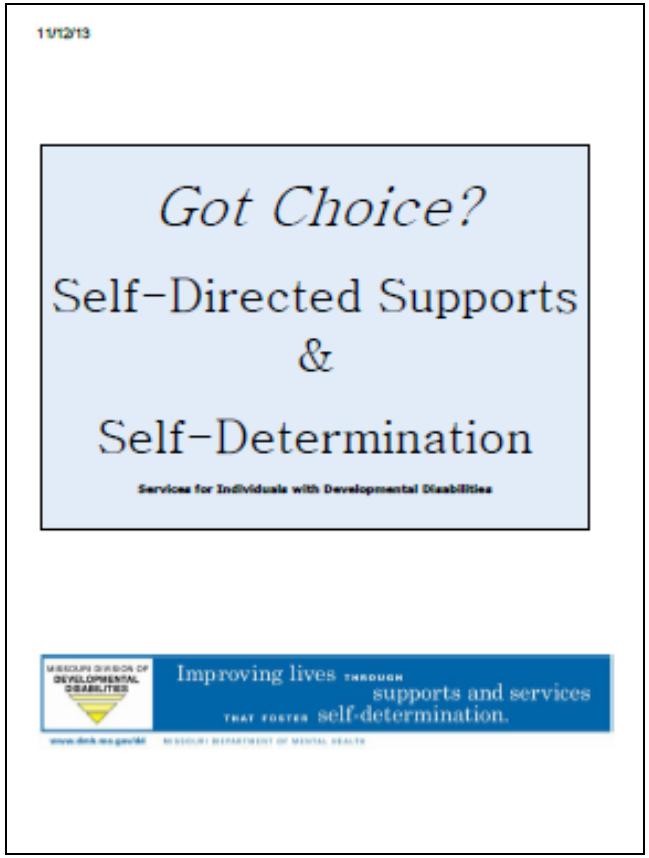
SELF-DIRECTED SUPPORTS
Support Coordinator Training

3/12/2015

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 and establishing pay rates**
- **Working with the Fiscal Management Service (FMS)**
- **Creating quality and monitoring 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-Directing Support

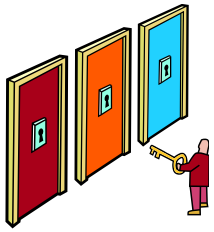
- **SDS is based on the premise that the individual and their representative knows best about their needs and how to address those needs. The individual should be empowered to make decisions about the services they receive, including having choice and control over the type of supports they receive, who 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.

The Division of Developmental Disabilities 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

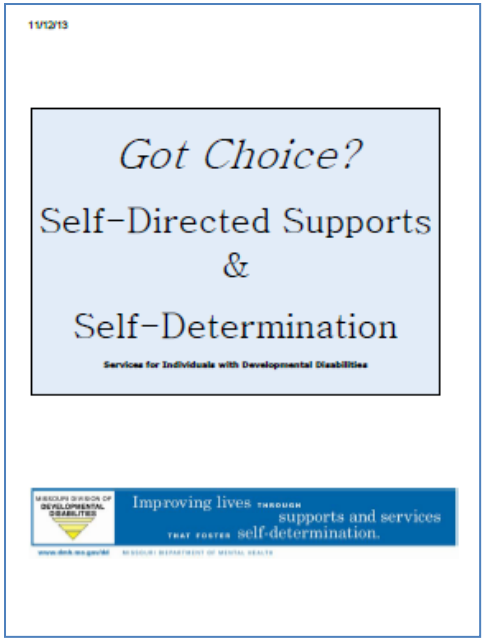
Confirmation

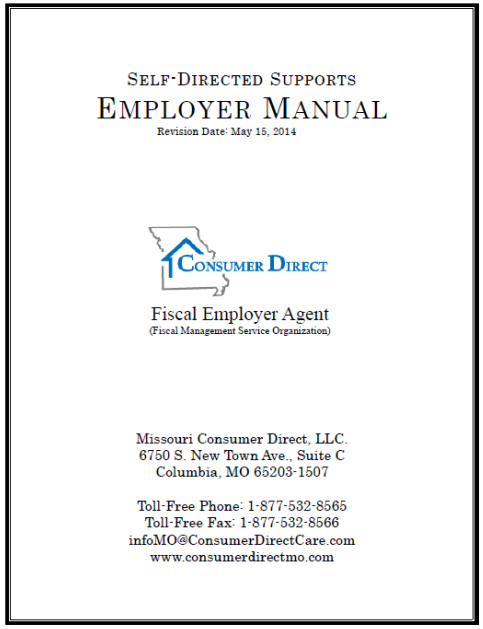
For More information on Self-Determination visit these websites:

- **Missouri Self-Determination Association**
  www.mo-sda.org
- **National Gateway to Self-Determination**
  www.ngsd.org
- **Missouri Division of Developmental Disabilities**
  http://dmh.mo.gov/dd/selfdetermination.htm

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 and a service plan.

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

Employer/Designated Representative

- The individuals receiving services (Employer of Record), guardian and/or appointed designated representative **must be able and willing to direct & manage the workers' day to day activities,** making sure the services and goals are provided as written in the individual's ISP.

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 individuals behalf and in their best interest
- Cannot be an employee for any services

CONSUMER DIRECT

MISSOURI SELF-DIRECTED SUPPORTS
DESIGNATED REPRESENTATIVE AUTHORIZATION

Designated Representative Authorization (if applicable):

Note: This form is not required if a designated representative is not being used.

An individual receiving services (Individual) 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-directing supports. The Designated Representative is responsible for managing employee(s) and acting in the best interest of the Individual. If a guardian has been designated by a court, the legal guardian may also identify a Designated Representative.

A Designated Representative must: 1) Direct and control the employees' day-to-day activities and outcomes; 2) Ensure, as much as possible, that decisions made would be those of the Individual in the absence of their disability; 3) Accommodate the Individual, to the extent necessary, so that they can participate as fully as possible in all decisions that affect them; accommodations must include, but not be limited to, communication devices, interpreters, and physical assistance; 4) Give due consideration to all information including the recommendations of other interested and involved parties; and 5) Not be paid to provide any supports to the individual.

Designated Representative's relationship to the Individual:

☐ Spouse; ☐ Adult child of the Individual; ☐ Parent; ☐ Adult brother or sister;
☐ Another adult relative of the Individual. Relationship to Individual: _____

If the Individual wants a representative but is unable to identify one of the above, the Individual, along with their Service 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 are 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.

☐ Other representative. Relationship to Individual: _____

I, _____ (Individual or Guardian), hereby appoint _____, to serve as my Designated Representative for the DMH-DD Self-Directed Supports Program. My Designated Representative is authorized to act on my behalf and act as the managing employer for purpose of self-directing my support. My Designated Representative is an unpaid person who has agreed to act on my behalf.

_____ _____
Individual/Guardian Signature Date

I hereby agree to serve as the Designated Representative for the above-named Individual and understand my responsibilities and duties as described above.

_____ _____
Designated Representative Signature Date

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 service 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/Designated Representative

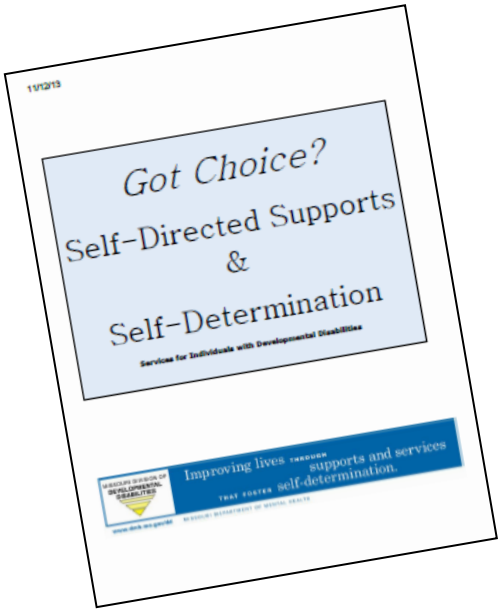
- Direct and manage the worker's day to day activities, making sure the services and goals are provided as written in the ISP and provide other duties of an employer, such as hiring and firing employees
- Must schedule/approve all hours worked prior to submitting the time to the Fiscal Management Service (FMS)
- Complete monthly reviews, and maintain required documentation 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 that are not doing a good job

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 or record' and send to the FMS (Missouri Consumer Direct);
- Recruit your employees; Interview your employees and review their references. Using the Job Description & Pre-Employment Training Requirement form (See Enrollment Packets on www.moconsumerdirect.com/forms or http://dmh.mo.gov/dd/progs/selfdirect.htm)
- Once selected, have each potential employee fill out an Employment packet found on www.moconsumerdirect.com. The packet is sent to FMS organization (Missouri Consumer Direct) for processing;
- Receive notice from the FMS organization (Missouri Consumer Direct) 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 Post Employment Training Checklist (See Employee Enrollment Packet on http://moconsumerdirect.com/forms) then send to Missouri Consumer Direct within 30 days of hire;
- Establish a work schedule for your employees and **ensuring no employee works more than 40 per week**. ;
- Establish a list of tasks to be performed by your employees that is based on your ISP and the Job Description (See Employee Enrollment Packet on http://moconsumerdirect.com/forms);
- 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 (Missouri Consumer Direct);
- Review, approve and submit your employees' time sheets to the FMS (Missouri Consumer Direct) organization; if you feel a time submitted does not correctly reflect the authorized hours worked, you must report any differences to the FMS organization (Missouri Consumer Direct); and work with your employees to correct any errors;
- Ensure that your employees complete all Mandatory Documentation Forms (See http://dmh.mo.gov/dd/progs/selfdirect.htm);
- Complete the Mandatory Monthly Summary form that 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 (See http://dmh.mo.gov/dd/progs/selfdirect.htm;
- Make sure your employees have received and keep up with all required training and send to the FMS (Missouri Consumer Direct), the Missouri Consumer Direct will help you track this. . If trainings and certifications are not maintained, the employee will not be allowed to work;
- The FMS (Missouri Consumer Direct) will maintain for you a personnel file for each of your employees that contains their training records, contractual agreements and a copy of their high school diploma or GED certificate;
- Create and maintain an emergency back-up plan must be available to your employees in the event that an employee does not show up for work for any reason (See http://dmh.mo.gov/dd/progs/selfdirect.htm);
- Inform the FMS (Missouri Consumer Direct) immediately when you have terminated an employee, make sure the employee has been fired in accordance with state department of labor fair firing practices and that you inform the FMS organization (Missouri Consumer Direct) of the reason for firing so it can be documented in the employee's file.

Support Broker

What is Independent Support Brokerage?

- Provides the individual/designated representative with information & assistance (I&A) to secure the supports and services identified in the ISP
- May not be a parent, guardian or other family
- Cannot serve as a personal assistant or perform any other waivered service for that individual
- Can be authorized up to 8 hours per day and no more than 40 hours per week.

Support Broker 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 waivered service for the individual. (This service can be authorized for up to 8 hours per day (32 quarter-hour units).

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

Support Broker 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 manage the individual's budget
- I&A to seek other supports or resources outlined by the individual's ISP
- I&A communicate to problem-solve conflict resolution between employer/employee's.

SB Information and Assistance 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 Broker Assessment

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 individuals/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

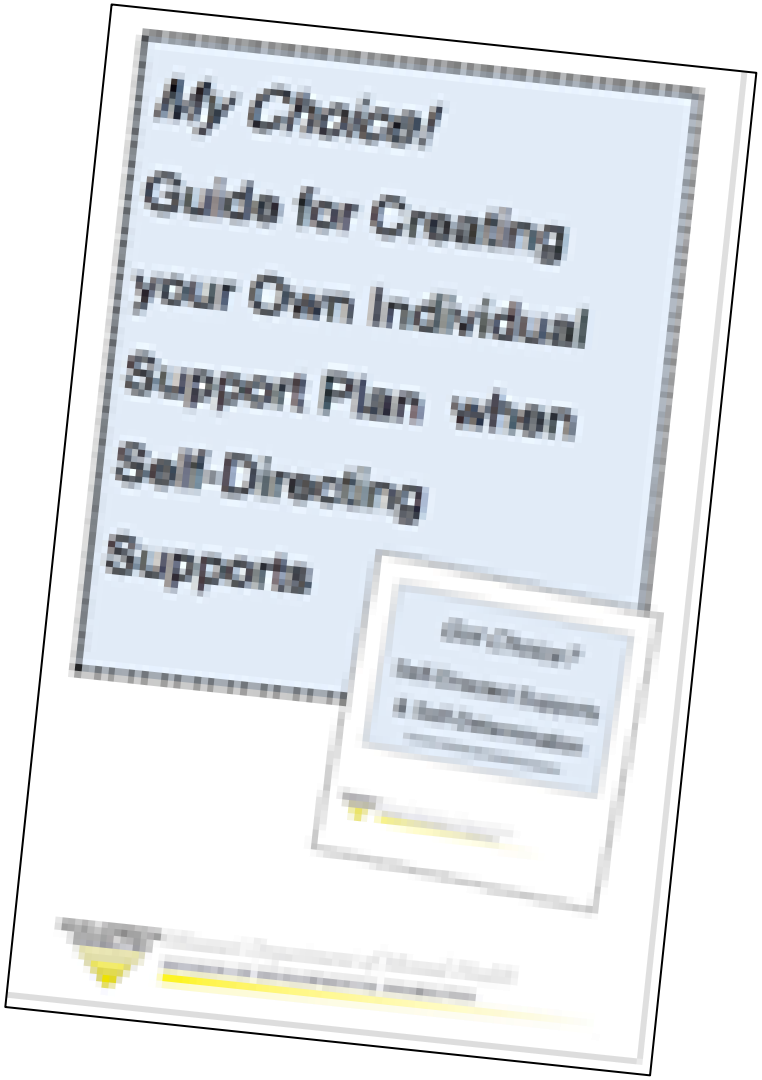
Total Ongoing Support: _____ hour per month; Total Time Limited Support _____ hours per year.
Frequency of Need: Typical work schedule, not exceeding authorized hours

Support Coordinator:_____ **Date:**_____

9/23/2014

Person-Centered Planning Process

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



Individual Service Plan (ISP)

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

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

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

SELF-DIRECTED SUPPORT
SDSC Pre-UR
Review Tool

DATE RECEIVED: _____ **SUPPORT COORDINATOR:** _____

INDIVIDUAL RECEIVING SERVICES: _____**DMH ID #:** _____

The ISP identifies that:

_____ the name of the designated representative if one has been appointed

_____ list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)

_____ the services being self-directed are listed and what support will be provided (Job Descriptions can be used as a 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*

_____ justifies any training exemptions on the Personal Assistance training checklist

_____ the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is indentified in the plan.

_____ if the employer 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)

- o The individual is not opposed to the family member providing the service
- o 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
- o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs
- o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide

_____ the SDS budget calculator is present and correct.

_____ the Authorization Page matches the SDS budget calculator

_____ if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services DSDS service authorization system has been checked to ensure that these services are not being self-directed. 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. (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the F/EA 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, MOCD 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.)

_____SDSC has received copy of the "Got Choice?" SDS handbook acknowledgement form.

SDS Coordinator Signature: _____ **Review Date:** _____ 3/12/15

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)

- Works to enhance and build natural supports; defines both ***paid and non- paid*** services
- list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)
- Details supports and services provided (SDS Job Descriptions can be used as a tool)
- Identifies if a Designated Representative is being used
- Justifies any training exemptions on the "Training Checklist"
- Identifies the back-up plan which includes provisions for support in the case of scheduled employees not being able to provide the service

State Plan Personal Care Services

If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services. DSDS service authorization system must be checked to ensure that these services are not being self-directed. (*The IRS will only allow one Fiscal Agent to report earnings and file employer and employee taxes. The reason is that if there are multiple Agents the IRS cannot track total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employers State Unemployment with the Federal Unemployment.)*

An Employee Job Description Can be Used as a Tool for Planning

- to help the Individual/Designated Representative determine what task they would like to for their employees to provide and what task 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 are needed and the number of employees needed

Tools | Page 1-2 of 2 | View Options | Close

CONSUMER DIRECT

PERSONAL ASSISTANT JOB DESCRIPTION & PRE-EMPLOYMENT TRAINING REQUIREMENTS

Employee	Individual Receiving Services	Employer

Write a description of job responsibilities the employee will be required to perform in the following categories that apply. Leave each category that does not apply to your staff blank.

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 Actives to achieve Increase Independence, Productivity or Inclusion in the Community: _____

Rev. 3/9/2012

CONSUMER DIRECT

PERSONAL ASSISTANT JOB DESCRIPTION & PRE-EMPLOYMENT TRAINING REQUIREMENTS

Work Schedule: Typical work schedule, not exceeding authorized staffing hours.

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

Pre-Employment Training Requirements

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.** *Certificate of Training must be attached.	CHECK APPLICABLE EXEMPTION CODE(S)
*CPR Training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA)	[ ]A [ ]B
*First Aid training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA)	[ ]A [ ]B
*Medication Administration training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA if providing medication administration)	[ ]A [ ]B
*Behavior intervention training provided by_____ Date_____ (Cannot be exempted for Enhanced Behavioral PA)	[ ]A [ ]B
Educational Requirements: ☐ High School Diploma; ☐ GED; ☐ Regional Office Exemption (Supporting documentation must be attached)	

Signatures: *I have reviewed and agree to the responsibilities of the job.*

_____ _____ _____
Employee Printed Name *Signature* Date

_____ _____ _____
Employer Printed Name *Signature* Date

Rev. 3/9/2012

Microsoft PowerPoint - [2012 Powerpoint for Section D Self-Directed Services-ch

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A Job Description is available for each Self-Direct Service

Back Up Plan

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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. 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.

Back-Up Plan

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

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/time out used by employee to restrict an individuals' 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 ½ 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.*

	Name	Phone Number
Support Coordinator		

Identify the back-up plan when scheduled employees are not available to provide supports or other emergencies

SELF-DIRECTED SUPPORTS ISP REVIEW FOR UR

The SDSC will review all ISP's, budget calculators and authorizations to ensure waiver requirements are met

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

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

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SELF-DIRECTED SUPPORT
SDSC Pre-UR
Review Tool

DATE RECEIVED: _____ **SUPPORT COORDINATOR:** _____

INDIVIDUAL RECEIVING SERVICES: _____**DMH ID #:** _____

The ISP identifies that:

_____ **the name of the designated representative if one has been appointed**

_____ **list any support the individual/DR needs in order to self-direct services** (Support Broker Assessment can be used as a tool)

_____ **the services being self-directed are listed and what support will be provided** (Job Descriptions can be used as a 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*

_____ **justifies any training exemptions on the Personal Assistance training checklist**

_____ **the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is indentified in the plan.**

_____ **if the employer 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)

- o The individual is not opposed to the family member providing the service
- o 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
- o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs
- o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide

_____ **the SDS budget calculator is present and correct.**

_____ **the Authorization Page matches the SDS budget calculator**

_____ **if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services DSDS service authorization system has been checked to ensure that these services are not being self-directed. 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.** (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the F/EA 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, MOCD 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.)

_____**SDSC has received copy of the "Got Choice?" SDS handbook acknowledgement form.**

SDS Coordinator Signature: _____ **Review Date:** _____ 3/12/15

Which Services can be Self-Directed?

- Personal Assistant
- Personal Assistant – Medical
- Personal Assistant - Behavior
- Community Specialist
- Personal Assistance :Team Collaboration

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 outlined in their ISP
- Can be provided up to 24 hours per day, as identified in the individual's ISP

Personal Assistance Team Collaboration

- For self-directed supports Team Collaboration allows the individual's employees to participate in the service plan 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.

PA Medical/Behavioral

- Under special circumstances the individual may need enhanced medical/behavioral PA services
- 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 training and oversight for this service

Evaluating the need for Specialized Behavioral Personal Assistance :

- The interdisciplinary team has documented efforts to maximize the individual's ability to communicate with others;
  - *to try to prevent any problems that might be happening because people do not understand each other or ignore attempts to communicate*
- The interdisciplinary team has documented implementation of preventive strategies and outcomes of those strategies;
- The interdisciplinary team has identified and outlined the need to pursue more intensive behavior support strategies in the plan;
  - *can't just be need extra supervision, need to have specific strategies and teaching that the PA will be doing to eventually reduce the problem and the need for PA*

Evaluating the need for Specialized Behavioral Personal Assistance :

- An initial screening for medical, psychiatric or pharmacological causes has been completed, and;
- Prior to approval of funding for specialized behavioral personal assistance the individual plan has gone through the local Person Centered Plan review process and has been reviewed by the Regional Behavior Support Review Committee to determine the above have been completed.
  - *this process insures that all less intrusive and intensive means to address the behavior have been tried and that the strategies in the ISP are being used consistently and that the need for more intensive services is documented*

Evaluating the need for Specialized Behavioral Personal Assistance :

- The Behavioral Personal Assistance employee must be trained on the specific individual's behavior support strategies. This refers to the Behavior Support Plan that is a specialized plan that can only be developed by licensed providers of behavior analysis services.
  - *The ISP must include the service to create this plan and ongoing supports must be in place.*

Evaluating the need for Specialized Medical Personal Assistance

- 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*.

Personal Assistant (PA)

Training Checklist Pre-Employment Training Requirements

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.** *Certificate of Training must be attached.	CHECK APPLICABLE EXEMPTION CODE(S)
*CPR Training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA)	[ ]A [ ] B
*First Aid training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA)	[ ]A [ ] B
*Medication Administration training provided by_____ Date_____ (Cannot be exempt for Enhanced Medical PA if providing medication administration)	[ ]A [ ] B
*Behavior Intervention Crisis Management training ☐ Mandt; ☐ NCI/CPI; ☐ PCMA or SCM Provided by_____ Date_____ (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)	[ ]A [ ] B
*Behavior Intervention- Positive Behavior Supports training ☐ "Tools of Choice"; ☐ Columbus PBS; ☐ Other training approved by RO QE department or Division Chief Behavior Analyst * (*Supporting documentation must be attached). Provided by_____ Date_____ (Cannot be exempted for Enhanced Behavioral PA)	[ ]A [ ] B
Educational Requirements: ☐ High School Diploma; ☐ GED; ☐ Regional Office Exemption (Supporting documentation must be attached)	

All training certifications must be kept current during the duration that the employee is employed. *Signature of the individual, designated representative or guardian signifies approval of the training plan and approval of any exemptions granted.*

Community Specialist

- Available through the Comprehensive, Community Support, Lopez & Partnership for Hope Waivers (not Autism Waiver- will be added with waiver renewal).
- Used when a specialized support 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 a day in special circumstances

Tools Page 1 of 1 View Options

Pre-Employment Training Requirements

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.

Community Specialist Assessment

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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:
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

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:

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 if they are a minor
- An individual's legal guardian
- The individual's Designated Representative
- Anyone with a felony or charge which is disqualifying

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
- *A family member will only be paid for the hours authorized in the service plan and these cannot exceed 40 hours a week. Anything over this would be considered a natural support or the unpaid care that a family member would typically provide.*

No Family Member can be hired as a SB or CS

Individualized Budgets

Using your Support Team to Create an Individualized Budget

- The support coordinator works with the individual or their designated representative to create budget scenarios using the different funding sources that are available, including the person's own resources as well as formal and informal supports

Individualized Budgets

Individualized Budget Development

- Determine which supports are critical in achieving goals, maintaining health and safety, and which supports are merely preferred
- Explore all possible resources for supports
- Orient the individual and support team members to the various potential funding sources
- Determine whether any critical needs are not covered within the scenarios and brainstorm for possible resources if needed
- The Job Descriptions can be used as tool to determine the number of hours need to achieve outcomes.

budget_calculator.3.xls [Compatibility Mode] - Microsoft Excel

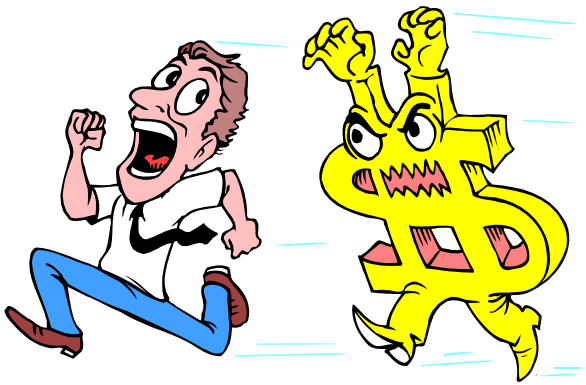
	A	B	C	D	E	F	G	H
1	**SDS Pay Rate Calculator**		**1. Enter Consumer Name:**					
2	**Reset Macro**: Ctrl+Shift+r		**2. Enter DMH ID**					
3			**3. Enter SUTA Rate** (3.51% default)		**3.51%**			
4								
5	**Instructions**: Complete the cells in rows 7 - 9 by choosing from the drop-down menu or providing appropriate numbers for each service or individual employee. Each column will warn you if the hourly cost exceeds the allowable maximum. The final cost will show you the total year cost of each service/employee and the total cost of all services/employees combined.							
6								
7	**4. Select Service From Drop Down**							
8	**5. Enter Projected Hours per Year**							
9	**6. Enter Hourly Pay Rate**							
12	Under / (Over) Medicaid Maximum		$ -	$ -	$ -	$ -		
13	Number of Annual Units (15 min - for reference only)		-	-	-	-		
14								
15	Hourly Pay Rate (from above)		$ -	$ -	$ -	$ -		
17	Required Taxes and Benefit Costs							
18	Social Security	6.20%	$ -	$ -	$ -	$ -		
19	Medicare	1.45%	$ -	$ -	$ -	$ -		
20	State Unemployment	3.51%	$ -	$ -	$ -	$ -		
21	Federal Unemployment	0.60%	$ -	$ -	$ -	$ -		
22	Worker's Compensation	2.74%	$ -	$ -	$ -	$ -		
24	Total Hourly Tax and Benefit Cost	14.50%	$ -	$ -	$ -	$ -		
25	Total Hourly Loaded Wage		$ -	$ -	$ -	$ -		
27	Total Annual Billable Service Cost		$ -	$ -	$ -	$ -		
29	**Total Budget for Employee Services:**			**$0.00**				
30								
31								
32								
33								

Calculation | Do Not Delete

Pay Rate Calculator Breakdown

- SUTA Rate
- Select service from drop down box
- Projected hours per year
- Hourly Pay rate
- Loaded rate
- Employment taxes
- Workers compensation
- Total billable service cost
- Under/ (Over) Medicaid maximum

Unemployment Employment Taxes and Workers' Compensation



- Social Security
- Medicare
- The SUTA – Sate Unemployment Tax begins at 3.51% and changes after the first three years, based on the number of people that are hired and fired, and claims against unemployment. Consumer Direct will provide the SDSC a list of these rates for each individual
- Federal Unemployment
- Workers compensation is currently 2.74% of gross salary

NOTE: This is the "Employer" cost portion of the employment tax and workers' comp. The employee will have their portion of person tax deducted from their paycheck.

Total Billable Service Cost
Loaded Rate vs. Employee Pay Rate

- Loaded Rate is the TOTAL cost for the service. The employees rate plus the employer related tax and workers compensation cost. This is the rate that comes out of the individual's budget and the amount authorized in CIMOR
- Administrative fees for the FMS are **not** part of this cost! These fees are billed under Waiver Administration and do not come from the individual's budget.

Under / (Over) Medicaid Maximum

- There is a Medicaid maximum rate of pay. For example, if you enter an amount and see **($0.01)** on the Medicaid max line, the rate exceeds the maximum allowed.

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 Compensation

Human Resources Functions

Background checks

Tracking employee qualification/ trainings

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

FMS

- 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.*

Missouri’s FMS

- Our FMS Missouri Consumer Direct; their web address is http://moconsumerdirect.com/

- Consumer Direct phone number is

  1-877-532-8565.

Consumer Direct Missouri - Windows Internet Explorer

http://moconsumerdirect.com/

quizzes

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For information about Consumer Direct Missouri, call toll free: **1 (877) 532-8565**

CONSUMER DIRECT

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Increasing Independence And Control Through Self-Directed Services

Announcements

Consumer Direct Missouri announcements, newsletters, and surveys:

my direct care

Click here to login for the following options:

- Enter Time

Consumer Direct Missouri

Consumer Direct will begin providing self-directed services in Missouri in 2012. Our goal is to provide quality support so you and your team are successful in managing your service and supports.

Self-directed services give you:

- More choice
- More flexibility
- More control
- More independence

This results in a higher level of satisfaction and quality of life in your home and community.

Getting Started…

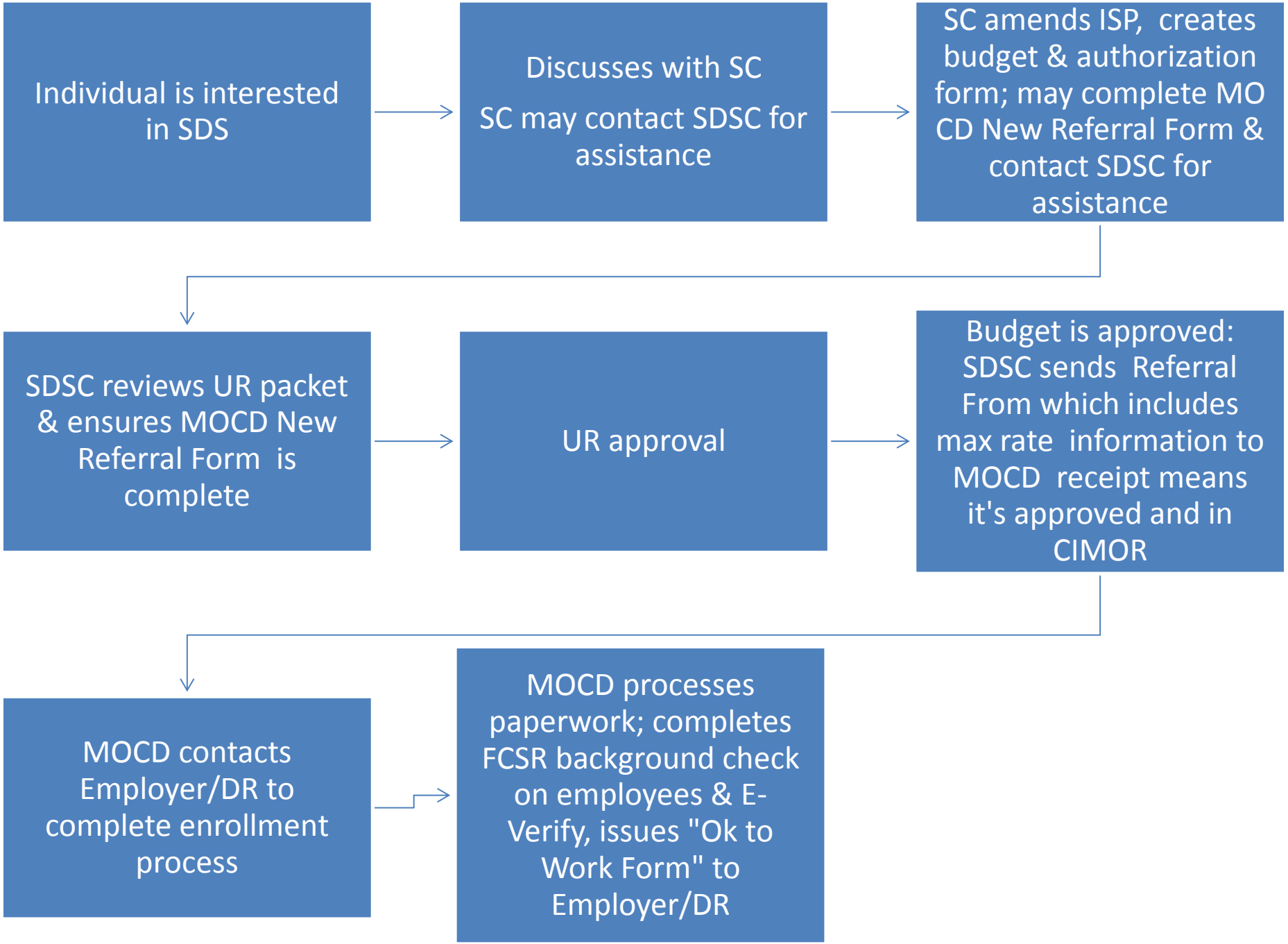
- The individual may utilize the SDS option if they receive funding through Medicaid Waiver (Comprehensive, Community Support, Lopez, Partnership for Hope or Autism) or POS, pending **Utilization Review and Administrative** approval

Enrollment Process

1. 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 about the option.
2. Consumer Direct will offer on going information trainings throughout the state. Individuals/families are welcome to attend if they are interested in learning more about SDS.
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 will complete the referral to Consumer Direct once they have reviewed the UR packet. Referral will be held pending UR approval.
5. After UR has approved authorization. The SC will send the approved Budget Calculator to Individual/Designated Representative to inform them of their approved budget allocation.
6. Once the approved authorization is in CIMOR, SDSC will send the referral to MOCD

Enrollment Process

7. Consumer Direct will contact the individual/designated representative to assist with the enrollment process. They will individualize the enrollment process based on the need.
8. Consumer Direct will process paperwork and initiate a background check. **No person/applicant/prospective employee is to begin working until the Consumer Direct notifies the individual that their prospective employee has passed their background screening.**
9. If the prospective employee has any 'hits' or flags on their background check the SDSC will be notified and will contact the SC and the employer and will help determine if the potential employee can be cleared to work or not.
10. 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.


Individual is interested in SDS
Discusses with SC
SC may contact SDSC for assistance
SC amends ISP, creates budget & authorization form; may complete MO CD New Referral Form & contact SDSC for assistance
SDSC reviews UR packet & ensures MOCD New Referral Form is complete
UR approval
Budget is approved: SDSC sends Referral From which includes max rate information to MOCD receipt means it's approved and in CIMOR
MOCD contacts Employer/DR to complete enrollment process
MOCD processes paperwork; completes FCSR background check on employees & E-Verify, issues "Ok to Work Form" to Employer/DR

Service Documentation Maintained by the Employer

- Service Documentation sheets are signed by the employee. These describe 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
  - The employee is responsible for writing the documentation on the date they provide the service
- **MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM-** alternate format must be approved by Regional Office, Self-directed Supports coordinator -

MANDATORY
SDS Service DOCUMENTATION FORM

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

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

MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM**

INDIVIDUAL RECEIVING SERVICES (include middle initial) :_____EMPLOYEE NAME:_____

DATE of Time Period: ____/____/___ to ____/____/____ Page 1 of ____

PA=Personal Assistance (T1019 U2); MB = Specialized Medical/Behavioral Personal Assistance (T1019 TG); CS=Community Specialist (T1016 U2); SB=Support Broker (T2041 U2); TC=Team Collaboration (G9007)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Service Code	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Total Time Worked							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Service Code	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC	☐ PA ☐MB ☐CS ☐ SB ☐TC
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time In	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Time Out	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
Total Time Worked							

**This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator 2/07/14

- *This is a mandatory documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports coordinator

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MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM**

INDIVIDUAL RECEIVING SERVICES (include middle initial) :_____EMPLOYEE NAME:_____

DATE of Time Period: ____/____/___ to ____/____/____ Page 2 of ____

Documentation must be completed at the time of service and must be sufficient so as to justify the length of service provided.

Record activities and be specific. Where did service take place?* What activity was done? What support was needed? What was the response? Answer the questions of who, what, when, where, why, how and record progress towards goals. Record changes in mood, habits or health, and new skills or discoveries. Be objective; just the facts, not opinions. Avoid using any derogatory, disrespectful or unprofessional statements.

Always use ink and remember to write legibly. Never use whiteout or scratch out errors, simply draw a line through the error and initial it.

Date	Time In	Time Out	Documentation Notes *(*Service took place in individuals home unless otherwise noted)*	Employee Signature

**This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator 2/07/14

Monthly Summary Form

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MANDATORY
Monthly Summary and Budget Tracking
Page 1 of 4

Individuals Name(include middle initial):
ISP Span Date:

Monthly Progress Notes 1	Month:
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual: Print Name:_____ Signature & Title:	Date:
Budget spending has been reviewed. Comments:	

Monthly Progress Notes 2	Month:
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual: Print Name:_____ Signature & Title:	Date:
Budget spending has been reviewed. Comments:	

Monthly Progress Notes 3	Month:
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual: Print Name:_____ Signature & Title:	Date:
Budget spending has been reviewed. Comments:	

*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports coordinator

All Individuals/Designated Representatives must do monthly summaries

Documents Maintained by the Individual/Des. Rep.

- Monthly summary and budget tracker which describes progress on the individual's ISP goals and objectives, overall status of the individual, and tracks service usage/dollars spent

  Now maintained by the FMS: The training checklist which documents each employee's qualifications to provide the service; this must be updated annually, along with the ISP (**Consumer Direct will now collect the training checklist along with verification of trainings, please forward copies of these to Consumer Direct)**

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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:

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. 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.	
Monthly summary – report documenting progress for all SDS services and budget tracking.	

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:

EMT/CERs

- Upon receiving information regarding an incident listed previously, the service 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? ➢ *Are all forms present and complete as specified on the SDS EMPLOYER DOCUMENT CHECKLIST?*	
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

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 ☐ No ☐		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
☐ New Entry ☐ Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes ☐ No ☐		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
☐ New Entry ☐ Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes ☐ No ☐		

POSITIVE QUALITY OUTCOMES IDENTIFIED (Check all that apply but also provide explanation for each box checked)

☐ Community Membership	☐ Positive Behavioral Supports	☐ Plan reflects lives and supports	☐ Managing their home
☐ Personal Relationships	☐ Positive Image	☐ Live and die with dignity	☐ Shared mission in agency
☐ Valued Roles	☐ Personal Identity	☐ Feel safe, emotional well being	☐ Agency relationships with other agencies
☐ Connected with past	☐ Control of daily lives	☐ Physical Wellness	☐ Staff Empowerment
☐ Communication	☐ Opportunity to Advocate	☐ Support through lifestyle changes	☐ Agency Self Evaluation

Comments / Explanation of Positive Quality Outcomes: (Can also be used for positive comments not meeting Positive Quality Outcomes).

OPTIONAL

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.

Self-Directed Support Improvement Plan

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

Self-Directed Support Improvement Plan

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES
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 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.	RESPONSIBLE PARTY	DATE TO COMPLETE	PROGRESS/DATE COMPLETED
A.	1.)			
AUTHORITY	2.)			
	3.)			
	4.)			
B.	1.)			
AUTHORITY	2.)			
	3.)			
	4.)			
C.	1.)			
AUTHORITY	2.)			
	3.)			
	4.)			

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SELF-DIRECTED SUPPORTS
Improvement Plan

D.	1.)			
AUTHORITY	2.)			
	3.)			
	5.)			

Due Date:	Corrective Due Date was Met: ☐ Yes; ☐ No	Corrective Actions Completed: ☐ Yes; ☐ 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 being in place
- Monitor Health & Safety
- Complete service monitoring (quarterly – minimum) and SC documentation requirements for each service
- **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 (approved budget calculator**)
- Complete monitoring within one month of starting a new service and set up monitoring schedules with individual/designated representative no less then quarterly
- Complete CERs for unusual events

QUESTIONS??