

Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

SELF-DIRECTED SUPPORTS

Support Coordinator Training



10/12/2016

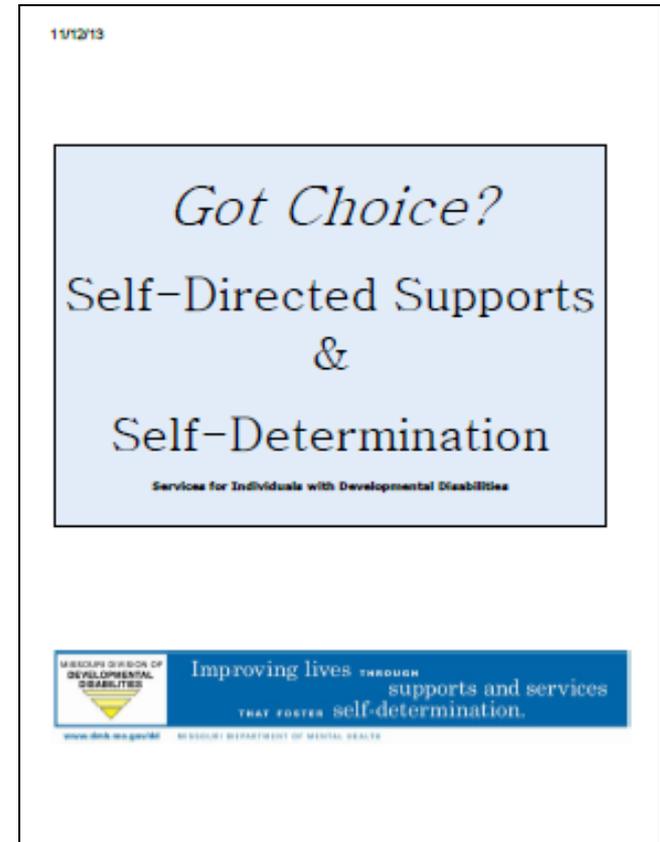
Training Objectives

- 👤 **Understanding self-directed supports and its relationship to self-determination**
- 👤 **Designing self-directed supports through the person-centered planning process**
- 👤 **Creating the individual budget allocation**
- 👤 **Working with the Fiscal Management Service (FMS)**
- 👤 **Creating quality and monitoring self-directed supports**

What is Self-Directed Supports?



- Self-directed supports (SDS) is an option for service delivery for individuals, who live in their own private residence or that of their family member, who wish to exercise more choice, control and authority over their waiver supports. SDS is firmly grounded in the principles of self-determination.



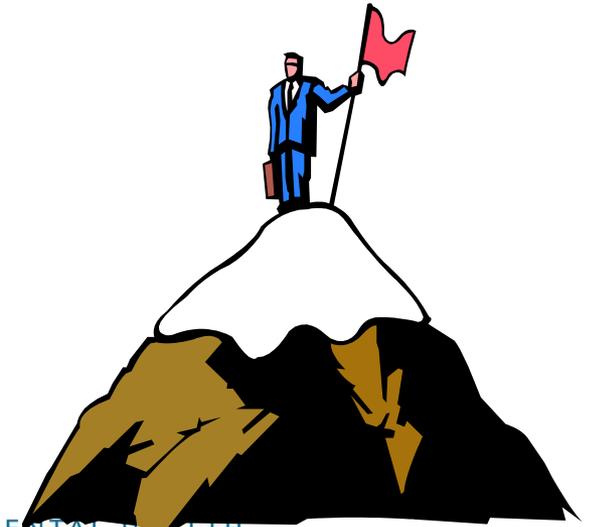
Self-Directed Supports



SDS is based on the premise that the individual and their representative knows best about their needs and how to address those needs.

The individual must be empowered to make decisions about the services they receive, including having choice and control over the type of supports they receive, who provides the supports and when and where the supports are delivered.

Although the terms self-determination and self-directed supports are often used interchangeably, they are two distinct concepts.





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What is Self- Determination at the individual level?

*Individuals are the primary
decision maker of their lives,
pursue what is important to
them and have a meaningful
role in the community.*



Division of DD defines Self-Determination

Individuals are the primary decision maker of their lives, pursue what is important to them and have a meaningful role in the community.



Freedom



Authority



Support



Responsibility



Confirmation

Shifting Power

From

- ❖ Professionals planning for individuals
- ❖ Reliance on paid professions who are only temporarily part of an individual's life
- ❖ A view that only a professional can be responsible
- ❖ Support Coordination as a means to let people into existing services

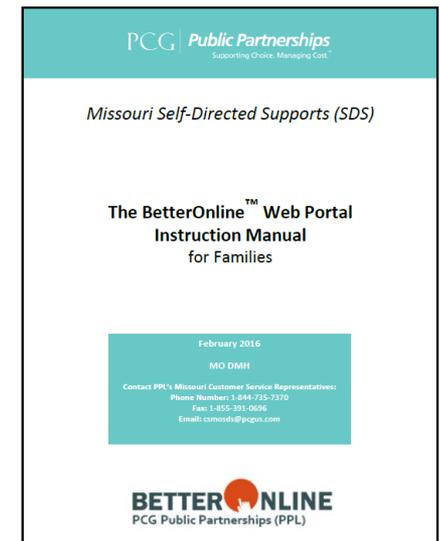
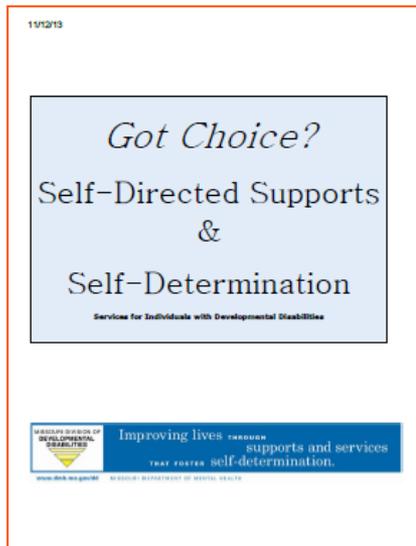
To

- ❖ Individuals and families planning for themselves
- ❖ Reliance on the lifelong commitment of individuals and families to manage their own lives
- ❖ Respect for the fact that individuals and families have a vested interest in acting responsibly on their own behalf
- ❖ Support Coordination & Support Brokerage as a means for individuals and families to create services in response to their needs and dreams

Self-Directed Supports



Individual/Designated Representative has both budget and employment authority and must follow both Medicaid and Department of Labor regulations.



The Employer of Record

The **Employer of Record** is the individual receiving services through a Medicaid program.

For individuals under the age of 18 the parent/guardian is the Employer of Record.

Appointment of a Designated Representative (DR)

The individual or guardian may select a designated representative (DR) in the event the individual is unable to direct and manage the day to day activities of their employees.

- The Designated Representative (DR) will be the **responsible party**
- Designated Representative is unpaid
- Acts on the individual's behalf and in their best interest
- Cannot be an employee for any services

		<i>Missouri Self-Directed Support:</i> DESIGNATED REPRESENTATIVE AUTHORIZATION	
<p>An individual receiving services through the Missouri Department of Mental Health, Division of Developmental Disabilities (DMH-DD) who is 18-years of age or older has the right to identify a Designated Representative for the purpose of self-directed supports. This is an OPTIONAL form. This form is only required if an additional person other than the Employer will be performing responsibilities on behalf of the Individual.</p>			
<p>A designated representative is responsible to:</p> <ol style="list-style-type: none"> 1. Ensure, as much as possible, that decisions made would be those of the individual in the absence of their disability; 2. Accommodate the individual, to the extent necessary, so that they can participate as fully as possible in all decisions that affect him; accommodations must include, but not be limited to, communication devices, interpreters, and physical assistance; 3. Give due consideration to all information including the recommendations of other interested and involved parties; and 4. Embody the guiding principles of Self-Determination. 			
<p>The following persons may serve as a designated representative, as available and willing: a) Spouse of the individual (unless a formal legal action for divorce is pending); b) Adult child of an individual; c) Parent of the individual; d) Adult brother or sister of the individual; e) Another adult relative of the individual; f) Other representative (must be an adult who can demonstrate a history of knowledge of the individual's preferences, values, needs, etc.).</p>			
INDIVIDUAL INFORMATION Individual Name: _____		Individual ID (if known): _____	
DESIGNATED REPRESENTATIVE INFORMATION			
Designated Representative First Name: _____		Designated Representative Last Name: _____	
Address: _____			
City: _____	State: _____	Zip: _____	
Phone #: _____	Email: _____		
Relationship to the Individual: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult child of the individual <input type="checkbox"/> Parent <input type="checkbox"/> Adult brother or sister <input type="checkbox"/> Adult relative of the individual <input type="checkbox"/> Other representative <i>write relationship:</i> _____			
SIGNATURES By signing below, I attest that I understand and agree to serve as the Individual's Designated Representative.			
INDIVIDUAL/GUARDIAN SIGNATURE: _____		DATE: _____	
DESIGNATED REPRESENTATIVE SIGNATURE: _____		DATE: _____	
DMH-DD: Designated Representative Authorization Page 1 of 1			

Who Can Be a Designated Representative



- 👤 **A spouse** (unless a formal legal action for divorce is pending)
- 👤 **An adult child of the individual**
- 👤 **A parent**
- 👤 **An adult brother or sister**
- 👤 **Another relative of the Individual**
- 👤 **Other Representative**-If the Individual wants a representative but is unable to identify one of the above, the individual, along with the support coordinator and planning team, may identify an appropriate representative. The 'Other Representative' must be an adult who can demonstrate a history of knowledge of the individual's preferences, values, needs, etc. The individual and his or her planning team is responsible to ensure that the selected representative is able to perform all the employer-related responsibilities and complies with requirements associated with representing one individual in directing services and supports.

Individual/DR Responsibilities



- 👤 Must direct and manage the worker's day to day activities, making sure the services are provided as written in the ISP and provide other duties of an employer.
- 👤 Must schedule/approve all hours worked prior to submitting the time to the Fiscal Management Service (FMS)
- 👤 Must complete monthly summaries on line, and maintain required documents in the individual's home.

Direct & Manage the Workers' Day to Day activities

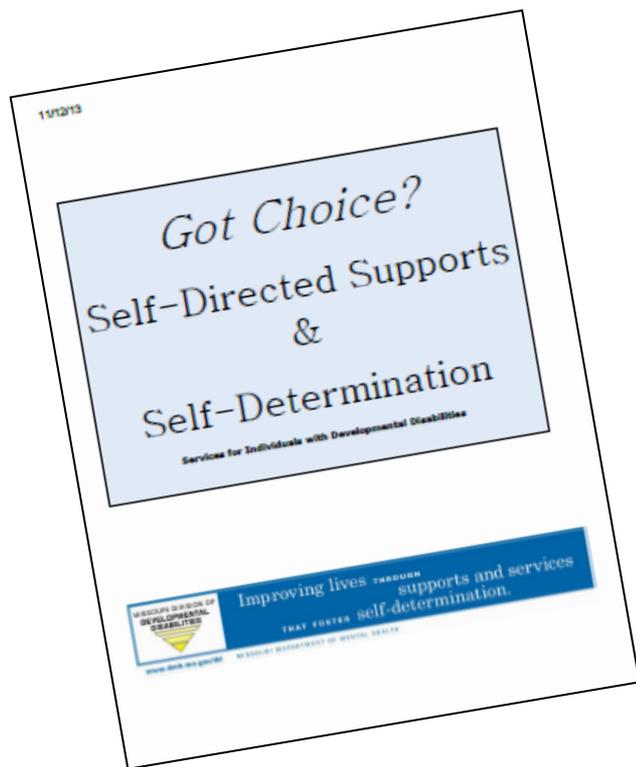


- 👤 Recruit, interview, hire, manage and decide whether Employees are doing a good job
- 👤 Make sure the Employee completes mandatory trainings.
- 👤 Train the Employee on the Individual's needs and preferences
- 👤 Schedule and supervise the Employee
- 👤 Review and approve weekly time sheets that are accurate and submit to the FMS
- 👤 Report any situations of potential Medicaid fraud including, but not limited to: Falsified or made-up hours, Task(s) completed that are not authorized, Forgery
- 👤 Dismiss Employees when needed.

Direct & Manage the Workers' Day to Day Activities



Got Choice Handbook



When self-directing your supports you and/or your designated representative are required to:

- Complete and submit for processing all required employer paperwork to establish the person serviced as an 'employer of record' and send to the FMS (PPL);
- Recruit your employees; interview your employees and review their references.
- Once selected, have each potential employee fill out an Employment packet found on <http://www.publicpartnerships.com/programs/missouri/GDS/program.asp> The packet is sent to FMS organization (PPL)
- Receive "Good to Go" notice from the FMS organization (PPL) that your employee candidate has passed the criminal background check before hiring him or her and allowing them to do any work for you;
- Hire your employees;
- Train your employees based on the ISP;
- Establish a work schedule for your employees. Employees working more than 40 hours per week cannot be billed to the Medicaid program. Time worked over 40 hours per week is the responsibility of the employer/Designated representative to pay and must be paid through the FMS (PPL) in order to ensure employer related taxes are withheld.
- Establish a list of tasks to be performed by your employees that is based on your ISP
- Manage your employees;
- Review your employees' performance and provide feedback either to acknowledge good performance and/or point out areas that may need improvement;
- Fire your employees when necessary and report to the FMS (PPL);
- Review, approve and submit your employees' on-line time sheets and service documentation to the FMS (PPL) organization; if you feel a time submitted does not correctly reflect the authorized hours worked, you must report any differences to the FMS organization (PPL); and work with your employees to correct any errors;
- Ensure that your employees complete all on-line Service Documentation.
- Complete the Mandatory Monthly Summary on the PPL website. This form describes the progress you have made towards achieving your ISP goals and objectives and provide an overall picture of how things are going for you.
- Make sure your employees have received and keep up with all required training and send to the FMS (PPL), who will help you track this. If trainings and certifications are not maintained, the employee will not be able to enter time, any hours worked during an expired certification are the responsibility of the employer/Designated representative to pay and must be paid through the FMS (PPL) in order to ensure employer related taxes are withheld.
- The FMS (PPL) will maintain for you a personnel file for each of your employees which contains their training records, contractual agreements, background screening and a copy of their high school diploma or GED certificate;
- Create and maintain an Emergency Back-up Plan (<http://dmh.mo.gov/dd/progs/selfdirect.html>).
- Inform the FMS (PPL) immediately when you have terminated an employee, make sure the employee has been fired in accordance with state department of labor fair firing practices. You must inform the FMS organization (PPL) of the reason for firing so it can be documented in the employee's file.

What is Support Brokerage?

- 👤 Provides the individual/designated representative with information & assistance (I&A) to secure the supports and services identified in the ISP
- 👤 The Support Broker does not do these tasks for the individual/designated representative, but provides information and assistance in order for the individuals/DR to fulfill their employer related SDS responsibilities. The goal for everyone in SDS is to move towards ‘Independence’ and for individuals and families to have the support they need in order to self-direct services.
- 👤 Some Individuals/DR may find that they do not need a Support Broker.

Support Brokerage Requirements



- 👤 A Support Broker may **not** be a parent, guardian or other family member.*
- 👤 They cannot serve as a personal assistant or perform any other waived service for the individual.

*Family member is defined as a parent, step-parent, sibling, child by blood, adoption or marriage, spouse, grandparent or grandchild.

SB Provides Information and Assistance (I&A)



- 👤 I &A to recruit, interview, hire and train employees
- 👤 I&A explore and access community resources
- 👤 I&A to establish work schedules
- 👤 I&A to help in establishing employee rate setting and manage the individual's budget using the SDS Pay rate calculator
- 👤 I&A to seek other supports or resources outlined by the individual's ISP
- 👤 I&A to communicate and problem-solve conflict resolution between employer/employee's.

SB Provides Information and Assistance (I&A) *continued*

- I&A to ensure that the emergency back-up plan is established and working
- I&A to promote independent advocacy, to assist in filing grievances and complaints as necessary.
- I&A to define goals, needs, and preferences, identify and access services, supports and resources as part of the persons centered planning process that is gathered by the support coordinator for the ISP

Support Brokerage Assessment For Planning



Improving lives supports and services self-determination.

SELF-DIRECTED SUPPORTS ASSESSMENT FOR SUPPORT BROKER ASSISTANCE

Individual Receiving Services: _____ Designated Representative (if applicable): _____

A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Service Plan (ISP). The Support Broker *does not* do these tasks for the individual/designated representative, but provides information and assistance in order for the individual/DR to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'Independence' and for individuals and families to have the support they need in order to self-direct services. This assessment will assist in determining what supports are needed in order for the individual/designated representative to be successful in self-directing supports.

Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports

	No Support needed	Details regarding the type of support needed:
Recruiting workers		
Hiring workers		
Managing workers		
Terminating workers		
Managing and approving timesheets		
Organization/ maintaining documents		
Problem solving		
Conflict resolution		
Filing grievances and complaints		
Establishing work schedules		
Understanding documentation requirements		
Assisting with monthly reviews		
Managing budget		
Seeking supports or resources		
Define goals, needs and preferences		
Development of Emergency Back-up Plan		
Employee training		
Understanding the Role of Employer, DR, SC, FMS and RO		

Goals/Outcomes and Objectives for Support Broker

Provide Practical Skills Training to Assist the Employer in Manage Services and Supports (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution, filing grievances and complaints):

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance with Establishing Work Schedules:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance in Managing Budget Authorization:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance in Seeking Supports or Resources:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance to define goals, needs and preferences:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

Provide Assistance in the development of an Emergency Back-up Plan:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

Assist Individual/ Designated Representative with employee training:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

Total Ongoing Support: _____ hour per month; Total Time Limited Support: _____ hours per year.
 Frequency of Need: Typical work schedule, not exceeding authorized hours

Support Coordinator: _____ Date: _____

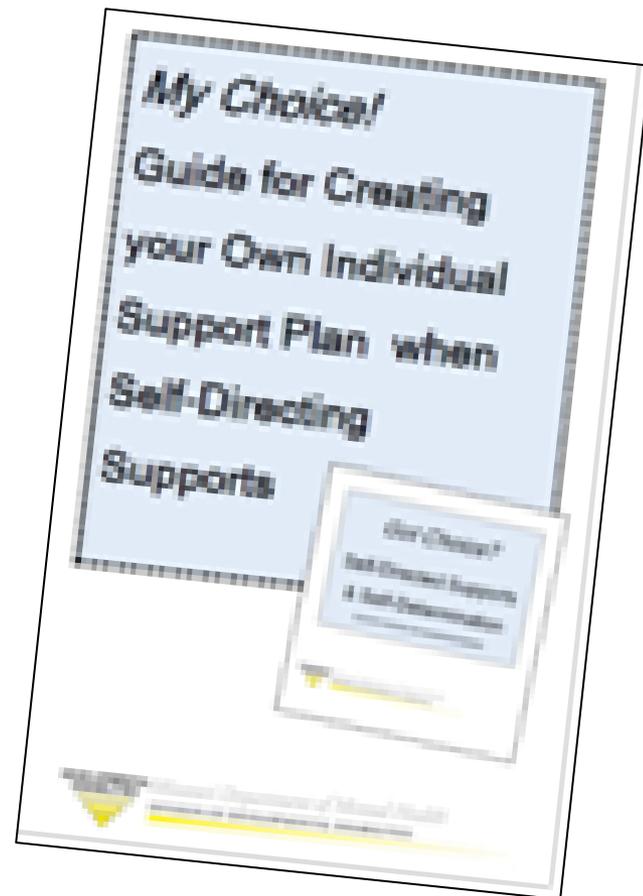
All new individuals must have in their ISP the supports that are needed in order to SDS services.

- The SB Assessment is the tool to ensure individual are getting the supports that they need.
- The tool is also used for individuals currently in SDS who need additional support.

Person-Centered Planning Process



- 👤 Provides the framework
- 👤 Determine goals and outcomes
- 👤 Identifies supports to meet needs



Medicaid Waiver, Provider and Services Choice Statement



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES
MEDICAID WAIVER, PROVIDER, AND SERVICES CHOICE STATEMENT

INDIVIDUAL NAME	DATE OF BIRTH
MEDICAID NUMBER	DMH ID NUMBER

Choice to Participate in a Division of Developmental Disabilities Waiver
As an alternative to placement in a long term care facility known as an Intermediate Care Facility for Mental Retardation (ICF/MR), you have been recommended for participation in the following Division of Developmental Disabilities Medicaid Home and Community-Based Waiver program:
 Comprehensive Waiver Community Support Waiver Sara Jian Lopez Waiver Autism Waiver
 Partnership for Hope Waiver

You may request services through this Medicaid Home and Community-Based Waiver, or you may request referral to an ICF/MR facility. Please indicate your choice of the following services:

I wish to participate in the Medicaid Home and Community Based Waiver program specified above. I understand that participation is conditional based on my eligibility for Medicaid and other criteria.

I wish to be referred to an ICF/MR facility.

I HAVE RECEIVED INFORMATION REGARDING THE OPTION TO SELF-DIRECT MY SERVICES' AS WELL AS INFORMATION FOR QUALIFIED AGENCY SUPPORTS (SEE ATTACHED FORM) AND SIGN THAT I REVIEWED THE LIST

Initials of Responsible Party _____ Date _____

CHOICE OF SERVICE, PROVIDER or SELF-DIRECTED SUPPORTS (SEE ATTACHED FORM)

Service Choice (List all Services)	Name of Provider or Self-Directed chosen from attached list

Additional Choices can be added to Supplemental Page

I CERTIFY THAT I HAVE CHOSEN THE ABOVE SERVICES AND PROGRAMS

Signature of Responsible Party _____ Date _____

I CERTIFY THAT I HAVE CHOSEN TO SELF-DIRECT MY SERVICES AND/OR HAVE CHOSEN THE ABOVE LISTED QUALIFIED WAIVER SERVICES PROVIDERS (IF APPLICABLE)

Signature of Responsible Party _____ Date _____ Not Applicable

DISTRIBUTION: Copy for the INDIVIDUAL/PARENT/GUARDIAN/DESIGNATED REPRESENTATIVE and copy for TCM Provider

Ensure the option of self-directing supports is given to all individuals/designated rep. who receive a funded service & assist in the enrollment process if chosen.

Please note that the choice is SDS not the FMS.

Individual Service Plan (ISP)

 <p>Improving lives THROUGH supports and services THAT FOSTER self-determination.</p> <p>www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH</p>	<p>SELF-DIRECTED SUPPORT SDSC Pre-UR Review Tool</p>
<p>DATE RECEIVED: _____ SUPPORT COORDINATOR: _____</p> <p>INDIVIDUAL RECEIVING SERVICES: _____ DMH ID #: _____</p>	
<p>The ISP identifies that:</p>	
<p>Identifies the Designated Representative (when appointed)</p>	
<p>list any support the individual/DR needs in order to self-direct services Supports or 'Personal Outcomes' discovered during review of the Support Brokers Assessment (Personal Outcomes must be identified for SB service.)</p>	
<p>The services being self-directed are listed and what supports are being provided by these services (Personal Assistance, Community Specialist, and Support Broker Assessment is used as the tool) The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports. (Personal Outcomes must be identified for SB and CS.)</p>	
<p>Justifies any training exemptions on the Personal Assistance training checklist</p> <ul style="list-style-type: none"> - CPR training- American Red Cross or American Heart Association (Cannot be exempt for Medical PA) - First Aid training- American Red Cross or American Heart Association (Cannot be exempt for Medical PA) - Medication Administration training (Cannot be exempt for Medical PA if providing medication administration) 	
<p>If receiving Medical Personal Assistance does the ISP list the "licensed medical professional" who will be providing the training, delegation and periodic supervision of care? (*Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335. RSMo)</p>	
<p>Identifies the back-up plan which includes provisions for: support in the care of scheduled employees not being able to provide the support; Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. *May refer to separate document(s) to attach to the plan.</p>	
<p>If the Individual is hiring a family member (PA is only service that may be provided by family member) the plan must reflect: (Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild)</p> <p>The individual is not opposed to the family member providing the service</p> <p>The paid family member is not the guardian.</p> <p>The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit</p> <p>The support team agrees that the family member providing the personal assistant service will best meet the individual's needs</p>	
<p>For New Individuals to SDS or with an increased authorization the SDS Budget Allocation Tool is complete and matches \$ amount on Authorization form. For those currently in SDS only total \$ amount (same as last year's authorization) on the authorization form is needed.</p>	
<p>If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. Does the individual currently, or at any time in the past received self-directed services through state plan and/or have an existing Employer Identification Number (EIN)? (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The Employer/DR must not supplement wages to the employee. Records maintained by the Fiscal Management Service will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities. If the employer uses an 2nd agent, the Fiscal Management Service is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year and W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)</p>	
<p>8/24/16</p>	

The ISP is used as the training document for employees and must provide enough detail in order for all employees to understand what is needed to provide supports.

SELF-DIRECTED SUPPORT SDSC Pre-UR Review Tool – help ensure that all required SDS elements are in ISP

Individual Service Plan (ISP)

- ❖ **Identifies the *Designated Representative* (when appointed)**
- ❖ **List any support the individual/DR needs in order to self-direct services** Supports or ‘Personal Outcomes’ discovered during review of the [Support Brokers Assessment](#) (*Personal Outcomes must be identified for SB service.*)
- ❖ **The services being self-directed are listed and what supports are being provided by these services** (Personal Assistance, Community Specialist, and Support Broker Assessment is used as the tool) (*Personal Outcomes must be identified for SB and CS.*)
- ❖ **Justifies any training exemptions on the Personal Assistance training checklist**
 - CPR training- American Red Cross or American Heart Association (*Cannot be exempt for Medical PA*)
 - First Aid training- American Red Cross or American Heart Association (*Cannot be exempt for Medical PA*)
 - Medication Administration training (*Cannot be exempt for Medical PA if providing medication administration*)

Individual Service Plan (ISP)

- ❖ **If receiving Medical Personal Assistance does the ISP list the “licensed medical professional*” who will be providing the training, delegation and periodic supervision of care? (*Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335. RSMo)**
- ❖ **Identifies the back-up plan which includes provisions for: support in the case of scheduled employees not being able to provide the support; Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. *May refer to separate document(s) to attach to the plan.**
- ❖ **If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. Does the individual currently, or at any time in the past received self-directed services through state plan and/or have an existing Employer Identification Number (EIN)?**

Individual Service Plan (ISP)

- ❖ **If the Individual is hiring a family member*** (*the paid family member cannot be the guardian or designated representative, or parent/step-parent of child under 18*) **the ISP must reflect:**
 - The individual is not opposed to the family member providing the service
 - The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit
 - The support team agrees that the family member providing the personal assistant service will best meet the individual's needs
 - *Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild

State Plan Personal Care Services



- 👤 *DD Waiver manual states:*
“If self-directing services the individual shall only be enrolled in either, as eligible, the state plan PCA self-directed or DD waiver self-directed services, but he or she cannot be enrolled in both at the same time.”

State Plan Personal Care Services



🕒 DSDS HCBS Manual page 3 (Dot Point #5 under “Restrictions”) States:

- Participants authorized for Personal Care Assistance, Self-Directed, administered through a DMH Home and Community Based Waiver shall **not** be authorized for CDS as outlined in this policy. To facilitate service coordination, DSDS shall access the DMH’s Consumer Information Management, Outcomes, and Reporting (CIMOR) system to verify enrollment in a DMH Waiver providing self-direction (see Policy 3.00, Appendix 4).

The PA Assessment can be used as a Tool for Planning



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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**

*Personal Assistance Service does not require a Personal Outcome to be identified.
PA may consist of only supports provided

	No Support needed	Details regarding the type of support needed	Personal Outcome area for Individual *
Bathing/Assisting in the Bathroom/Dressing			
Mobility			
Extension of therapies, care of adaptive equipment and exercise			
Meal Preparation/Assistance with meals			
Incidental Household cleaning and laundry			
Shopping			
Banking/Budgeting			
Using Public transportation			
Recreational/Leisure/Socialization			
Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community			

Times Support Needed: Typical times individual will need paid PA supports.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day	hrs	hrs	hrs	hrs	hrs	hrs	hrs

Additional hours of paid PA support needed per month: _____

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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**

Training Exemptions

The individual Designated Representative may exempt the following requirements if the exemption is due to:
 [A] Duties of the PA named above will not require skills to be attained from this training requirement.
 [B] The PA named above has adequate knowledge or experience.
To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.

	CHECK APPLICABLE EXEMPTION CODE(S)
*CPR Training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*First Aid training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*Medication Administration (Cannot be exempt for Enhanced Medical PA if providing medication administration)	[]A []B
*Behavior Intervention Crisis Management training <input type="checkbox"/> Mandt; <input type="checkbox"/> NCLCPI; <input type="checkbox"/> PCMA or SCM (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)	[]A []B
*Behavior Intervention- Positive Behavior Supports training <input type="checkbox"/> "Tools of Choice"; <input type="checkbox"/> Columbus PBS;	
<input type="checkbox"/> Other training approved by RO QE department or Division Chief Behavior Analyst * (Cannot be exempted for Enhanced Behavioral PA)	[]A []B

The PA Assessment with Training Exemptions can be used as a Tool for Planning

- 👤 to help the Individual/DR determine what tasks they would like for their employees to provide and what tasks are allowable
- 👤 to help the SC ensure that the ISP provides enough detail in order for all employees to understand what is needed to provide supports.
- 👤 to help determine the number of hours of services that are needed and the number of employees needed



Back-up Plan

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES
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SELF-DIRECTED SUPPORTS
Back-up Plan & Emergency Contacts

An emergency backup plan is required to handle situations when an employee, who is providing essential supports, is unavailable. **Employer/Designated Representative is not capable or available to manage employees and handling other emergencies.** A back up plan may include friends, family or other natural supports, trained and qualified employees, or agency providers whom you can call for assistance. If back-up services are to be purchased from an agency provider, the individual/designated representative must consider such costs in the budget. In addition, any employees who are paid to provide back-up services must not be scheduled for over 40 hours per week. The ISP must also address the backup plan. All members of your support team need to be educated about your back-up plan and have information accessible. This form may be used to ensure that essential information is available for your employees.

Please provide detailed steps to handle situations when an employee, who is essential for support, is not available:

In the case when of the Employer Designated Representative is not capable or available to manage employees, I would like to:

1) Appoint the following temporary representative*: Name: _____; Relationship: _____; Phone: _____
(This temporary representative has received training on the role of Designated Representative and has received information on use of FMS web portal)

2) Receive unpaid care from natural support from: Name: _____; Relationship: _____; Phone: _____

3) I have discussed with my Service Coordinator receiving agency based support and have developed the following plan:

* Support Coordinator must be contacted to evaluate if a new representative must be appointed.

Emergency Contacts (All emergency numbers must be accessible to your employees)		
Name of individual:	Name	Phone Number
Designated Representative		
Other Contact Relationship:		
Other Contact Relationship:		

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SELF-DIRECTED SUPPORTS
Back-up Plan & Emergency Contacts

Incident Response System & Event Management Tracking: DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. Individuals and unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety if any of the following occur: the employee should first ensure your health and safety and then should contact designated representative when applicable, and the support coordinator or the office on-call staff as soon as possible.

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200)
 - a. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
 - b. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.
2. Medical emergency, which means the sudden onset of a medical condition or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
 - a. All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
3. All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
4. Use of any unapproved restraints, restraint/line out used by employee to restrict an individual's freedom of movement, physical activity, or normal access while in DMG services. If any of the following restraint types or time out occurs as defined they must be reported as an EMT item.
 - a. *Chemical Restraint:* a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
 - b. *Manual Restraint:* any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
 - c. *Mechanical Restraint:* any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair, or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)
 - d. *Time Out:* removing the individual from one location and sequestering them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, for a specified behavior; blocking attempts of the individual to leave, or physical barriers such as doors or is doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
5. Any incident involving an individual that requires the involvement of law enforcement.
6. All events that result in disruption of services due to fire, theft or natural disaster, resulting in extensive property damage or loss.
7. The death, by any cause, of an individual.
8. Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
9. Incidents of falls The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.

Support Coordinator	Name	Phone Number

Identify the back-up plan when scheduled employees are not available to provide supports, Employer/DR is not capable or available to manage employees or other emergencies arise

SELF-DIRECTED SUPPORTS ISP REVIEW FOR UR



The SDSC will review all ISP's, Allocation Tools and Authorization Pages to ensure waiver requirements are met for new individuals in SDS

 <small>www.dmh.mo.gov/dd</small>	<p>Improving lives THROUGH supports and services THAT FOSTER self-determination.</p> <small>MISSOURI DEPARTMENT OF MENTAL HEALTH</small>	<p>SELF-DIRECTED SUPPORT SDSC Pre-UR Review Tool</p>
DATE RECEIVED: _____		SUPPORT COORDINATOR: _____
INDIVIDUAL RECEIVING SERVICES: _____		DMH ID #: _____
The ISP identifies that:		
Identifies the Designated Representative (when appointed)		
List any support the individual/DR needs in order to self-direct services Supports or 'Personal Outcomes' discovered during review of the Support Brokers Assessment (Personal Outcomes must be identified for SB service.)		
The services being self-directed are listed and what supports are being provided by these services (Personal Assistance, Community Specialist, and Support Broker Assessment is used as the tool) The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports. (Personal Outcomes must be identified for SB and CS.)		
Justifies any training exemptions on the Personal Assistance training checklist <ul style="list-style-type: none"> - CPR training- American Red Cross or American Heart Association (Cannot be exempt for Medical PA) - First Aid training- American Red Cross or American Heart Association (Cannot be exempt for Medical PA) - Medication Administration training (Cannot be exempt for Medical PA if providing medication administration) 		
If receiving Medical Personal Assistance does the ISP list the "licensed medical professional*" who will be providing the training, delegation and periodic supervision of care? (*Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335, RSMo)		
Identifies the back-up plan which includes provisions for: support in the case of scheduled employees not being able to provide the support; Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. *May refer to separate document(s) to attach to the plan.		
If the Individual is hiring a family member* (the paid family member cannot be the guardian or designated representative, or parent/step-parent of child under 18) the ISP must reflect: <p>The individual is not opposed to the family member providing the service</p> <p>The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit</p> <p>The support team agrees that the family member providing the personal assistant service will best meet the individual's needs</p> <small>*Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild</small>		
For New Individuals to SDS or with an increased authorization the SDS Budget Allocation Tool is complete and matches \$ amount on Authorization form. For those currently in SDS only total \$ amount (same as last year's authorization) on the authorization form is needed.		
If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. Does the individual currently, or at any time in the past received self-directed services through state plan and/or have an existing Employer Identification Number (EIN)? (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The Employer/DR must not supplement wages to the employee. Records maintained by the Fiscal Management Service will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities. If the employer uses an 2nd agent, the Fiscal Management Service is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)		

Which Services can be Self-Directed?

Personal
Assistant
(PA)

Community
Specialist

Medical PA

PA & Medical
PA: Team
Collaboration

Personal Assistant Assessment



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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**

*Personal Assistance Service does not require a Personal Outcome to be identified, they may consist of only supports provided

	No Support needed	Details regarding the type of support needed	Personal Outcome area for Individual *
Bathing/Assisting in the Bathroom/Dressing			
Mobility			
Extension of therapies, care of adaptive equipment and exercise			
Meal Preparation/Assistance with meals			
Incidental Household cleaning and laundry			
Shopping			
Banking/Budgeting			
Using Public transportation			
Recreational/Leisure/Socialization			
Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community			

Times Support Needed: Typical times individual will need paid PA supports.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day	hrs	hrs	hrs	hrs	hrs	hrs	hrs

Additional hours of paid PA support needed per month: _____

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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**

Training Exemptions

The individual/Designated Representative may exempt the following requirements if the exemption is due to:
 [A] Duties of the PA named above will not require skills to be attained from this training requirement.
 [B] The PA named above has adequate knowledge or experience.
 To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.

	CHECK APPLICABLE EXEMPTION CODE(S)
*CPR Training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*First Aid training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*Medication Administration (Cannot be exempt for Enhanced Medical PA if providing medication administration)	[]A []B
*Behavior Intervention Crisis Management training <input type="checkbox"/> Mandt; <input type="checkbox"/> NCI/CPI; <input type="checkbox"/> PCMA or SCM (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)	[]A []B
*Behavior Intervention- Positive Behavior Supports training <input type="checkbox"/> "Tools of Choice"; <input type="checkbox"/> Columbus PBS; <input type="checkbox"/> Other training approved by RO QE department or Division Chief Behavior Analyst * (Cannot be exempted for Enhanced Behavioral PA)	[]A []B

A tool for ensuring that the ISP is meeting waiver requirements and helps to determine goals and outcomes.

Personal Assistant (PA)



- 👤 Assists the individual with daily activities at home or in their community
- 👤 May directly perform these activities or support the individual in learning how to perform them
- 👤 Assists the individual in achieving the goals and supports outlined in their ISP (a formal goal is not required).
- 👤 Can be provided up to 24 hours per day, as identified in the individual's ISP (if not eligible for State Plan Personal Care).

Personal Assistant (PA)



- 👤 Assists the individual with daily activities at home or in their community
- 👤 May directly perform these activities or support the individual in learning how to perform them
- 👤 Assists the individual in achieving the goals and supports outlined in their ISP (a formal goal is not required).
- 👤 Can be provided up to 24 hours per day, as identified in the individual's ISP (if not eligible for State Plan Personal Care).

Personal Assistance Team Collaboration



- 👤 For self-directed supports Team Collaboration allows the individual's employees to participate in the ISP and to meet as a team to ensure consistency in its implementation. A team meeting also can be convened by the individual or their designated representative for the purposes of discussing specific needs of the individual, the individualized progress towards outcomes, and other related concerns.
- 👤 Team collaboration can be included in the individual budget up to 120 hours per plan year.

- 👤 Under special circumstances the individual may need enhanced Medical PA services
- 👤 Each have training requirements which cannot be waived
- 👤 This level of support must be thoroughly outlined and justified in the individual's ISP, as per the Waiver Manual
- 👤 Under these conditions the individual will typically need a SDS Community Specialist or other agency based waiver service to provide oversight for the PA.

Evaluating the need for Specialized Medical PA



- 👤 The interdisciplinary team has identified that the individual's level of care requires either the:
 - 👤 Direct delivery of care by a licensed medical professional* or,
 - 👤 Training, delegation and periodic supervision of care by a licensed medical professional*.

Community Specialist Assessment



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**COMMUNITY SPECIALIST
ASSESSMENT**

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

Individual Receiving Services: _____ Designated Representative (if applicable): _____

A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.

	No Support needed	Details regarding the type of support needed:
professional observation and assessment		
individualized program design and implementation		
consultation with caregivers		
Provide support advocating for the individual		
assisting the individual in locating and accessing services and supports		
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction		
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills		
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills		

A tool for ensuring that the ISP is meeting waiver requirements and helps to determine goals and outcomes.

Improving lives through supports and services
THAT FOSTER self-determination.

**COMMUNITY SPECIALIST
ASSESSMENT**

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

Individual Receiving Services: _____ Designated Representative (if applicable): _____

Goals/Outcome and Objectives:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried):
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Desired Outcome:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried):
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Desired Outcome:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried):
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Training requirement maintained by the agency

The Community Specialist must meet one of the following education and experience requirements:

- Bachelor's degree from an accredited university plus one year experience
- Registered Nurse (with an active license in good standing issued by the Missouri State Board of Nursing)
- Associate's degree from an accredited university or college plus three years of experience.

Proof of degree/experience must be maintained by the employer in the employee's personnel file.

Field of Expertise: _____

Training/Licensee/Certification which qualifies the Community Specialist as an Expert: _____

Community Specialist

- 👤 Used when specialized supports are needed to assist the individual in **achieving outcomes** as specified in the Individual Service Plan. Such as nurse delegation or contributing to the development of a positive behavior support plan.
- 👤 May not duplicate Support Broker or other waiver service.
- 👤 Can be authorized up to 24 hours a day in special circumstances



Who Can be an SDS Employee?



Anyone over age 18 with a High School diploma or GED (4 year degree or 2 year + experience required for Community Specialist) who the individual or their designated representative chooses to hire, with the following **exceptions**:

SDS Employees Cannot Be:

- 🏠 An individual's spouse
- 🏠 An individual's parents, step parents if they are a minor
- 🏠 An individual's legal guardian
- 🏠 The individual's Designated Representative
- 🏠 Anyone with a felony or charge which is disqualifying
- 🏠 Anyone under the age of 18.

Family as Caregiver

Personal assistant services may be provided to a person by a member(s) of his or her family when the ISP reflects:

- 🕒 The individual is not opposed to the family member providing services;
- 🕒 The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in the family unit;
- 🕒 The planning team determines the paid family member providing the service best meets the individual's needs

PA is the only service that allows for family to be paid as a caregiver

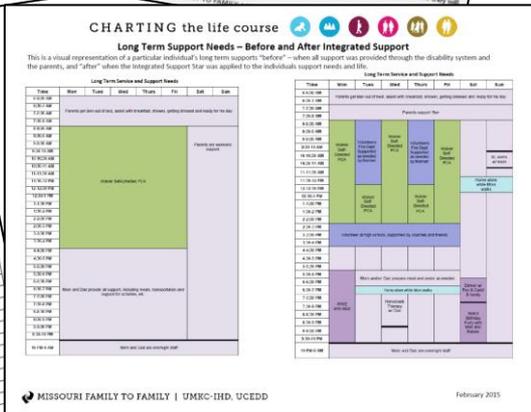
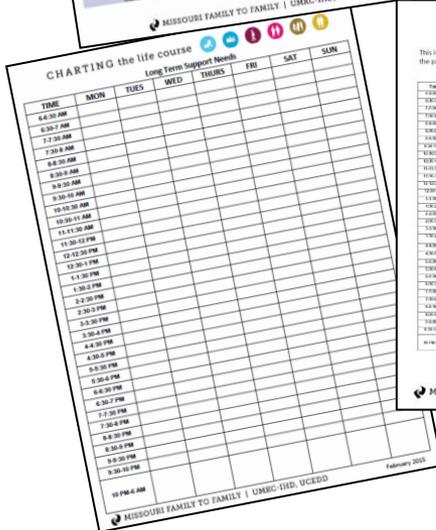
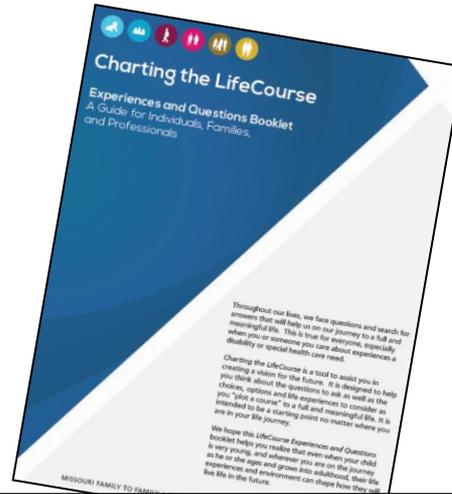
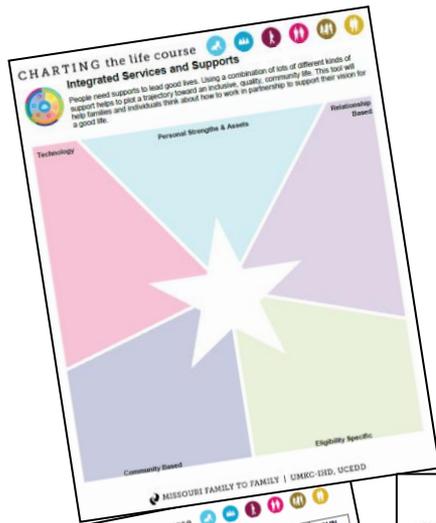
Individualized Budgets

- 👤 Budget Authority allows the individual/DR flexibility over managing a yearly individual budget allocation. They set the rates of their employees, can utilize more services in one month and less in another or request to change from one approved waiver service to another as long as they stay within the authorized budget allocation.

Individualized Budgets

- Once the pattern and intensity of support needs are identified and “Personal Outcomes” have been established, the process of determining how these needs will be met and outcomes achieved begins. The support coordinator works with the individual/designated representative to create budget scenarios using the different funding sources which are available, including the individual’s own resources, as well as paid and non-paid supports.

Steps in Creating the Individual Budget Allocation



LifeCourse tools for individuals, families, and professionals. Are helpful in having conversations with individuals and families about a vision for a good life and how to achieve it.

www.lifecoursetools.com/planning/

Individual Budget Allocation



👤 The support coordinator and the individual/DR will work together to develop an Individual Budget Allocation.

Steps in Creating the Individual Budget Allocation



- 👤 Establish the “Personal Outcomes” of the individual.
- 👤 Determine which supports are critical to achieving goals, maintaining health and safety, and which supports are merely preferred.
- 👤 Determine how these supports can be achieved through relationship based supports, technology, community resources and lastly through eligibility based supports.
- 👤 If eligibility based supports are needed, State Plan Medicaid services must be accessed before HCBS waiver services can be used.
- 👤 Determine which waiver services best meet the individual’s needs. Remember that self-directed supports can be combined with other agency supports as long as there is not duplication in services.

Steps in creating the Individual Budget Allocation



- Determine the pattern and intensity of the support needs to meet these “Desired Outcomes”. The “Personal Assistance Assessment with Training Exemptions” and/or “Community Specialist Assessment” are tools used for planning and help to determine the total number of hours needed for the span date of the ISP.

Improving lives through supports and services that foster self-determination. **SELF-DIRECTED SUPPORTS ASSESSMENT FOR PERSONAL ASSISTANT AND TRAINING EXEMPTIONS**

*Personal Assistance Service does not require a Personal Outcome to be identified. PA may consist of only supports provided.

No Support needed	Details regarding the type of support needed	Personal Outcome area for Individual*
	Bathing/Assisting in the Bathroom/Dressing	
	Mobility	
	Extension of therapies, care of adaptive equipment and exercise	
	Meal	
	Preparation/Assistance with meals	
	Incidental Household cleaning and laundry	
	Shopping	
	Banking/Budgeting	
	Using Public transportation	
	Recreational/leisure/Socialization	
	Other Activities to achieve increase Independence, Productivity or Inclusion in the Community	

Training Exemptions

For exemption, Designated Representative must certify the following requirements of the exemption in line to:

(A) Duties of the PA listed above will not require skills to be trained from this training requirement.
 (B) The PA listed above has adequate knowledge or experience.
 To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and supports in place must be documented in the ISP.

Exemption	Justification	Check appropriate exemption
First Aid training (cannot be exempt for Enhanced Medical PA)		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Medication Administration (cannot be exempt for Enhanced Medical PA if providing medication administration)		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Behavior Intervention Crisis Management training * (Mand. - NCI/CPI, or PCMA or SCMA (cannot be exempt for Enhanced Behavioral PA if physical intervention is needed).		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Behavior Intervention-Positive Behavior Supports training □ Tools of Choice, □ Columbus PBS; □ Older training approved by RO/CE Department or Division Chief Behavior Analyst * (cannot be exempt for Enhanced Behavioral PA).		<input type="checkbox"/> (A) <input type="checkbox"/> (B)

Times Support Needed: Typical times individual will need paid PA supports.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day	hrs	hrs	hrs	hrs	hrs	hrs	hrs

Additional hours of paid PA support needed per month: _____

Improving lives through supports and services that foster self-determination. **SELF-DIRECTED SUPPORTS ASSESSMENT FOR PERSONAL ASSISTANT AND TRAINING EXEMPTIONS**

Training Exemptions

For exemption, Designated Representative must certify the following requirements of the exemption in line to:

(A) Duties of the PA listed above will not require skills to be trained from this training requirement.
 (B) The PA listed above has adequate knowledge or experience.
 To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and supports in place must be documented in the ISP.

Exemption	Justification	Check appropriate exemption
First Aid training (cannot be exempt for Enhanced Medical PA)		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Medication Administration (cannot be exempt for Enhanced Medical PA if providing medication administration)		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Behavior Intervention Crisis Management training * (Mand. - NCI/CPI, or PCMA or SCMA (cannot be exempt for Enhanced Behavioral PA if physical intervention is needed).		<input type="checkbox"/> (A) <input type="checkbox"/> (B)
Behavior Intervention-Positive Behavior Supports training □ Tools of Choice, □ Columbus PBS; □ Older training approved by RO/CE Department or Division Chief Behavior Analyst * (cannot be exempt for Enhanced Behavioral PA).		<input type="checkbox"/> (A) <input type="checkbox"/> (B)

Improving lives through supports and services that foster self-determination. **COMMUNITY SPECIALIST ASSESSMENT**

Individual Receiving Services: _____ Designated Representative (if applicable): _____

A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.

No Support needed	Details regarding the type of support needed:
professionals observation and assessment	
Individualized program design and implementation consultation with caregivers	
Provide support advocating for the individual	
assisting the individual in locating and accessing services and supports	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills.	

Improving lives through supports and services that foster self-determination. **COMMUNITY SPECIALIST ASSESSMENT**

Individual Receiving Services: _____ Designated Representative (if applicable): _____

Goals/Outcome and Objectives:
 Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports) tried:
 Field of Expertise needed:
Training License Certification which qualifies the Community Specialist as an Expert:
 Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:
 time limited support _____ hours per year; Ongoing support _____ hour per month.

Desired Outcome:
 Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports) tried:
 Field of Expertise needed:
Training License Certification which qualifies the Community Specialist as an Expert:
 Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:
 time limited support _____ hours per year; Ongoing support _____ hour per month.

Desired Outcome:
 Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports) tried:
 Field of Expertise needed:
Training License Certification which qualifies the Community Specialist as an Expert:
 Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills:
 time limited support _____ hours per year; Ongoing support _____ hour per month.

Training requirements assessed by the agency:

The Community Specialist must have the following education and experience requirements:

Bachelor's degree from an accredited university plus one year experience
 Bachelor's degree with an active license in good standing, issued by the Missouri State Board of Nursing
 Associate's degree from an accredited university or college plus three years of experience.
 Proof of degree/experience must be maintained by the employee in the employee's personnel file.

Field of Expertise:
 Training License Certification which qualifies the Community Specialist as an Expert

Steps in Creating the Individual Budget Allocation



Improving lives THROUGH supports and services THAT FOSTER self-determination.

SELF-DIRECTED SUPPORTS
INDIVIDUAL ALLOCATION
TOOL

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

SUPPORT COORDINATOR: _____ DATE: _____

INDIVIDUAL RECEIVING SERVICES: _____ DMH ID #: _____

***TYPICAL EMPLOYEE WORK SCHEDULE:**

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs

*Typical employee work schedule is for purposes of assessing needs only. Individuals and Designated Representatives have the freedom to change the schedule.

Total Hours per week (?) x 52 weeks =	Hrs
Are there additional hours that are needed per month? If so that number (?) x 12 months =	Hrs
# of Hours of support needed per year	Hrs

INDIVIDUAL BUDGET ALLOCATION
The total number of hours needed are multiplied by the statewide individual hourly allocation rate in order to determine the total Self-Directed Individual Budget Allocation.

	# of Hours of support needed per year	Individual Budget Allocation Rate	Budget Allocation
Personal Assistance		X 14.76	=
Medical /Behavioral Personal Assistance		X 19.52	=
Community Specialist		X 25.41	=
Total Budget Allocation			

Employee rate setting using the budget calculator will not be determined until after the Budget Allocation has been approved by UR. Individuals/DRs will be trained on using the budget calculator by the FMS. The Support Broker will assist individuals on employee rate setting.

9/28/15

- 🕒 This information gathered is put into the “Self-Directed Individual Allocation Tool”.
- 🕒 This tool is attached to the ISP for approval by UR .
- 🕒 The total number of hours needed are multiplied by the self-directed statewide individual hourly allocation rate in order to determine the total **Self-Directed Individualized Budget Allocation**.

Employee Pay Rate Setting

Once the **Self-Directed Individualized Budget Allocation** has been approved by UR the individual/DR determines the rate that they will pay their employees.

SDS Pay Rate Calculator

New
 Update

1. Enter Consumer Name
2. Enter DMH ID
3. Enter SUTA Rate (3.51% default) 3.51%
4. Enter Authorization Start Date
5. Enter Authorization End Date
Authorization Period (Weeks): 0.00

Instructions: First complete items 1 - 5 above. Then complete items 6 - 8 by choosing from the drop-down or entering appropriate hours or pay rate for each service/individual employee. Each column will warn you if the hourly cost exceeds the allowable maximum. Final costs will display for each service/employee and for the total of all services/employees combined for the authorization period.

6. Select Service From Drop Down					
7. Enter Projected Hours for the Authorization Period					
8. Enter Hourly Pay Rate					
Orderly (Over) Medicaid Maximum		\$	-	\$	-
Number of Units (15 min. - for reference only)					
Hourly Pay Rate (from above)		\$	-	\$	-
Required Taxes and Benefit Costs					
Social Security	6.20%	\$	-	\$	-
Medicare	1.45%	\$	-	\$	-
State Unemployment	3.51%	\$	-	\$	-
Federal Unemployment	0.60%	\$	-	\$	-
Worker's Compensation	2.877%	\$	-	\$	-
Total Hourly Tax and Benefit Cost	14.637%	\$	-	\$	-
Total Hourly Loaded Wage		\$	-	\$	-
Total Billable Service Cost		\$	-	\$	-
Total Budget for Employee Services:				\$0.00	

Actual costs may vary slightly based on variables such as turnover of employees, the number of hours employees work & the tax exempt status of family members who are employees. The actual cost will be detailed in the Spending Reports through the MO Consumer Direct web portal.

If this is a new service you will soon be contacted by MO Consumer Direct to assist with enrollment into Self-Directed Supports. For information you may visit their website at www.moconsumerdirect.com or call them toll free at 1-877-532-8565.

Comments:

Revised: 02/10/2015

- 👉 The “SDS Pay Rate Calculator” is the tool used for employee rate setting.
- 👉 *The PPL will provide basic information on using the “SDS Pay Rate Calculator” during enrollment.*
- 👉 *If the individual/DR needs additional assistance in employee rate setting, it is the role of a **Support Broker** to provide information and assistance.*

“SDS Pay Rate Calculator” is on the FMS website

Employee Pay Rate Setting



- 👤 All new individuals enrolled in SDS will have a default initial maximum employee wage. Which is sent to the FMS on the Referral Form.
- 👤 This default maximum wage is based on the allocation rate minus employer related taxes and workers comp.
- 👤 This default rate ensures that the individual will stay within their budget allocation if all the employees are paid at the same rate and the number of hours of service stay the same.

Employee Pay Rate Setting



- 👤 However the Individual/DR are allowed to set any rate that stays within the Medicaid Maximum and minimum wage.
- 👤 If the Individual/DR would like to have employees at a wage higher than the default employee wage An “SDS Pay Rate Calculator” must be sent to the Support Coordinator and the SDSC in order to demonstrate how their needs will continue to be met and stay within their budget allocation.
- 👤 The SDSC will then inform the FMS of the new maximum wage using the Referral/Update Form.

- 🕒 The Centers for Medicare and Medicaid Services (CMS) defines Financial Management Services as: *A service/function that assists the family or participant to: (a) manage and direct the distribution of funds contained in the participant-directed budget; (b) facilitate the employment of staff by the family or participant by performing as the participant's agent such employer responsibilities as processing payroll, withholding and filing federal, state, and local taxes, and making tax payments to appropriate tax authorities; and (c) performing fiscal accounting and making expenditure reports to the participant and/or family and state authorities.*

Vendor Fiscal/Employer Agent FMS



**Setting up
payroll records
for workers
hired**

**Ensuring
federal, state
and local tax
withholding
and payments
are made; file
required
federal and
state employer
reports on
time**



**Worker's
Comp**



**Human
Resources
Functions
Background
checks
Tracking
employee
qualification/
trainings
Maintaining
Service
Documentation
starting 2/7/16**



**Provide
individual with
monthly
budget
information
regarding
payments that
have been
issued from
the approved
budget along
with a current
balance**

Missouri's FMS



- 👤 Public Partnership (PPL) ; their web address is <http://www.publicpartnerships.com/programs/missouri/SDS/index.asp>
- 👤 PPL's phone number is **1-844-735-7370**
- 👤 PPL's customer service email is csmosds@pcgus.com



PCG PUBLIC PARTNERSHIPS SERVICES PROGRAMS ABOUT

Home / Programs by State / Missouri / Missouri Self-Directed Supports (SDS) Program

Missouri Self-Directed Supports (SDS) Program

Overview **Program Documents**

Who We Serve

- ✓ Adults with developmental disabilities
- ✓ Children with developmental disabilities

Services

- ✓ Payroll
- ✓ Employment tax requirements
- ✓ Monthly budget management
- ✓ Enrollment support
- ✓ Customer service
- ✓ Service reports

Public Partnerships is pleased to provide financial management services for the Individuals and Employees who are a part of the Missouri Department of Mental Health's Self-Directed Supports Program.

Individuals/Designated Representatives enrolled in the Self-Directed Supports Program can:

- ✓ Recruit and hire an Employee to provide their supports
- ✓ Determine which supports they want and how they want them delivered
- ✓ Review and approve their Employee's timesheets, including service documentation
- ✓ Manage an allocated budget to pay their Employee

Public Partnerships helps Individuals and Employees by:

- ✓ Helping Individuals manage their allocated budget to pay their Employee
- ✓ Filing required paperwork, so the Individual can be an Employer
- ✓ Processing payroll and timesheets for Employees
- ✓ Filing Employer related tax information
- ✓ Reminding Individuals and Employees to complete on-going training and certification requirements
- ✓ Performing background checks to help make sure Employees are qualified to provide supports
- ✓ Enrolling them in the SDS program with PPL as their FMS. Don't worry – we make enrollment easy by pre-populating enrollment packets with some of your information.

BetterOnline™ Web Portal Login

BetterOnline provides account-specific information, enrollment paperwork, timesheets, and real-time financial and service utilization reports to make sure you can be in control of your information 24/7

Login

Contact Your Customer Service Team

CSMOSDS@pcgus.com
1-844-735-7370

News & Announcements

Public Partnerships' BetterOnline™ web portal
Tue, 08 Mar 2016
Don't forget – you can sign-up and create your account and

<http://www.publicpartnerships.com/programs/missouri/SDS/index.asp>

Getting Started...

- 👤 The individual may utilize the SDS option if they receive funding through Medicaid Waiver or POS, pending **Utilization Review and Administrative** approval

Enrollment Process



1. The individual/family is provided information about self-directed supports using the SDS (Got Choice?) Handbook.
2. The SC can notify the SDSC that they are working with a family on the SDS option. The SDSC is available to support and assist the SC in speaking with the Individual/family.
3. If the SC makes the SDSC aware when the authorization is being submitted to the Regional Office they can help expedite the process. The SDSC reviews the packet prior to it going to UR.
4. SDSC ensure the PPL referral form is completed correctly. Referral will be held pending UR approval.
5. After UR has approved authorization. The SC will send the approved Individual Budget Allocation with ISP to Individual/Designated Representative.

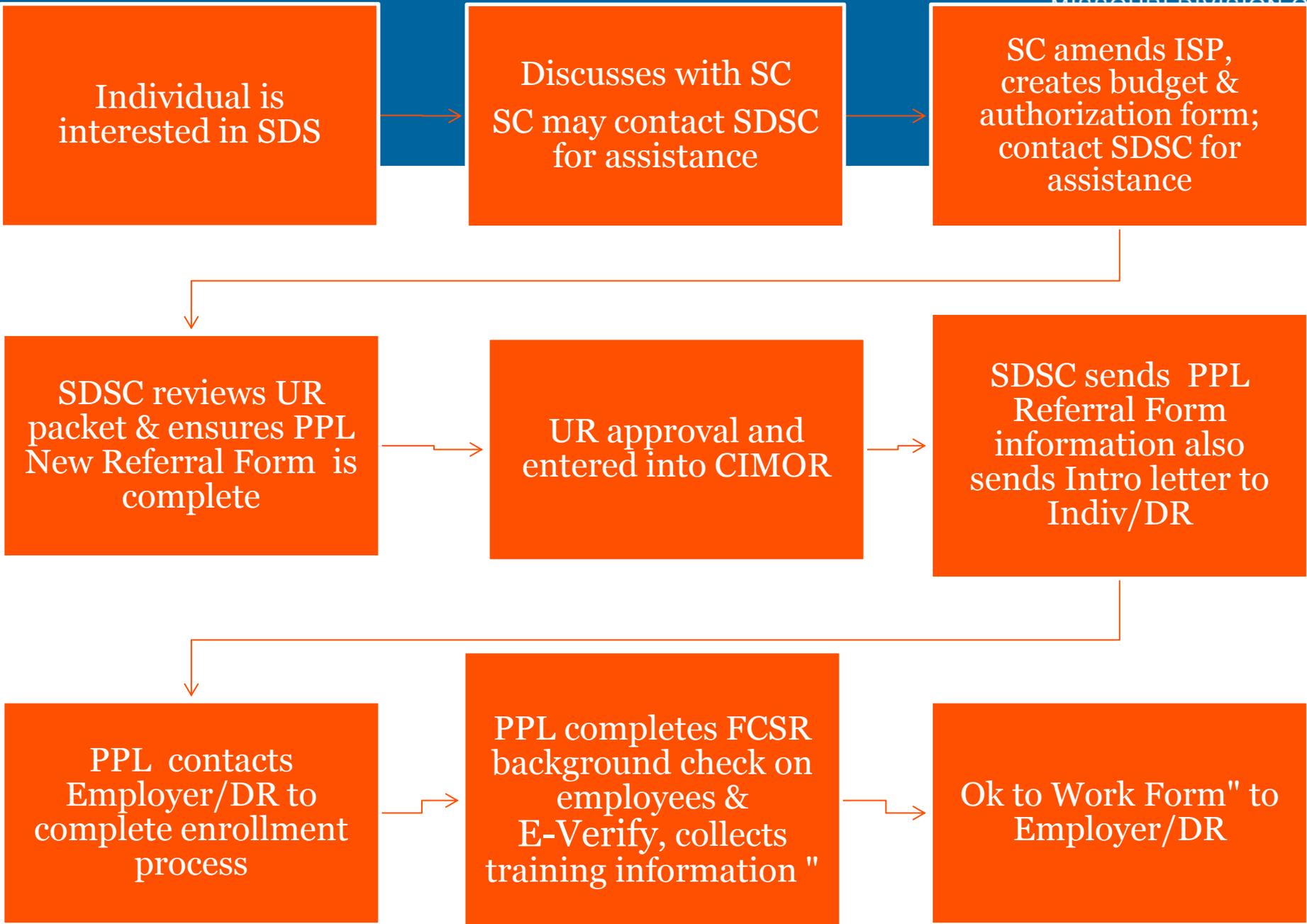
Enrollment Process



6. Once the approved authorization and other required information is in CIMOR. The SDSC will send the referral to PPL and Letter to Individual/DR.
7. PPL will contact the individual/DR to assist with the enrollment process. They will individualize the enrollment process based on the need.
8. PPL will provide basic information on using the SDS Pay Rate Calculator to employee(s) pay rates and to monitor budget.
9. PPL will process paperwork for the individual to become an employer and initiate a background check for chosen employees and gathers training requirement info.

Enrollment Process

- 10. No person/applicant/prospective employee is to begin working until PPL notifies the individual that their prospective employee is “good to go”.**
11. If the prospective employee has any ‘hits’ or flags on their background check the employer will be notified and PPL will work with them to determine if the potential employee can be cleared to work or not.
12. The SC follows up with individual/designated representative within 30 days of authorization to ensure that all services are being delivered as authorized in ISP. The SDSC is available to assist.
13. The SDSC does an initial review within 90 day to ensure that the individual/DR are following the program rules.



Service Documentation Maintained



- 🕒 Beginning February 7, 2016 Service Documentation is maintained by the FMS.

** Please note that if the individual/DR were self-directing supports prior to February of 2016, they must maintain the following:*

- 🕒 *Mandatory Self-directed Supports Documentation (archives must go back six years). Time recorded on this document must be consistent with what is submitted on the FMS (Consumer Direct) timesheets (**archives must go back six years**).;*
- 🕒 *Mandatory Monthly summary – report documenting progress for all SDS services and budget tracking (**archives must go back six years**).*

Service Documentation Maintained



- 👤 Service Documentation describes various covered activities or services in which the individual participated, progress towards goals, and unusual events
 - 👤 Must be sufficient so that it is understandable, explains what was provided, and can be verified with reasonable certainty that the services were provided
 - 👤 Service documentation must be maintained by the employer for a period of 6 years (prior to 02/07/16)
 - 👤 The employee is responsible for writing the documentation on the date they provide the service.

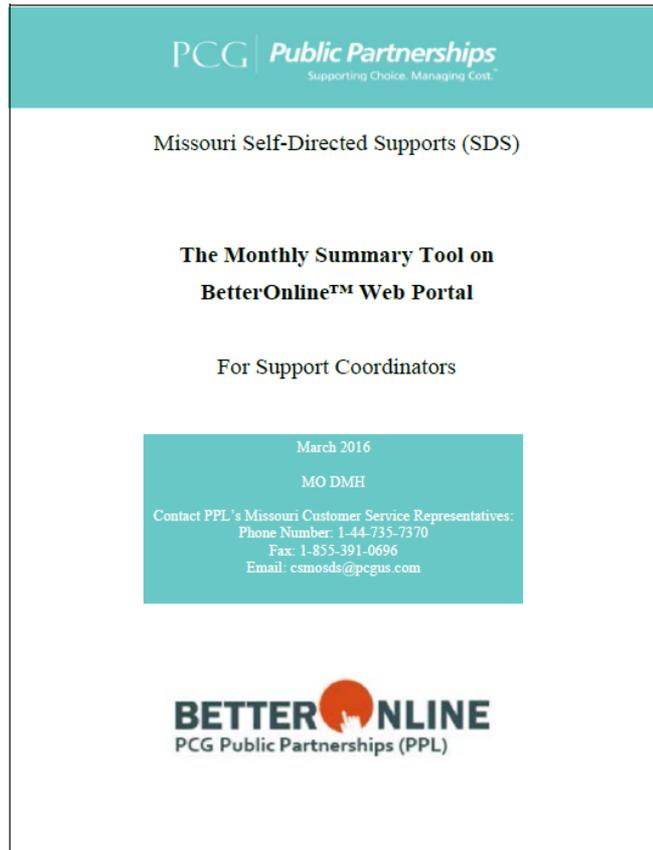
PPL Web Portal Documentation Maintained



Timesheet for QA TEST
 Employee ID: PMOD002956
 Individual ID: 1
 Individual Phone No:
 Timesheet ID : TS0002921
 Status: SUBMITTED

Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
02/07/2016 Sunday	2 hours	Personal Assistant	T1019-U2	11:30 AM	1:30 PM	2 hours	Notes Attached [I assisted John with cooking his lunch upon arrival at his home at 11:30 am. With verbal prompts, John boiled water for spaghetti and warmed left-over meat sauce. John also toad 1 piece of toast in the toaster oven and peeled an orange. John stated his lunch was very good and he ate 1 cereal size bowl of pasta, the orange, and the toast. He also drank 2 glasses of iced tea. I then assisted John with clean up by wiping the table and counters while he washed the dishes. John then wanted to work on his emergency training. John stated he would call his aunt in case of an emergency but could not state another option. I suggested he call 911 and he agreed. John was talkative and smiled a lot today. He also stated he felt good but was a little tired and planned on taking a nap after I left. We then changed the sheets on his bed and placed the dirty sheets in the hamper before I left at 1:30 pm.]
02/08/2016 Monday							
02/09/2016 Tuesday							
02/10/2016 Wednesday							
02/11/2016 Thursday							
02/12/2016 Friday							
02/13/2016 Saturday	3 hours	Personal Assistant	T1019-U2	9:15 AM	12:15 PM	3 hours	Notes Attached [I arrived at John's at 9:15 am and he greeted me at the door. John wanted me to help him cook his breakfast. John got out his recipe for pancakes and I helped John measure ingredients with verbal prompts. John cooked 3 pancakes while I made 2 cups of fruit salad with pineapple, grapes and peaches. John had left over pancake mix and fruit salad and put both in sealed containers and sat in the fridge for tomorrow. John liked his breakfast, eating 2 pancakes and 1/2 the fruit salad, but stated he wanted to try a different syrup next time. I made a note on John's grocery list to remind him to purchase a different brand of syrup. We then went over emergency training. We practiced what to do if a tornado siren went off and if the fire alarm sounded. I asked John where the best place is for him to go in case of a tornado. John said it would be the tub in the hall bathroom. I also asked John how he would get out of his apartment in case of a fire. John responded that he would first try his front door and then his bedroom or living room window. We cleaned both his bathrooms with John only needing reminders and pointers on cleaning behind the toilet and in the crevices around his shower door. We also began a wash load of towels. John was able to correctly select the wash cycle, water temperature, and amount of soap without reminders. John didn't talk much today but smiled often, and he laughed when I told him a story about my cat. He also said he felt really good and was going to go for a walk later. When I left John's at 12:15 pm, I reminded him to move the towels to the dryer when they were finished. John set the kitchen timer so he would not forget the towels.]
02/14/2016 Sunday							
02/15/2016 Monday							
02/16/2016 Tuesday							
02/17/2016 Wednesday							

On-line Monthly Summaries



PCG | **Public Partnerships**
Supporting Choice. Managing Cost.™

Missouri Self-Directed Supports (SDS)

**The Monthly Summary Tool on
BetterOnline™ Web Portal**

For Support Coordinators

March 2016
MO DMH

Contact PPL's Missouri Customer Service Representatives:
Phone Number: 1-44-735-7370
Fax: 1-855-391-0696
Email: csmosds@pcgus.com

BETTER ONLINE
PCG Public Partnerships (PPL)

- 👤 All Individuals/DR are responsible for monitoring their budget and completing a monthly summary.
- 👤 The Monthly Summary describes progress on goals listed in the ISP and summarizes the individual's overall status and helps ensure the individual/DR are staying within their Individual Budget Allocation.
- 👤 Starting February, 2016 the FMS (PPL) maintains the Monthly Summary.

www.publicpartnerships.com/programs/missouri/SDS/program.asp



Employer Document Checklist



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

Self-Directed Supports Employer Document Checklist

When you are self-directing your supports it is recommended that you keep a copy of all paperwork that you sign. However some of these documents are also maintained by your support coordinator (SC), regional office (RO) and/or your Fiscal Management Service (FMS). The documents listed below must be maintained by you, and be available for your SC to review. Additionally, these records must be produced for auditing purposes through the Missouri Department of Mental Health, Department of Social Services, and the Center for Medicare and Medicaid Services. Your SC, RO or FMS does not keep a copy of these documents for you. Not having these documents on file could result in terminating the option of self-directing your supports.

Individual/Designated Representative File

Individual Service Plan including budget information	
--	--

Information available for Employees

Individual Service Plan	
The Emergency Back-up Plan (to ensure adequate coverage in case of emergency)	

Service Documentation: *The following information must be maintained by the individual/DR for services provided prior to Feb 7, 2016.*
(Starting Feb 7, 2016 Service Documentation will be maintained by the FMS.)

<p>MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS (Missouri Consumer Direct) timesheets.</p> <p>Not having these documents on file and any discrepancies in records and claims for reimbursement from MO HealthNet are subject to recoupment from the Individual/Designated Representative and may result in terminating the option of self-directing your supports.</p> <p>Monthly summary – report documenting progress for all SDS services and budget tracking.</p>	
---	--



Event Management Tracking

Any employee paid to provide Medicaid Waiver services **is** required to report any events that could jeopardize an individual's health or safety. If any of the following occur, they must notify the SC or the office on-call staff as soon as possible:

Incident Response System & Event Management Tracking: DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. You and your unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, your employee should first ensure your health and safety and then should contact your designated representative (if you have one), and your support coordinator or the office on-call staff as soon as possible:

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200)
 - a. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
 - b. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.
2. Medical emergency, which means the sudden onset of a medical condition, or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
 - a. All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
3. All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
4. Use of any unapproved restraints. *restraint/time out used by employee to restrict an individual's freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an EMT form.*
 - a. *Chemical Restraint: a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)*
 - b. *Manual Restraint: any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.*
 - c. *Mechanical Restraints: any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair, or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)*
 - d. *Time Out: removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or 1/4 doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.*
5. Any incident involving an individual that requires the involvement of law enforcement.
6. All events that result in disruption of services due to fire, theft or natural disaster; resulting in extensive property damage or loss.
7. The death, by any cause, of an individual.
8. Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
9. Incidents of falls *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*

Upon receiving information regarding an incident listed above, your support coordinator will ensure your immediate health and safety needs are met. He or she will then write a report detailing the event. In some cases, your team will meet to talk about what occurred prior to the event and what can be done to prevent a reoccurrence in the future.

Got Choice? 26

- 🕒 Upon receiving information regarding an incident listed previously, the support coordinator will ensure the individual's immediate health and safety needs are met. The SC will then fill out a Community Event Report form detailing the event. In most cases the team will meet to talk about what occurred prior to the event and what can be done to prevent a reoccurrence in the future.

Service Monitoring

Case notes should reflect observations related to the following key areas:

- 📍 **Environment** – Are there health & safety concerns; is the individual's home adapted to meet their needs, etc?
- 👤 **Individual rights** – Are the individual's rights respected and protected? If there is a designated representative are they serving the best interest of the individual?
- 👤 **Staff and services** – Is the employer maintaining all paperwork & documentation? Is it accurate & up to date? If family members are providing services, is it provided in the best interest of the individual? Are the employees qualified? Is the employee training checklist completed prior to providing services and annually thereafter? Have you signed each training checklist?
- 📍 **Money** – Are the individual's services being provided within the parameters of their budget?
- 📍 **Health & safety** – Have there been reports of unusual events; has the team followed up? Has the individual experienced major changes that may influence support needs?



Service Monitoring

Self-Directed Supports Service Monitoring Guide

Self-Directed Supports are required to be monitored face-to-face quarterly at a MINIMUM. The descriptors for the 5 areas (domains) and interpretive guidelines are *not* an all-inclusive list, as other issues or areas of concern should be documented if they are present. This is **ONLY** a monitoring guide and does not take the place of the service monitoring case note or form needed for entry into APTS.

Individual Name:

Date/Time of Visit:

Employer Name:

Place of Visit:

Service Coordinator:

Service(s) Monitored:

Outcome/ Domain:		General Notes: Follow Up/Correction Needed?
ENVIRONMENT & SAFETY	Does the environment create any health/safety concerns? Is the individual's home modified to meet their support needs?	
INDIVIDUAL RIGHTS	Are the individual's rights respected and protected? Are the employees supporting the individual in exercising their self-advocacy skills? Is the designated representative serving in the best interest of the individual? How does the individual's life reflect the principles of self-determination?	
STAFF & SERVICES	Is the current ISP present and implemented as written? Is documentation of progress present and meaningful? Are monthly summaries completed? Are the ISP outcomes addressed in the monthly summaries? If family members are providing services, are they doing so in the best interest of the individual? Is there a current back-up plan in place? ➤ <i>Are all forms present and complete as specified on the <u>SDS EMPLOYER DOCUMENT CHECKLIST?</u></i>	
MONEY	Having checked utilization on the Fiscal Management Service (FMS) website, is over- or under-utilization a concern? Does the individual have unmet service needs which could be provided via other SDS services (i.e. support broker/community specialist)? Are all funding options being explored to help address the individual's support needs?	
HEALTH	Have there been reports of unusual events as documented on a EMT? Has the team followed up? Has the individual experienced any major changes that may impact his/her support needs?	

Instructions: The form on page two is to be used to notify the individual/designated representative, and the assigned the Regional Office Quality Assurance Specialist of any concerns found during service monitoring and how the issue is being resolved. Please use the information from the checklist to complete this form. Be brief, as this information must also go into a database.

Service Monitoring



- 👤 Don't forget to include positive outcomes!!
- 👤 Service Monitoring should be documented in the SC's case note
- 👤 If there is an issue of concern follow your local procedures for reporting of issues (each RO should have designated staff)
- 👤 Issues of concern will be entered into APTS and the SC will be responsible for remediation & follow-up

Service Monitoring Support Brokerage



- 👤 Support Brokerage is monitored by the feedback received from the Individual/ Designated Representative and the monthly summaries sent to the Service Coordinator and Individual/ Designated Representative by the Support Broker.
- 👤 Monthly Summaries must include progress towards outcomes/Goals identified in the ISP.



Appendix B

Outcomes from Monitoring/Quality Management Referral Form

Date:	Service Coordinator:	Team:
Individual Name:	ID #:	Provider Name:
Provider Issue – Number of Consumers Affected:		Address of Location visited:
Service Monitoring Complete and No Issues Found to Report (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
<input type="checkbox"/> New Entry <input type="checkbox"/> Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
<input type="checkbox"/> New Entry <input type="checkbox"/> Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
POSITIVE QUALITY OUTCOMES IDENTIFIED (Check all that apply but also provide explanation for each box checked)		
<input type="checkbox"/> Community Membership <input type="checkbox"/> Personal Relationships <input type="checkbox"/> Valued Roles <input type="checkbox"/> Connected with past <input type="checkbox"/> Communication	<input type="checkbox"/> Positive Behavioral Supports <input type="checkbox"/> Positive Image <input type="checkbox"/> Personal Identity <input type="checkbox"/> Control of daily lives <input type="checkbox"/> Opportunity to Advocate	<input type="checkbox"/> Plan reflects lives and supports <input type="checkbox"/> Live and die with dignity <input type="checkbox"/> Feel safe, emotional well being <input type="checkbox"/> Physical Wellness <input type="checkbox"/> Support through lifestyle changes
<input type="checkbox"/> Managing their home <input type="checkbox"/> Shared mission in agency <input type="checkbox"/> Agency relationships with other agencies <input type="checkbox"/> Staff Empowerment <input type="checkbox"/> Agency Self Evaluation		
Comments / Explanation of Positive Quality Outcomes: (Can also be used for positive comments not meeting Positive Quality Outcomes).		

APTS: Action Plan Tracking System



- 👤 Division of DD data base used to collect information on issues/positive outcomes that affect consumers.
- 👤 Collecting the information is for prevention purposes
- 👤 Address any patterns or trends in issues that are occurring before they develop into a critical situation.

SDS Reviews: Initial Review



SDS Initial Review Checklist

Improving lives through supports and services that foster self-determination

Date _____

Initial Review for: _____

Bring copy of: Roles and Functions within Self-Directed Support/ID Document, Support Broker Assessment, Employer Document Checklist, Guide to Documentation: Guide to Reviews (Bring Our Choice? Handbook for reference) [Guide to Prevent Fraud when complete](#)

Verify Individual/DR Has:

- Current Signed IDP, including ISP Service Authorization Forms. Also known as IFC, PAID, Budget Summary, System Page, etc. (Budget information does not need to be available for employees.)
- Back-up plan (available to employees)

Service Documentation/Time Sheet: (Review online service documentation prior meeting)

- All services provided are adequately documented. Adequate documentation describes various covered activities or services in which the individual participated, progress towards goals when identified in the ISP, and unusual events. (Refer to Guide to Documentation)
- Reminder that daily service documentation completed by the employee must be entered into the web portal within 5 business days of the service being provided. (13 CSR 70-3.030)

Additional requirement if approved for paper timesheets:

- Mandatory Self-directed Supports forms were used
- If not done current documentation meet Medicaid Compliance and there approval/permission from the Regional Office for the documentation method being used.
- The name of the individual is at the top of form (must include middle initial or DOB)
- Employee has printed name and signed documentation
- The date and time of service is documented (including am/pm)
- RO has documentation that paper timesheets have been approved

Monthly Summary

- Summary measures the work and progression towards objectives/goals for each month and overall status and/or updates of individual noted, (refer to "Guide to Documentation")
- Budget spending has been reviewed and documented
- Additional requirement if approved for paper timesheets
- The name of the individual is at the top of form (must include middle initial or DOB)
- Printed name, date, title, & signature of author for each summary

Service Monitoring and Reviews

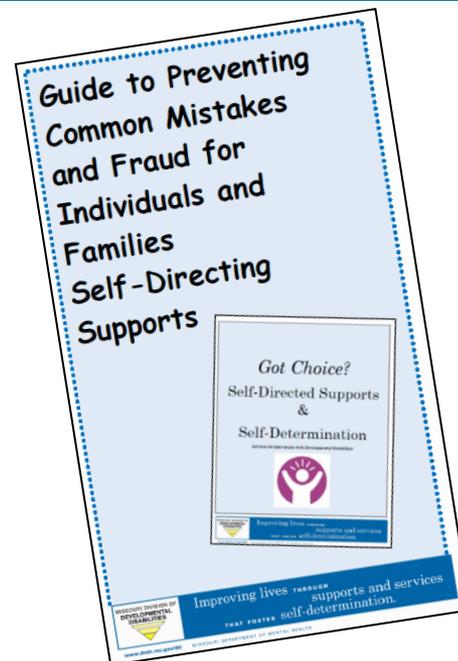
- Discuss Service Monitoring Review Process
- Discuss Provider Review Process

Fraud Prevention

- Review Guide for Prevention of Fraud

Does the Individual/DR needs information or assistance in the following areas:

(If so SB services must be authorized.)	Managing budget & Employee Rate Setting
Hiring workers	Recruiting and approving timesheets
Hiring workers	Filing grievances and complaints
Managing workers	Organization/maintaining documents
Terminating workers	Define goals, needs and preferences
Problem solving	Development of Emergency Back-up Plan
Conflict resolution	Assisting with monthly summarized reviews
	Understanding role of Individual/DR, SC, FMS and RO



- 👤 The SDSC will in collaboration with the SC will do an ‘Initial Review’ and go over the “Guide to Preventing Common Mistakes and Fraud” during the first SC Service Monitoring visit after the start of SDS.

SDS Reviews: Provider Review

Guide to
Understanding
Reviews for
Individuals and
Families Self-Directing
Supports



DEVELOPMENTAL DISABILITIES Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

DATE: 8/15/13

- 👤 The Regional Office does a Provider review no less than every 3 years.

SDS Improvement Plan



- 👤 When multiple issues have been identified, a pattern of issues repeatedly occurring, or serious situation that must be corrected a Self-Directed Supports Improvement Plan will be jointly developed.
- 👤 Issues may be identified on monitoring visits, event reports, reviews or issues reported by the FMS (PPL).

Self-Directed Support Improvement Plan



Improving lives THROUGH supports and services THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS Improvement Plan

Name of Individual:		Designated Representative:		Guardian:	
Self-Directed Support Coordinator:		Support Coordinator:		Plan requested by:	
Date of Request:		Individuals Attending:			
Date of Meeting:		Future Meeting Dates:			
ISSUE	ACTION STEPS <small>Not being able to meet employer/designated representative responsibilities can result in termination of the SDS option and you will be offered agency managed services.</small>	RESPONSIBLE PARTY	DATE TO COMPLETE	PROGRESS/DATE COMPLETED	
A. <u>AUTHORITY</u>	1.)				
	2.)				
	3.)				
	4.)				
B. <u>AUTHORITY</u>	1.)				
	2.)				
	3.)				
	4.)				
C. <u>AUTHORITY</u>	1.)				
	2.)				
	3.)				
	4.)				

Improving lives THROUGH supports and services THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS Improvement Plan

<u>D.</u> <u>AUTHORITY</u>	1.)				
	2.)				
	3.)				
	5.)				

Due Date:	Corrective Due Date was Met: <input type="checkbox"/> Yes; <input type="checkbox"/> No	Corrective Actions Completed: <input type="checkbox"/> Yes; <input type="checkbox"/> No
-----------	--	---

Final Recommendation:

CC: Improvement Plan and letter: DMH-DD Regional Director, Provider Relations Lead, Quality Assurance Lead, SDSC file, SC, SC Supervisor, Designated Representative/Individual, Individual record

Termination of Self-Directed Supports



Voluntary Termination

If an individual decides they do not want to continue self-directing their supports, they may stop at any time. The service coordinator should help them begin that process and assist them in transitioning to agency-based services.

Involuntary Termination of Self-Directed Services

In the event the planning team determines the individual's health and safety is at risk, there are concerns regarding their willingness to ensure proper records are accurately kept, or that they are unwilling to supervise employees to receive services according to the plan, the choice of self-directing their supports may be terminated. Before terminating self-directed options, the service coordinator and other appropriate staff will first counsel the individual or their designated representative to assist them in understanding the issues, let them know what corrective action is needed, and offer them assistance in making changes. If the SDS option is terminated, the same level of services will be offered through a traditional agency-based model.



Support Coordinator Responsibilities

- Responsible for all elements of the person-centered planning process Monitor Health & Safety
- Complete service monitoring includes review of Service Documentation on the PPL Web Portal (quarterly – minimum)
- **Ensure the option of self-directing supports is given to all individuals/designated rep. who receive a funded service & assist in the enrollment process if chosen**
- Complete all required Medicaid Waiver and Utilization Review paperwork for budget approvals
- **Ensure individual/employer receive information regarding budget allocation**
- Complete monitoring within one month of starting a new service and set up monitoring schedules with individual/designated representative no less than quarterly
- Complete CERs for unusual events



Working Together for Success

TIPS AND RESOURCES

FACILITATING INDIVIDUALIZED
SERVICES AND SUPPORTS



ROLES AND FUNCTIONS WITHIN SELF-DIRECTED SUPPORTS

Support Coordinator	Support Broker	Fiscal Management Services (FMS)	Division of Developmental Disabilities Self-Directed Supports Coordinator (SDSC)
<p>Assists the individual, family, or designated representative in understanding the choice of self-directed supports and transitioning from provider driven services to self-directed services.</p> <p>Completes the individual support plan (ISP) with the required self-directed information and paperwork and submits to the Utilization Review Committee for approval.</p> <p>Amends the ISP based on the needs of the individual.</p> <p>Conducts a 30 day follow up after services begin with the individual and designated representative to ensure the services are being carried out as written in the individual service plan, reviews timesheets, progress notes, monthly summary and answers any questions.</p> <p>Monitors services and supports face to face no less than quarterly.</p> <p>Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.</p> <p>Participates in "improvement plans" in order to amend ISP if needed and provide monitoring to ensure needed changes take place.</p>	<p>A Support Broker provides information and assistance (I&A) for the purpose of directing and managing supports as specified in the ISP. SB does not do these activities for the individual/DR but provides I & A to assist in doing task independently.</p> <p>May include training in:</p> <ul style="list-style-type: none"> Establishing work schedules for the individual's employees based upon their ISP; Helping with managing the budget and employee rate setting; Seeking other supports or resources outlined by the ISP; Defining goals, needs and preferences, identifying and accessing services, supports and resources as part of the person centered planning process which is then gathered by the support coordinator for the ISP; Implementing practical skills training (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution); Developing an emergency back-up plan; Implementing employee training; Promoting independent advocacy, to assist in filing grievances and complaints when necessary. <p>Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.</p>	<p>The FMS is a "Fiscal Employer Agent" (F/EA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the F/EA will file quarterly taxes and reports on behalf of the Employer/FEIN Holder.</p> <p>Provides the Employer/Designated Representative (DR) with an Enrollment Packet, Employee Packet(s) and Employee Training Materials.</p> <p>Completes payroll for the Employer/DR's employees and provides the employee with Federal and State tax withholding information on his or her paystub for each pay period and issues the W-2 after year end.</p> <p>Covers all employees with Workers' Compensation insurance.</p> <p>Completes employee background checks.</p> <p>Maintains all employee education and training records.</p> <p>Starting February 2016 maintains all service documentation.</p> <p>Provides Spending Reports to the Employer/DR, Support Broker, Support Coordinator and SDSC.</p>	<p>Provides technical support and training regarding the policy and procedures related to self-directed supports.</p> <p>Meets with the individual and designated representative within 90 days of services starting to complete an initial review to ensure services have started and are being implemented as written in the individual service plan and answer any questions. May review the progress notes, timesheets and monthly summaries.</p> <p>Assists the Provider Relations team with self-directed provider reviews to ensure service delivery is consistent with Medicaid Waiver requirements, State Rules, Department of Mental Health Policy, and Best Practices.</p> <p>Works with the Fiscal Management Service (MO Consumer Direct) to coordinate enrollments, budget information, problem solve issues/concerns, follow up with the individual/designated representative on background hits, complete paperwork for high school exemptions, and coordinate quarterly meetings.</p> <p>Facilitate improvement plan.</p>





Self Directed Supports

Developmental Disabilities - Programs & Services

Here you will find your "one stop" link for information on self-directed supports. You'll find several kinds about some of the people who self-direct their services, practical "how to" information and resources to make self-directed supports easier for those who do so. Self-directed support coordinators are available in each region often to provide individual assistance to individuals, families and support coordinators.

- Self-Determination and Self-Directed Supports
- Self-Directed Support Coordinator Regional Contact Information
- Self-Directed Support Brochure
- Is Self-Direction Right for You?

Individuals and Representatives

- 2009 Handbook
- My Choice: Guide for Creating your Own Individual Support Plan when Self-Directing Supports
- Public Participation (PPA)
- Guide to Documentation
- Guide to Understanding Decisions for ICR
- Emergency Backup Plan
- Employer Document Checklist
- My Choice: Guide for Creating your own Individual Support Plan when Self-Directing Supports online version
- Approval Daily Documentation Sheet (print and)
- Weekly-5 shifts
- Weekly-2 shifts
- Weekly-3 shifts
- Weekly Summary and Budget Tracking Form
- Community Specific Monthly Summary Documentation Sheet

Training Resources

- Online Abuse and Neglect Training
- Public Behavioral Support - College of Direct Support PBA training request form
- Optional College of Direct Support Classes Available
- Optional College of Direct Support Classes Smallprint Form

Support Coordinators

- Web-consumer Direct
- Support Coordinator Manual
- Support Coordinator Training
- ICR Individual Information Tool
- ICR Service Planning Guide
- ICR and ICR Checklist
- Personal Assistance Assessment with training templates
- Support Worker Assessment
- Community Specialist Assessments
- Support Broker Agencies by Area

Support Broker

- Support Broker Monthly Summary Sheet

News, Stories & Tip Sheets

- News, Stories & Articles
- Roles and Functions within Self-Directed Supports

Developmental Disabilities

- About Us
- Director's Office
- Self-Determination
- Supporting Families
- Youth Transition & Employment
- Accessibility Review
- Individualized Supports & Services
- Patient Programs
- NCOE Transition Plan
- Office of Adult Services
- Directives, Regulations & Guidelines
- Forms, Manuals & Publications
- Director Bulletin
- Regional Office
- Regulation Drafts
- State Operated Programs
- Frequently asked questions
- Health & Safety
- Related Links



Get Email Updates

<http://dmh.mo.gov/dd/progs/selfdirect.html>



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

QUESTIONS??

