

Money Follows the Person 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 checked="" 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> Case managers must meet the qualifications of either social worker, human services professional, or registered professional nurse. Social Workers (SW) are those with a MSW or a BSW from a program of study accredited by the Council on Social Work Education, or a doctorate degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or a comparable regional accreditation body. To qualify as a case manager, a SW with a bachelor's degree must have minimally 1 year of specialized experience in a social/human/health service type of setting. Minimum qualification requirements for a Human Service Professional (HSP) is graduation from an accredited 4 year college or university with a bachelor's degree which included a minimum of 12 semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences. For the level required by case managers, the HSP must also have minimally 1.5 years of specialized experience in a social/human/health service type of setting. [KEEP FOR BACKUP TRANSFERS TO STATE WORKERS]
<input checked="" type="checkbox"/>	Social Worker. <i>Specify qualifications:</i> Fulfills the State of Hawaii licensing requirements; and has at least 2 years experience preferably with care coordination responsibilities in the United States;
<input type="checkbox"/>	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.

(a) The case manager explains the waiver, EPSDT services and the participant's rights that are available to the participant, their legal guardian and/or designated representative . The case manager learns what the participant's preferences and needs are and encourages the participant to identify his/her goals/outcomes, services and providers. The participant, their legal guardian and/or designated representative are also encouraged to ask questions about specific services and direct service providers.

(b) The applicant/participant is encouraged to identify and invite everyone who s/he would like to attend the assessment and service planning meeting.

- 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 waiver case managers are responsible for developing the service plan together with the participant, parent or legal guardian, family and friends, medical and service providers. The plan is initiated after eligibility for the waiver has been determined and initial comprehensive health, social and home assessments have been completed by a Social Worker (SW) and a Registered Nurse (N) Case Manager. The plan must be completed within the 30 days prior to admission.
- (b) At intake, the case manager receives a signed consent form with the applicant's demographics, medical information and diagnoses based on a hospital admission and history physical form, recent hospital progress notes or a history and physical form completed within the past 90 days, current list of treating/ primary/specialty physicians, 50 point scale eligibility form, current DHS1147 level of care form (as available) and Medicaid status.

In most cases, the initial health assessment will take place at the hospital rather than the home. This includes a review of the medical/health conditions, cognitive/ developmental/functional limitations and the participant/guardian/representative's understanding of those problems including life style factors and dietary preferences that impact upon those conditions; evaluation of the individual's compliance with medical regimens and coping abilities with the health and medical conditions; evaluation of the participant/guardian/ representative's knowledge and activities that impact upon preventing illness or acute episodes, ameliorating recurring signs and symptoms, or maintaining stability of the health and medical conditions; a review of the child's special needs in infection control, monitoring of vital signs, physical, care activities, nutrition and dietetics, bowel and bladder elimination, wound care, medication administration, respiratory care, required therapies/rehab potential and other factors which affect the child's health and safety; a list of assistive devices/medical equipment and medical supplies; and a determination of skills training needs and assessment of skills competency.

The initial social and environmental assessments are conducted in the participant's home. Information is gathered about current services, background social history, the participant's concerns, caregiver's needs including an assessment of the caregiver's physical and health status/literacy/employment/ coping ability and competency to provide services, household members/additional family and social support including back up plans for care, spiritual support, advanced directives, risk for domestic violence an abuse or neglect, home environment, structural safety including need for environmental adaptations/home maintenance and electrical assistance, disaster preparedness, transportation available, financial/legal and educational needs are gathered.

During each encounter, the case manager requests information about the participant/

legal guardian and/or designated representative's current needs, preferences, and goals, and the satisfaction with current services.

- (c) Case Managers provide information to the participant/ legal guardian or designated representative about the services providers available through the waiver. This information is explained during the initial and subsequent face to face assessment visits. Each participant also receives a copy of the waiver handout.
- (d) The service plan is the instrument to document the participant's needs and goals identified in (b). The service plan shall be a written description of the participant's goals, how all issues of health and safety shall be addressed, and what needs to happen to support the participant's inclusion in the family and community to the extent possible. The plan shall include an identified support network (which must include a minimum of two family caregivers trained to provide the care). Waiver participants are encouraged to participate in the development of the service plan and choose their waiver services and providers. Documentation of the participant's waiver provider selections is maintained in the participant's record. The completed service plan is agreed upon and signed by the participant/legal guardian or designated representative and the case manager(s) then sent to the child's physician to be signed.
- (e) The waiver case manager, together with the participant/legal guardian and/or designated representative, is responsible to identify waiver and non-waiver services (including educational, social, legal services) needed for the participant to remain in the community and to directly coordinate access to needed waiver and EPSDT/State plan services. The case manager provides the participant/legal guardian and/or designated representative with information about other resources in the community and facilitates access to needed/required non-waiver services that are identified in the comprehensive service plan.
- (f) The service plan identifies the service(s), provider(s), service start dates, and the amount, frequency and duration of each authorized waiver service. The waiver case manager conducts the monthly monitoring and reassessment visits and elicits the participation of the participant/legal guardian and/or designated representative to evaluate areas such as:
 - (1) Whether services are meeting expected outcomes
 - (2) How/when services need to be changed based on changing needs of the participant and the family
 - (3) Coordination issues when services provided by two or more independent providers or agencies.
 - (4) Management of employer issues related to participant direction, as applicable funding source while ensuring non-duplication of services.

The waiver case manager regularly coordinates with providers/managers of non waiver services to assure that participant's needs are being adequately addressed. DHS/SSD/MWS/C&MU conducts an annual program review that includes a review of the participant's health and social assessments and the service plan to ensure compliance with the level of care and delivery of services identified on the plan.

- (g) The RN and/or SW case manager is responsible for updating the service plan at least every 90 days unless significant changes in the participants health status, provider availability or home environment occur that necessitate an earlier change to the service plan. Monthly face to face case management visits are conducted to monitor the participant's condition and continued adequacy of the waiver services based on the acuity of the participant's needs. Each plan shall specify the minimum frequency of review required by each waiver participant.

- 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.

- Mitigation of risk factors incorporated into the individual service plan:

Case manager(s) identify existing and potential risks to participants from the health, environment/safety and social assessments used to develop the service plan. AERs identify additional risk factors and trends which need to be addressed in service planning review or update visits. Service plans should indicate

- Frequency of monitoring and reassessment contacts based on assessment details such as stability of participant and/or caregiver health status.
- Skills competency checks of family caregivers and schedule for re-evaluation.
- Documented evidence that local utilities (electric and phone), fire and EMS services have been notified where participant lives in the community as applicable.
- Pre-assessment of home for accessibility, electrical capacity, space for medical equipment and storage of supplies
- Evidence/plan for monitoring quantities of medical supplies, working status of medical equipment, availability of needed back up equipment and renewing warranties and /or service agreements
- Assessment for evidence of abuse and neglect and that participant and/or caregiver is knowledgeable about his/her rights and how to obtain help.
- Continuous availability of operational safety equipment that includes a phone system, fire extinguishers and smoke alarms in appropriate locations in the home.
- A transportation plan for emergent, non-emergent and disaster situations.
- Risk for eviction

In situations where the individual or family's preference may be at odds with the recommendations of medical/health professionals, the individual and/or guardian and/or case manager discusses these issues with the case management team.

- Provision of "back up" service in the individual plan of care:

Service plans include "contingency plans" developed to identify persons, agencies or facilities responsible for various actions and activities; as part of person-centered planning, the roles and responsibilities of the support team may include the identification of a natural support (e.g., family member or neighbor) willing to provide back-up supports. Particularly for individuals with frequent medical treatments at unusual times or challenging behaviors, an emergency and a disaster contingency plan is developed to ensure that there is clear communication of what needs to happen in an emergency. Since most participants are dependent, there must be an adequate plan for reasonable alternatives for immediate and short-term alternative energy sources.

The provider agreement requires the homecare agency to have available relief or back-up staff when the primary direct service workers assigned to the participant is unavailable. When necessary, a second provider agency (which is also authorized to render the service required by the service plan) is identified as the "back up" provider agency at the service

plan visits when the details of contacts and other arrangements are clarified. This second agency is to be used when the primary agency, as a result of unforeseen circumstances, is unable to staff the participant – copies of the service plan are provided to each agency.

- 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.

The case manager is responsible to ensure that the participant and their family are informed about the available service providers and that the selection of providers is unbiased. When the service plan is initially developed, the case manager discusses the uniqueness of each provider so that the participant and their family can make an informed choice of available providers. Descriptive information provided may include the hours of operation, geographic location, and specialty services offered. Case managers also offer participants and their families the option to interview providers by phone, try out certain services and visit facility-based providers in order to make an informed choice. Each waiver participant receives a copy of the applicable waiver handout that describes each of the waiver services. Participants may choose one or more service providers for one or more services. The case manager explains how they can change providers after the initial selection. The participant’s provider choices are documented and filed in the participant record.

Information on the availability and choice of qualified providers is given to prospective participants upon request. Waiver services are also listed on the DHS website

- 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:

DHS, as the State Medicaid Agency, will review the service plans of approximately # participants of waiver services per year. DHS will review service plan development and implementation of services by waiver providers during the annual quality assurance reviews.

- 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 Money Follows the Person 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 checked="" type="checkbox"/>	Case manager
<input type="checkbox"/>	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; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

(a) Waiver Case Managers are responsible to monitor the implementation of the service plan which includes the receipt of services identified in the service plan and assuring that the service plan accurately reflects the participant’s needed services to maintain the participant’s health and welfare. The DHS/SSD/MWS/ C&M unit monitors the implementation of the service plan during the waiver program’s annual quality assurance review.

(b-c) Waiver case managers at a minimum conduct monthly face-to-face visits with the participant and make collateral contacts (with care givers, parents, guardians, representatives providers, teachers, employers) to assess/review the participants’ health, welfare, and services authorized in the individualized service plan. During these contacts, case managers monitor the implementation of the service plan with the participant and/or legal guardian, service and care providers, and other persons and entities involved with the person. Case managers do periodic observations of service delivery to ensure that quality service is being provided as well as evaluate whether a particular service is effectively meeting the needs of the recipient. In between monthly face to face visits, the case manager conducts at least one phone contact with the participant/legal guardian and/or designated representative. Case managers obtain information from the participant and service provider (waiver or other service provider) to assess for positive outcomes for the participant. All communication with the participant and collateral contacts are documented in the participant’s record. All changes to the service plan are discussed with the participant, legal guardian and/or designated representative in advance.

DHS will also monitor samples of the service plans on an annual basis (see quality management strategy). Programmatic and systemic reviews are completed by DHS to monitor compliance and identify issues of concern and implementation of the plan of correction.

- 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) Under the consumer directed service option, the participant, legal guardian and/or designated representative may hire, train, supervise, and fire their direct support workers. In this application, the consumer directed services option is available under the Personal Assistance and Attendant Care waiver service.</p>
<p>(b) Participant, legal guardian and/or designated representative is informed of this option during the service planning process. If the participant, legal guardian and/or designated representative is interested, the case manager will review the employer/employee handbooks and required forms with the participant, legal guardian and/or designated representative. As needed, support is provided to the participant, legal guardian and/or designated representative to complete necessary forms. Information is also provided regarding techniques and examples to recruit, screen, and hire personal assistant/attendant care workers.</p>
<p>(c) The waiver case manager provides ongoing support to waiver participant,/legal guardian/ designated representative with the following tasks: assistance with competency testing of selected workers, delegation of skilled tasks, timely completion/submission of monthly payroll vouchers, timely addition and termination of employees in the payroll system, monitoring and supervision of safe service implementation as well as respect for client serve delivery preferences. When the legal guardian or designated representative is providing the employer function, they are responsible for all the administrative and technical employer responsibilities to hire, fire and manage workers on behalf of the participant as well as respecting client preferences regarding service implementation. Financial management services are provided through a fiscal agent contracted by the state Medicaid agency for its consumer directed services to process paychecks, withhold employee taxes, pay employer taxes, and mail the paycheck to the participant/legal guardian/designated representative to disseminate to his/her worker.</p>

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

<input checked="" type="checkbox"/>	<p>Participant – Employer Authority. As specified in <i>Appendix E-2, Item a</i>, 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.</p>
<input type="checkbox"/>	<p>Participant – Budget Authority. As specified in <i>Appendix E-2, Item b</i>, 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.</p>
<input type="checkbox"/>	<p>Both Authorities. The demonstration provides for both participant direction opportunities as specified in <i>Appendix E-2</i>. Supports and protections are available for participants who exercise these authorities.</p>

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 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. Alternate service delivery methods are available for participants who decide not to direct their services.
<input type="checkbox"/>	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.

	<p>(a) Information about participant direction opportunities are provided by the waiver case managers when discussing services and supports available, particularly in developing or reviewing the service plan. The Consumer Directed – Employer and Employee Handbook is shared with participants.</p> <p>Information regarding the benefits of participant direction, participant responsibilities liabilities is provided for decision-making to the participant (and/or the participant's designated representative) in a face-to-face meeting. If the participant direction is selected, the participant receives a formal one-on-one training to review the benefits of participant direction, participant responsibilities, and potential liabilities. Materials are provided to the participant and/or designated representative. Ongoing support from the case manager is provided. The participant receives a personal binder that includes the employer handbook, the employee handbook and all of the required forms to enroll as an employer and to hire employees</p> <p>(b) The waiver case manager furnishes the necessary information to the participant/legal guardian// designated representative and employee(s).</p> <p>(c) Service information is explained during the waiver application process. As an ongoing effort, service information is presented during reassessment visits, during periods when agency staffing is problematic, and upon any information request.</p>
--	--

- 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:

	<p>During the service planning process, the choice of consumer directed services may be made. Ideally, the non-legal representative is one who has a personal interest and relationship with the participant.</p> <p>The representatives selected by the adult participant to direct waiver services on behalf of the participant may not be paid to provide waiver services to the participant through the consumer directed option. Based on the type and frequency of service provided, the case manager will assess the need to increase the frequency of monitoring visits to ensure the participant's health, welfare and satisfaction with the service. On a case by case basis, DHS will provide technical assistance and supports to the case manager to ensure that the participant receives quality services in a manner desired by the individual and in the individual's best interests</p>
--	--

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
Attendant Care	✓	☐
Personal Assistance	✓	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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:*

✓	<p>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></p>
☐	Governmental entities
✓	Private entities
○	<p>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. <i>Do not complete Item E-1-i.</i></p>

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

○	FMS are covered as a Demonstration service	Fill out i. through iv. below:
✓	FMS are provided as an administrative activity. Fill out i. through iv. below:	
	i.	Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services:

	DHS contracts with a private vendor to serve as the payroll processing agent for the consumer directed services. This contractor, based on Oahu, provides all payroll processing functions for the consumer-directed service participants throughout the state. Procurement was effected in accordance with the Hawaii State Procurement code.																												
ii.	<p>Payment for FMS. Specify how FMS entities are compensated for the activities that they perform:</p> <p>The agent is paid a flat fee per check issued. Compensation to the payroll agent is fully state-funded.</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"> <tr> <td><input type="checkbox"/></td> <td>Assist participant in verifying support worker citizenship status</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Collect and process timesheets of support workers</td> </tr> <tr> <td><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><input checked="" type="checkbox"/></td> <td>Other (<i>specify</i>):</td> </tr> <tr> <td></td> <td>Generate and mail paycheck to the participant for distribution.</td> </tr> </table> <p><i>Supports furnished when the participant exercises budget authority:</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Maintain a separate account for each participant's self-directed budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Track and report participant funds, disbursements and the balance-of participant funds</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Process and pay invoices for goods and services approved in the service plan</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Provide participant with periodic reports of expenditures and the status of the self-directed budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other services and supports (<i>specify</i>):</td> </tr> <tr> <td></td> <td></td> </tr> </table> <p><i>Additional functions/activities:</i></p> <table border="1"> <tr> <td><input 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> <tr> <td><input type="checkbox"/></td> <td>Other (<i>specify</i>):</td> </tr> <tr> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>	Assist participant in verifying support worker citizenship status	<input 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>):		Generate and mail paycheck to the participant for distribution.	<input type="checkbox"/>	Maintain a separate account for each participant's self-directed budget	<input type="checkbox"/>	Track and report participant funds, disbursements and the balance-of participant funds	<input type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan	<input 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 type="checkbox"/>	Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency	<input type="checkbox"/>	Other (<i>specify</i>):		
<input type="checkbox"/>	Assist participant in verifying support worker citizenship status																												
<input 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>):																												
	Generate and mail paycheck to the participant for distribution.																												
<input type="checkbox"/>	Maintain a separate account for each participant's self-directed budget																												
<input type="checkbox"/>	Track and report participant funds, disbursements and the balance-of participant funds																												
<input type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan																												
<input 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 type="checkbox"/>	Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency																												
<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>Fiscal oversight is provided by the DHS Fiscal Management Office which reviews various summary reports that are produced in conjunction with the monthly payroll process.</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*):

<input checked="" type="checkbox"/>	<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>During the service planning process, case managers explain services and service options including consumer directed personal assistance /attendant care. Evidence of choices provided and selected are documented on the choice forms in the participant’s record. The Case Manager will meet with the participant and his/her legal guardian or designated representative to provide a detailed orientation on the option as well as training if the participant chooses to use this delivery option. The Case Manager will provide ongoing support to the participant throughout the participant’s use of this option to process and submit required documentation.</p> <p>During the case manager reassessment visits or earlier as needed, the case manager surveys both the provider and the participant/legal guardian or designated representative to determine the effectiveness of the participant’s ability to direct the service and the provider’s ability to provider the services identified in the service plan. The participant/legal guardian or designated representative is also given instruction about timely reporting of adverse events including incidents of possible suspected abuse or neglect to the case manager and protective services and/or law enforcement agencies as applicable.</p> <p>The participant may use consumer directed personal assistance/attendant care exclusively or in conjunction with agency managed personal assistance/attendant care. They may change their selection at any time</p>
<input type="checkbox"/>	<p>Demonstration Service Coverage. Information and assistance in support of participant direction are provided through the demonstration service coverage (s) entitled: _____</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> <p>_____</p>

k. Independent Advocacy (*select one*).

<input type="radio"/>	<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>_____</p>
<input checked="" type="radio"/>	<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:

The participant may voluntarily terminate participant direction at any time. Participants are advised to contact the case manager as soon as they decide to terminate service direction so there will be no break in needed services and the participant's health and safety is not compromised. The case manager will accommodate the participant by providing a list of qualified providers they can select from to maintain service delivery. Back-up plans are strongly encouraged for all participants using the consumer directed option, including identifying back-up agency provider(s) and trained family members.

- 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.

Circumstances when the State will involuntarily terminate the use of participant direction:

- (a) The participant's worker is unable or unwilling to provide the service and there are no additional workers desired or identified by the participant
- (b) The participant's preferred worker has been confirmed as a perpetrator of abuse (including financial) and/or neglect of the participant
- (c) The participant's preferred worker(s) do not or cannot provide appropriate services, endangering the participant's health, safety and welfare.
- (d) The participant or their representative require the provider to provide services that are not in the service plan and/or are beyond the provider's scope of practice.
- (e) There is no back-up provider(s) available.

For participants who utilize the consumer directed option, the case manager generally is the first line of quality assurance, providing regular ongoing monitoring. Back-up plans include use of additional consumer –directed personal assistants/attendants, home care agencies and family members to assure ongoing supports – it is preferable that more than one worker and/or agency provides services.

Involuntary termination is the last resort, after attempts by the case manager and/or the department to provide training for the participant/legal guardian or designated representative regarding the service requirement and the roles and responsibilities or when the participant/legal guardian or designated representative refuses to accept hire/fire and management training by the program.

In situations where the participant's health and welfare may be in jeopardy, the case manager may immediately effect the implementation of the back-up plan after discussion with the participant and/or designated representative; the case manager may take other appropriate action if necessary (including referral for protective services assistance). The case manager will assess the need and coordinate access to supports (e.g., other waiver services, other types of services, employer and/or employee training) during the transition.

When the situation endangers the health, safety or welfare of the participant and it is determined that the legal guardian or designated representative is not acting in the participant's best interest, the case manager will transition services from participant direction to agency directed services. The authorization of agency directed services will be coordinated by the case manager.

The case manager will assure health and welfare of the participant, arranging for agency provided services or natural supports as soon as the case manager is aware of the need. The case manager will issue a DHS1687 Notice of Action to the participant/legal guardian or designated representative to inform him/her of the decision to terminate participant directed services and his/her right to appeal. The service plan will be revised to address the changes.

- 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	10	
Year 2	10	
Year 3	10	
Year 4	10	
Year 5	10	

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:

<input type="checkbox"/>	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>
<input checked="" type="checkbox"/>	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 type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input 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:
	If desired by the participant, criminal history checks may be viewed at no cost using local registry sites.
<input checked="" type="checkbox"/>	Specify additional staff qualifications based on participant needs and preferences
<input 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 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 type="checkbox"/>	Reallocate funds among services included in the budget
<input type="checkbox"/>	Determine the amount paid for services within the State’s established limits
<input type="checkbox"/>	Substitute service providers
<input type="checkbox"/>	Schedule the provision of services
<input type="checkbox"/>	Specify additional service provider qualifications
<input type="checkbox"/>	Specify how services are provided,
<input type="checkbox"/>	Identify service providers and refer for provider enrollment
<input type="checkbox"/>	Authorize payment for demonstration goods and services
<input 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.

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.

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

<input type="radio"/>	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="radio"/>	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:

--