed what the State has authorized in the Individual Budget.

Monthly and Quarterly Utilizations Reports:

Each DDS region has a regional contact person to whom the VFEA sends the Quarterly Utilization Reports. Each region has an internal system for distribution and review of these reports. In addition to the quarterly expenditure report the participant and the case manager also receive a monthly expenditure report. The reports are due the 25th day of the following month. The DDS case manager/broker monitors the monthly expenditure reports, and is responsible to review the expenditure reports against the approved IP and budget on at least a quarterly basis to monitor for under/over utilization. The region administrator reviews the quarterly reports for utilization and follows up with the case manager/broker when there are significant gaps in service. Similar safeguards are in place in other agencies but the process is a central office function.