



SUPPORT BROKER MANUAL

Consumer-Directed Community Supports

Self-Directed Services (adults)
Family-Directed Services (children)

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www.selfdirection.idaho.gov

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INTRODUCTION

Consumer-Directed Community Supports (CDCS) is a program option for participants eligible for the:

- Adult Developmental Disabilities Waiver
- Children’s Developmental Disabilities Waiver
- Children’s Home and Community Based Services (HCBS) - State Plan Option

These adult and children’s waivers and children’s state plan services are described in Idaho Administrative Procedures Act (IDAPA) 16.03.10, “Medicaid Enhanced Plan Benefits”.

CDCS is not a covered option for participants enrolled in the Children’s Act Early Waiver. Children must live at home with the parent or court-appointed legal guardian to be eligible for the Family-Direction Program, a Power of Attorney or other legal arrangement does not suffice.

The CDCS option allows eligible participant to choose the type and frequency of supports they want, within parameters, negotiate the rate of payment, and hire the person or agency they prefer to provide those supports. The CDCS program is supported by IDAPA Rule 16.03.13.

My Voice, My Choice

The Consumer-Directed Services model is based on the principles of self-determination, including the participant-driven supports philosophy called *My Voice, My Choice*. The Idaho Consumer-Directed program is called *My Voice, My Choice*.

The guiding principles of *My Voice, My Choice* are that participants have:

- Freedom to plan their own lives.
- Control over the Medicaid dollars to get the services and supports they need, within parameters.
- Support to be involved in their community, as much as they choose.
- Responsibility for the choices and decisions they make.

This manual is written for the potential or working Support Broker and has several goals:

- Ensure that Support Brokers understand, agree with, and can state the philosophy that is the foundation of *My Voice, My Choice*.
- Provide complete and detailed step-by-step information describing the:
 - Support Broker qualifying process.
 - Function of the Circle of Support.
 - Person-centered planning process.
 - Business model of the Consumer-Directed Services model.
- Ensure that Support Brokers know their required and optional job duties.
- Provide the tools necessary to do the Support Broker job.
- Provide guidelines on how to work with employers and the Circles of Support to complete a *Support and Spending Plan*.

- Clarify the procedures, processes and rules that govern the Support Broker role.

Decision-Making Authority

The participant, or legal guardian if one exists, is responsible for decisions made on behalf of an adult participant. A parent or legal guardian is responsible for decisions made on behalf of a minor child participant. For the purpose of this manual “*employer*” refers to either an adult participant in the Self-Directed Services Program or to the parents, or legal guardian if one exists, of a minor child that is enrolled in the Family-Directed Services Program.

To participate in the Family-Directed Service Program, the “legal guardian” must be a guardian appointed through a court of law with court papers awarding such guardianship signed by the judge. A Power of Attorney or similar legal arrangement does not suffice.

CHAPTER ONE: GETTING STARTED

Support Broker Job Description

Support Brokers are employed directly by participants with a developmental disability. For participants that are minor children, the employer is the parent, or legal guardian if one exists, of that child. Support Brokers help their employer develop and manage their services and supports, providing support in a way that is flexible and responsive to the needs and abilities of their employer. Support Brokers also help their employers develop a *Support and Spending Plan (SSP)*, monitor their annual budget and develop back-up plans to mitigate potential risks to the health and safety of the participant. Additionally, Support Brokers assist their employers in the process of managing employees, including recruiting, hiring, and monitoring as necessary. Support Broker services are defined by IDAPA 16.03.13.10.16 as *assistance to the participant in the areas of planning, budgeting and negotiating their services*.

Support Brokers are committed to a value system that supports each participant's fundamental right to live a life of dignity, self-determination, community inclusion. Support Brokers assure the participant's health and welfare is supported – assuring safety through a network of family members, friends and paid supports. Support Brokers help provide leadership, resources, ideas and coordination for their employers. A Support Broker has a clear focus on helping an employer identify individualized goals to increase independence and quality of life.

For information about the Idaho Administrative Rules Act (IDAPA), visit:

<http://adminrules.idaho.gov/rules/current/16/0313.pdf>

The *Idaho Administrative Procedures Act (IDAPA)* rules are the legal foundation for the Department of Health and Welfare (DHW) to ensure that Support Brokers adhere to the rules and standards of care for their employer.

Responsibilities

According to *IDAPA 16.03.13 - Consumer-Directed Services*, at a minimum, the Support Broker must:

- Participate in the person-centered planning process.
- Develop a written *SSP* with the participant that includes the services and supports that the participant needs and wants, and addresses related risks that could accompany the participant's needs and wants. The *SSP* must include a comprehensive plan for each potential risk with three back-up plans for every risk identified. This plan must be authorized by DHW before executed.
- Assist the participant to monitor and review his Medicaid individualized budget.
- Submit documentation regarding the participant's satisfaction with identified supports as requested by the DHW.
- Participate with DHW's quality assurance measures, as requested
- Assist the participant to complete the annual re-determination process as needed, including updating the *SSP* and submitting it to DHW for authorization.

- Assist the participant, as needed, to meet his participant responsibilities outlined in Section 120 of these rules and assist the participant, as needed, to protect his own health and safety.
- Complete the Department - approved *Criminal History Check Waiver Form* when a participant chooses to waive the criminal history check requirement for a Community Support Worker. Completion of this form requires that the Support Broker provide education and counseling to the participant and his Circle of Support regarding the risks of waiving a criminal history check and assist with detailing the rationale for waiving the criminal history check and how health and safety will be protected.
- Assist children enrolled in the Family-Directed Community Supports (FDCCS) Option as they transition to adult DD services.

In addition to the rules stated above, IDAPA rule requires that each Support Broker must be able to provide the following services when requested by the participant:

- Assist the participant to develop and maintain a Circle of Support.
- Help the participant learn and implement the skills needed to recruit, hire and monitor community supports.
- Assist the participant to negotiate rates for paid Community Support Workers (CSW).
- Maintain documentation of supports provided by each CSW and participant's satisfaction with these supports.
- Assist the participant to monitor community supports.
- Assist the participant to resolve employment-related problems.
- Assist the participant to identify and develop community resources to meet specific needs.

Limitations

Support Brokers cannot provide or be employed by an agency that provides paid community supports as defined by the *Paid Community Support Broker Worker Duties and Responsibilities* section of IDAPA 16.03.13.135.05.

The Qualification Process

The Support Broker job description, application and application instructions are on the Self-Direction and Family-Direction website: www.selfdirection.idaho.gov and www.familydirected.dhw.idaho.gov. Individuals interested in becoming a Support Broker must complete the Department application to document that they meet all the criteria below:

- Are 18 years of age, or older.
- Have skills and knowledge typically gained by completing college courses, community classes or workshops that count toward a degree in the human services field.
- Have at least two years of verifiable experience with the target population and knowledge of services and resources in the developmental disabilities field.
- Pass DHW's criminal history background check.

The following are not eligible to become a Support Broker for a participant:

- An adult participant's parents
- The adult participant's guardian, payee or conservator

- The participant's spouse
- An employee of an agency that provides paid community supports to the participant

Exception: Under the Family-Directed Services option, a qualified parent or legal guardian of a minor child may act as the child's unpaid Support Broker.

Criminal History Check

According to IDAPA 16.05.06.100.27, DHW has the responsibility to ensure criminal history checks are conducted for Support Brokers. The intent of these rules is to facilitate the protection of children and vulnerable adults by requiring criminal history checks of persons providing services for these participants. DHW will ensure that applicants meet criminal history check requirements prior to qualifying an applicant to become a Support Broker and approving service provisions.

A DHW Criminal History Background Clearance does not mean an individual has no criminal record.

People who have felony convictions or been a party to a valid child or adult protection complaint cannot work or provide service to Consumer-Directed Services participants unless an exemption is granted by the DHW Criminal History Unit. Individuals convicted of other crimes will be evaluated on a case-by-case basis and may be granted an exemption. No exemptions will be granted for the "disqualifying offenses" listed below:

Disqualifying Offenses

A disqualifying offense is an offense that precludes an applicant from providing services or receiving a background check "clearance". If an applicant is found to have a disqualifying offense listed below, they will be issued an "unconditional denial" and will not be allowed to provide services or receive licensure or certification.

An "Unconditional Denial" will be issued for the following offenses:

Disqualifying Offenses – Permanent

If a person, as an adult or juvenile, has a conviction or withheld judgment of any crimes on the disqualifying offenses list or has any of the findings below, regardless how long ago it occurred, (s)he will be excluded from being a Medicaid provider and will not pass the background check.

- Abuse, neglect, or exploitation of a vulnerable adult;
- Aggravated, first degree and second-degree arson
- Child Abuse Registry listing Level 1 or 2
- Crimes against nature
- Forcible sexual penetration by use of a foreign object
- Incest
- Injury to a child, felony or misdemeanor
- Possession of sexually exploitative material
- Sexual abuse or exploitation of a child
- Negative finding on Nurse Aide Registry
- Any felony punishable by death or life imprisonment
- Inducing individuals under 18 years of age into prostitution or to patronize a prostitute
- Manslaughter: Voluntary, Involuntary or Felony Vehicular Manslaughter
- Murder in any degree; or, assault with intent to commit Murder

- Attempt, conspiracy, accessory after the fact or aiding and abetting to commit any of the Disqualifying offenses
- Poisoning
- Rape; in any degree
- Robbery
- Felony or first degree stalking
- Sale or barter of a child
- Video voyeurism
- Enticing of children
- Kidnapping
- Lewd conduct with a minor
- Mayhem

Disqualifying Five-Year Offenses

If a person, as an adult or juvenile, has a conviction or withheld judgment of any crimes on the disqualifying five-year offenses list, and the conviction date is within five years of his or her background check, (s)he will be excluded and will not pass the background check.

- Any felony not described on the permanent disqualifying offenses list
- Misdemeanor forgery of and fraudulent use of a financial transaction card
- Misdemeanor forgery and counterfeiting
- Misdemeanor identify theft
- Misdemeanor insurance fraud
- Misdemeanor public assistance fraud
- Stalking in the second degree
- Misdemeanor Vehicular Manslaughter (effective 7/1/2012)
- Attempt, conspiracy, accessory after the fact or aiding and abetting to commit any of the Disqualifying Five Year offenses

Support Brokers must report to the Department and their employer if they are charged with any criminal activity that might impact their ability to work with vulnerable adults or children. According to IDAPA 16.03.13, Support Brokers are required to report this charge immediately to their employer, the employer then is required to report it to DHW immediately. A substantiated charge of abuse, neglect, exploitation, or a criminal conviction of any crime which would disallow a person from being a provider to DHW participants, must be reported to their employer immediately.

Training

Training tools and courses are available to Support Broker applicants on the DHW Consumer-Directed Community Supports public websites.

The *Support Broker Training Curriculum*, available on the Self-Direction website, focuses on providing services to adults. Additional software may be needed to fully utilize the training curriculum; directions for additional software are available on the web site.

Q: What kind of training do I need to be a Support Broker?

A: A Support Broker must pass an exam prior to providing any paid services to the participant. Taking the training courses provided by the Department will help you pass the exam, and is mandatory to serve children.

Once the application is approved, an applicant is eligible to participate in DHW sponsored Support Broker training. DHW sponsored training is available through local Regional Medicaid Services or Family and Community Services (FACS) offices. DHW led Support Broker training is optional for Support Brokers who choose to serve adult participants only, but mandatory for all Support Brokers that serve children. Contact the local regional staff for specific information on dates, times and course availability. For local regional staff names and phone numbers, call the toll-free number at 1-866-702-5212. If serving children only, a contact list of FDS Case Coordinators is available on the Family-Direction Program website. (See front of manual)

The Support Broker Qualification Examination

The qualification exam is based on the Consumer-Direction philosophy, rules, guidelines and procedures. The exam incorporates information from the on-line curriculum, the Support Broker Training and the *Support Broker Manual*, with questions regarding the Self-Direction and the Family-Direction programs. There is no charge for the examination.

The exam is completed in two sections. The first portion of the exam is taken at a Department office and is a closed-book exam. Once this part is completed, the applicant can take the second part, which is a take-home case study. The take-home portion requires that the applicant develop a *Support and Spending Plan (SSP)* that will meet criteria for authorization. Those who wish to work with both the adult and children populations will be required to complete, and pass, two SSP case studies.

The following applies when completing both parts of the exam:

- The first part, a proctored exam, is a “closed-book exam”. Books or other written material, cell phones, backpacks, purse or hand-held electronic devices are not allowed in the exam room for the closed-book part of the exam.
- The date and time must be scheduled in advance with the regional trainer. Walk-ins will not be accepted.
- The test is offered during regular business hours and takes up to 90 minutes to complete.
- A photo identification must be presented at the time of the exam.
- The exam will be taken in a private room and must be completed in ink.
- The trainer will be available to provide assistance during the exam, but does not need to remain in the same room.
- Once the applicant has completed the closed-book part of the exam, the trainer will provide a case study and *Work Book from which the applicant is responsible for completing a SSP*.
- The applicant can use any resources to complete the *SSP*.
- The *SSP* must be completed and submitted within 5 working days.
- Once the plan meets approval criteria and is completed to your satisfaction scan and email to: CDSO@dhw.idaho.gov.
- Both the closed-book exam and the case study will be graded by DHW staff.
- A passing score is 70% or better on both parts of the exam.

- The applicant will receive a written notice stating exam results.
- If the exam is failed, it can be taken up to 3 times in a 12-month period.
- A consultation with the regional trainer can be requested to determine what areas of the test were problem areas that resulted in score of less than 70%.
- If the applicant fails the exam 3 times, (s)he must wait 12 months from the last failed exam date to re-take it.

Public Support Broker List

If the Support Broker indicates such, the qualified Support Broker's name will be placed on a public register of approved Support Brokers maintained by the Department on the Self-Direction and Family-Direction web sites. Support Brokers who do are not currently taking new participants should contact the Department to be taken off the list.

Receiving Your Notice of Qualification

To become a qualified Support Broker you must:

- Submit a complete application (Refer to the document *How to Become A Support Broker.*)
- Pass the Department criminal history check per the Support Broker protocol
- Pass the qualification examination
- Receive a *Notice of Qualification*, which notifies the individual is now a qualified Support Broker. This letter is sent to the FEA as well.

Upon receiving the *Notice of Qualification*, a Support Broker will be qualified to work for adult participants and for parents or legal guardians of minor children. This letter will serve as proof of qualification, a Support Broker will present it to an employer and to the Fiscal Employer Agent (FEA) when (s)he completes the *Employment Packet*.

Annual Re-Qualification

The anniversary date for the annual re-qualification is one year from the qualification date provided in the original *Notice of Support Broker Qualification*. In order to be re-qualified as a Support Broker, the following must be submitted 45 days prior to the expiration of your current qualification notice.

- An application for re-qualification, is located on the Self and Family-Direction web sites.
 - Documentation that you have completed a minimum of 12 hours of training in subjects specific to Support Broker job duties and responsibilities; aligning specifically with the human services field Documentation can be provided by :
 - Signed Certificates of completion
 - Continuing education units (CEUs)
 - Signed verification of course completion
 - Report cards from an educational institution
 - Training may be taken through:
 - DHW
 - Agencies contracted with DHW

- Community education classes
 - Seminars
 - Conventions
 - On-line training
 - Teleconferences
 - Workshops
 - Private trainers
 - College courses
 - Self-study
- Training subjects can include, but are not limited to:
 - Person-centered planning and related topics
 - Budget development and budget monitoring
 - Employment issues
 - IDAPA rules and/or Medicaid policies
 - Conflict resolution
 - Maintaining a Circle of Support
 - Community resource identification
 - Integration

Training subjects must be specific to the human service field. Support Brokers are responsible for determining what trainings meet the qualifications for their continuing education. Questions regarding what trainings would qualify as continuing education can be directed to your Regional Quality Assurance Specialist, or emailed to the CDSO inbox at CDSO@dhw.idaho.gov.

A Support Broker may complete a maximum of 6 hours a year (of the required 12 training hours) through self-study. Self-study can take the form of reading and/or on-line courses; the Support Broker needs to submit a comprehensive synopsis of the self-study information, including written description of the material, its location and specifics of how it applies to Support Broker job duties.

Unfortunately, the Department does not have an automated system designed to remind Support Brokers their re-qualification material is due – Support Brokers are responsible for remembering this responsibility. If this material is not submitted, the Support Broker qualification will expire on its anniversary date.

Q: How soon do I need to submit an application for re-qualification?

A: 45 days prior to the expiration date of the current Support Broker Qualification Notice.

Approval of Application for Re-Qualification

If the re-qualification application is approved, a notification letter will be sent prior to the expiration of the current qualification.

Denial of Application

If the re-qualification application does not clearly demonstrate at least 12 hours of on-going training related to Support Broker responsibilities, a notice will be sent that further documentation or additional training is necessary before a person continues to act or work as a Support Broker. This letter will contain specific information to the case. A Support Brokers' current qualification will lapse on the annual renewal date and they cannot bill or be paid for Support Broker services until they receive a *Notice of Continuing Qualification*.

A person will not be able to continue to act or work as a qualified Support Broker if (s)he has been convicted of a criminal charge which disqualifies him or her from providing Medicaid services or if there is a substantiated report in which they have been found to be the perpetrator in a case of abuse or neglect against a child or vulnerable adult.

Quality Assurance

Support Broker functions are integral to the success of individuals in Consumer-Directed Community Supports. Support Brokers must be experienced in working with individuals with developmental disabilities and knowledgeable of resources and practices in the field. They must perform the functions required by IDAPA rule and additional functions as needed by their employer.

Support and Spending Plans (SSP) are reviewed by the Department to assure that the participant's needs are met and significant risks are addressed. A monitoring review/survey of Support Brokers and their participant files is completed to assure compliance with rules, procedures and policy. Participants and their families will be surveyed to collect information regarding satisfaction. When issues of concern are identified in the participant and family satisfaction surveys, review of complaints and/or *SSP* reviews, the participant may be selected for an enhanced quality assurance review.

Terminating a Support Broker Employment Agreement

The Department of Health and Welfare, Division of Medicaid, may terminate a Support Broker *Employment Agreement* at any time. In most cases, remediation will be attempted prior to revocation. Termination may occur in the event that a Support Broker fails to perform his or her job duties adequately despite a plan of correction.

CHAPTER TWO: STARTING THE JOB

The Employer

Medicaid rules state that the Support Broker's employer is a Medicaid participant (or the parent or legal guardian of a minor child) who has a developmental disability and is in need of active treatment.

Participants can choose the Consumer-Directed Services option or the Traditional Model option in order to receive services for individuals with developmental disabilities. Consumer-Directed Services allow participants to have greater freedom to manage their own care within defined parameters. Participants must hire a Support Broker to act as an ongoing link between DHW, Community Support Workers, vendors, the FEA and other persons as necessary.

Submitting the Enrollment Packets

Once a Support Broker is hired, (s)he will complete an *Employment Agreement* with his or her employer. Prior to being able to bill for services, the Support Broker needs to enroll with a Fiscal Employer Agent (FEA). Payment cannot be made for any services until the *Enrollment Packet* is complete and accepted and an *Employment Agreement* that is supported by the authorized *Support and Spending Plan* is signed.

The FEA *Enrollment Packet* is given to employers when they attend the *Guide to Self-Directed Life* (adult) or *Guide to a Family-Directed Life* (minor child) training. The packet is also available on the FEA website. All information is to be completed and submitted to the FEA. Employers will receive training from the FEA on how to complete forms for enrollment and forms for their employees. Support Brokers must ensure their employer has enrolled with the FEA before they complete their *Support Broker Employment Agreement* and FEA enrollment. Below is a step-by-step guide to the enrollment process:

FEA Enrollment Process for the Employer

The Participant:

- Gets the FEA enrollment packets.
- Completes training with the FEA.
- Completes the FEA enrollment packet.
- Sends the enrollment packet back to the FEA.

The FEA:

- Reviews the packet. If there are errors or the packet is incomplete, the FEA will return the forms for correction and resubmission. Errors and incomplete forms will delay the process significantly; accuracy is critical.
- Notifies the participant and Medicaid of successful enrollment.
- Mails the participant their *Employer Identification Number (EIN)*. This number is used on all time sheets for the Community Support Workers (CSWs) hired by the employer, including the Support Broker.

It is the Support Brokers responsibility to ensure all paperwork they submit to the FEA is accurate and complete. Errors will delay processing.

FEA Enrollment Process for Employees

Employers will receive an *Employer Identification Number (EIN)* when they enroll with the FEA. The Support Broker and other CSWs can now enroll. Employers can submit their own enrollment packets simultaneously with the packets of their employees. Support Brokers and other CSWs receive enrollment and related forms directly from their employer.

Support Broker or other employee will complete the forms as needed. These forms include state and federal tax withholding information and information regarding timesheets and payment. The employee may submit the completed forms to the participant or Support Broker who submits the completed forms to the FEA, or the employee may submit their completed forms directly to the FEA. The FEA will review all of the forms.

If there are errors or the forms are incomplete, the FEA will return the forms for correction and resubmission. Errors and incomplete forms will delay the process significantly; accuracy is critical. The FEA will notify employees of successful enrollment by mailing the employee an *EIN*. This *EIN* is used on all time sheets.

The Support Broker will sign two *Employment Agreements*:

1. The Medicaid Support Broker Agreement.
2. The Participant Support Broker Employment Agreement.

Employment Agreement templates have been authorized by the Department. Templates of these agreements can be found on the Consumer Direct website. Templates of agreements are also on the FEA website. The *Medicaid Support Broker Agreement* will be part of the employment packet from the FEA once the Support Broker has been hired by a participant. The *Participant-Support Broker Employment Agreement* is filled out with the employer when they reach an agreement regarding job duties. The maximum wage is \$18.72 per hour. An employer can pay different hourly rates for different services performed. A Support Broker cannot provide any other paid services to an employer outside of the Support Broker duties listed on the *Employment Agreement* and *SSP*. The budget for Support Broker duties should not jeopardize the budget needed for other support services.

Items that must be in the *Participant - Support Broker Employment Agreement* include:

- How often a task will be performed and the approximate time each task will take.
- How often the Support Broker will meet with their employer and the Circle of Support.
- Required and requested employment duties, according to IDAPA 16.03.13 (listed in Ch. 1).
 - Identify under each service or task on the *Employment Agreement* how this activity will be accomplished specific to each employer.
 - Signature of their employer and their legal guardian, if applicable.

Suggestions for drafting an *Employment Agreement*:

- Identify and list what services will be accomplished and coordinated for the employer.
- Specify how often the Support Broker will meet with his or her employer, how often they will have phone contact and how many hours a month the Support Broker expected to spend in direct contact with the employer.
- List the required job duties and how much time these duties are expected to take.

- List and prioritize additional tasks as agreed upon by the Support Broker and the employer.
- Approximate how many hours a week/month will be needed to complete the additional tasks.
- Determine if the amount of total time a week/month for required and additional tasks fall within the employer's expectation of what Support Broker services will cost. If it doesn't fall within the employer's expectations, make adjustments.
- List the current negotiated wage (maximum wage amount is \$18.72 per hour before taxes).

Note: Under the Family-Directed Services program, parents may act as unpaid Support Brokers for their minor child only if they qualify for and obtain a Support Broker qualification.

Q: What if more than one participant wants to use my services?

A: You may have more than one employer, however, regardless of how many you serve, you must maintain high quality services. You must fulfill all requirements with each employer thoroughly and timely and maintain the privacy of each participant.

The Fiscal Employer Agent

Employers must purchase financial management services from a Fiscal Employer Agent (FEA) to participate in the Consumer-Direction option. The FEA provides financial support to participants by:

- Tracking individual expenditures.
- Monitoring overall budgets.
- Performing payroll services.
- Completing employment related documentation and tax responsibilities.

Getting Paid Through the Fiscal Employer Agent

The FEA issues paychecks on behalf of an employer. Contact the FEA directly for assistance filling out the forms or for questions regarding your paycheck.

In order to be paid, a Support Broker must have completed the following steps:

1. Passed the exam and received a written notice that they have qualified.
2. Submit required, accurate documents with the FEA, including a signed *Employment Agreement*.
3. Received their Employee Identification Number (EIN) from the FEA.
4. Be enrolled with the FEA.
5. Have an EIN issued by the FEA.
6. Their employer has reviewed and signed the Support Broker time sheets.
7. Have submitted a complete and signed time sheet to the FEA.

Support Brokers are paid according to the time schedule provided by the FEA, pay can only be for actual hours worked. Support Brokers must have their time sheet signed and submitted by specified, predefined dates to ensure payment at the next payroll day. Submitting time sheets electronically via the FEA web site portal is the quickest and preferred method of submission. Support Brokers can only provide one service, that of a Support Broker, which is coded as SBS. A Support Broker can get paid different hourly wages for different Support Broker services, using a qualifying sub-code.

The Good News

“When do I get my first pay check?” is a natural question most people ask when they start a new job. The first paycheck a Support Broker will receive includes all the hours put into developing the *Support and Spending Plan*. Your *Employment Agreement* details the hours including:

Meeting with the employer and the Circle of Support.

Helping the employer fill out the *My Voice, My Choice Workbook*.

Researching and calculating rates for services and prices of goods that need to be purchased.

A Support Broker will need to track all the time (s)he spends on support broker duties prior to the authorization of the *Support and Spending Plan*.

The Not-So-Good News

Support Brokers cannot be paid until the *Support and Spending Plan (SSP)* is authorized; therefore, they will be doing work initially for payment at a later date. After the SSP is authorized, Support Brokers may submit their first time sheet with the total number of hours they worked to that point. The first time sheet has to be dated after the date the SSP was approved, as Medicaid can't pay for services that occurred prior to authorization. The first paycheck to a Support Broker will reflect the hours authorized to meet with the Circle of Support and develop the SSP. A Support Broker cannot be paid more than 40 hours of work per week or for duties out of the scope of a Support Broker (e.g., transportation).

In the adult program, if an employer has a current *Individual Service Plan (ISP)*, and is receiving services through the traditional waiver option, the *ISP* will remain active until the *SSP* goes into effect. The Service Coordinator will continue to provide and bill for services. The Support Broker will need to work with the Service Coordinator during crucial transition months - the Service Coordinator can provide valuable information and ensure that contact is maintained with current services and Medicaid. Service Coordinators will be expected to continue with their normal job duties until the current *ISP* expires and are responsible for handling service needs and any problems that arise during this time.

In the children's program, your Case Manager will continue to work with you and your Family-Direction Case Coordinator to ensure a smooth transition. The traditional model *Plan of Service* will never overlap with the *SSP*; when the *Plan of Service* ends, the *SSP* will begin.

CHAPTER THREE: THE SUPPORT AND SPENDING PLAN

Steps to Develop a Support and Spending Plan

The *Support and Spending Plan (SSP)* is the key to an employer's ability to manage services. The intent of the *SSP* is to ensure the participant gets the help they need to become as independent as possible. The *SSP* must include goals that the participant wants to achieve within the next year that support increased independence. The plan also includes information about what can be done to reach goals without paid supports and services (i.e., through natural supports).

The Circle of Support

The first step in building a *SSP* is to identify a Circle of Support. According to IDAPA 16.03.13, the Circle of Support consists of people who encourage and care about the participant and are willing to help develop the *SSP*. Work the Circle performs on behalf of an employer is not paid.

The participant's Circle of Support should be built and operated with the primary goal of working in the interest of the participant. The group's role is to give and get support for the participant and to develop a plan of action, along with, and on behalf, of the participant to help the participant accomplish his personal goals.

A Circle of Support may include family members, friends, neighbors, co-workers and other community members. In the adult program, when a participant's legal guardian is selected as a Community Support Worker, the Circle must include at least one non-family member that is not the Support Broker. Members of the Circle of Support will be chosen by the participant and commit to:

- Helping promote independence and improve the life of the participant in accordance with the participant's choices; and
- Meeting on a regular basis to assist the participant to accomplish expressed goals.

Additional information on the Circle of Support for adult participants can be found in Module 'C' of the Support Broker training curriculum on the Self-Direction website.

Natural Supports

A natural support may perform any duty of the Support Broker as long as the Support Broker still completes the responsibilities required in rule. A natural support may also perform any task for the participant as long as they are qualified and possesses the necessary training or certification. Supports provided by a natural support must be identified on the participant's *SSP*, but time worked does not need to be recorded or reported to the Fiscal Employer Agent (FEA), as they are unpaid.

Use the Guide Manuals

The *Guide to a Self-Directed Life* is the consumer handbook that has been developed for adult participants in the Self-Directed Services Option. The *Guide to Family-Direction* is the handbook for families and legal guardians with a minor child participant in the Family-Directed Services Option. The *Guide Manual* is given to each participant during the Guide Training. These *Guide Manuals* give specific directions and instructions for participants and suggest that they use their Support Broker to help identify members of their Circle of Support.

It is important that participants use natural (unpaid) supports as much as possible as each participant has a limited budget. The Support Broker fee must comprise only one small part of that budget.

The Person-Centered Planning Process and the *My Voice, My Choice Workbook*

Person-centered planning is the foundation of consumer-driven support planning. Person-centered planning means that a participant's needs and goals define the *Support and Spending Plan (SSP)*. The *My Voice, My Choice Workbook (Workbook)* prompts the Circle of Support to focus on the participant.

The *Workbook* helps employers identify how they want to spend their individualized budget. An employer may ask for help when filling out the *Workbook*. Each participant will be given a copy of the *Workbook* during training. The *Workbook*:

- Can be downloaded from the self-direction or family- direction web site.
- Should be used to help an employer identify long-term goals and needs.
- Should contain both long and short-term goals.
- Will assist an employer break down long-term goals into short-term tasks that can be accomplished within the one-year time span of their *SSP*.
- Will become the foundation of the *SSP*.
- Must be returned with the completed *SSP* to the Regional Care Manager for adult participants or the FACS Case Coordinator for minor child participants. Make sure you or your employer makes a copy of the *Workbook* and the *SSP* before turning them in to the Department.

Support Brokers need to be mindful of how much time they spend with their employer helping with the *Workbook*. Identify how many hours it will take to complete the person-centered planning meetings and help with the *SSP*. These duties and hours must be included in the *Employment Agreement*.

Your employer may need the help of other professionals to complete portions of the *Workbook*. The *Workbook* includes information on health and safety risks and needs. Health professionals and therapeutic care providers may need to be consulted. While reviewing the *Workbook*, please note how much time is needed in gathering health and safety information from others. Make sure this time is included in the *Support Broker - Employment Agreement*.

Active Treatment

Active treatment is the continuous participation, during all waking hours, by an individual in an aggressive, consistently implemented program of specialized and generic training, treatment, health and related services, and provided in accordance with a treatment plan developed by an interdisciplinary team and monitored by a Qualified Intellectual Disabilities Professional directed toward the:

- Acquisition of the behaviors necessary for the resident to function with as much self-determination and independence as possible; or
- Prevention or deceleration of regression or loss of current functional status.

Active treatment does not include:

- Interventions that address age-appropriate limitations; or
- Physical assistance for persons who are unable to physically perform tasks but who understand the process needed to do them.

The Individualized Budget

The individualized budget is the amount of Medicaid money that each individual can spend annually to purchase allowable supports and services. The individualized budget is set through a specific process based on each participant's assessed and identified needs. Participants are advised of their budgets in the eligibility approval letter.

Support Brokers need to know the individualized annual budget amount for each employer and ensure the services and supports don't exceed that amount prior to submitting a *SSP*. Participants cannot exceed their annual budget. If their employers cannot budget their expenses to fit within their individualized budgets, their Support Broker will need to help them review their options.

Calculate Allowable Expenses

The individualized budget will be used to purchase an employer's authorized supports and services. The budget must also pay for the FEA, Support Broker services, Community Support Worker services, and necessary equipment and supplies. The *SSP* provides worksheets to help with necessary budgeting. The Community Support Worker (CSW) provides identified supports to the participant. If the identified support requires specific licensing or certification within the State of Idaho, the CSW must have the applicable licensing or certification.

Support Brokers should help their employers figure out the costs of each service they want to use. The Support Broker is responsible to make sure each service is allowable, according to IDAPA 16.03.13 and guidelines distributed by the DHW. See *Appendix A and Appendix L* for guidelines for allowable goods and services for each type of support category. The adult and children's program have separate guidelines as allowable expenses for adults and children are different. The FDS Allowable Expense sheet also includes information on the process to obtain goods, including Durable Medical Equipment.

Identified supports include activities that address the participant's preferences and needs for: ***Each category that is relevant to the plan should include qualifications required to carry out the goals of the category.***

- **Job support** to help secure and maintain employment or attain job advancement;
- **Personal support** to help maintain health, safety and basic quality of life;
- **Relationship support** to help establish and maintain positive relationships with family members, friends, spouse or others in order to build a natural support network and community;
- **Emotional support** to help learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors;
- **Learning support** to help learn or improve skills that relate to identified goals;
- **Transportation support** to help accomplish identified goals, participants can pay a Community Support Worker for miles that they drive or pay them by the hour while transporting them to and from services and activities approved on the *SSP*; You can bill for transportation in the following ways:
 - **Transportation Support Services (TSS)**: An hourly rate includes both the mileage rate and hourly wage paid for any direct service be provided while driving.
 - **Transportation Mileage Reimbursement (TSM)**: Mileage is paid separately and can be billed at the same time as an hourly wage service when the hourly wage is being paid for a direct service while driving.

- **Adaptive equipment** identified in the participant's *SSP* that meets a medical or accessibility need and promotes increased independence; and
- **Skilled nursing support** identified in the participant's *SSP* that is within the scope of the Nurse Practice Act and is provided by a licensed professional (RN) nurse or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

Support Brokers are responsible for knowing which expenses are, and which are not, allowed by the Department and the Consumer-Directed Program. There is a significant difference between allowable expenses of the Self-Direction and Family-Direction Programs.

Review Rates and Budgeting

Support Brokers can help their employer negotiate wages and rates. Participants are not bound by previously negotiated Medicaid rates, but cannot pay over fair-market rates for their supports and services. As long as those services are allowable under the Medicaid rules and guidelines, the cost is negotiable. The Idaho Department of Labor is a good resource in determining a fair-market rate.

In the children's program, Family-Direction, the annual maximum rate of pay per hour for each employee and contractor must be listed on the *SSP* under the appropriate support category. The employer will likely start the CSW out at a lower wage and give raises through the year to reach the maximum listed on the *SSP*. If an employer wishes to go above the rate on the *SSP*, he or she must submit a *Plan Change Form* to the Case Manager/Coordinator. If approved, the employer will need to submit a new *Employment Agreement* to their FEA. The new rate of pay is now considered the annual maximum and cannot be exceeded.

In Self-Direction, the starting wage can be on the plan, and raises can be given by submitting a new *Employment Agreement*.

The *SSP* includes specific worksheets for budgeting. These worksheets should be used to help an employer calculate the cost of each paid service/support. Instructions on how to use the budgeting sheets are included in the *SSP*. Support Brokers should help their employer by remaining knowledgeable about community resources.

Employer's Taxes

When an employer hires a CSW to provide hourly services, the employer is responsible for paying payroll "withholding" taxes, which are computed as a percentage of the negotiated hourly wage. This additional cost is the employer's share of Social Security, Medicare, and federal and state unemployment taxes. This additional amount needs to be included in the hourly wage on the *SSP Authorization* pages, and represents the total cost for each hour worked by a CSW. The rate of the employer taxes is subject to change annually, and typically ranges between 11-13%. The FEA will include a chart in the enrollment packet which will help calculate employer taxes based on an hourly rate of pay. Employers can use this chart when filling out their *SSP* budget amounts. For example, if an employer is paying a CSW \$10.00 per hour, and the employer taxes are 12%, the total amount budgeted on the *SSP*, is \$11.20.

$$\mathbf{\$10.00 \times .12 = \$10.00 + \$1.20 = \$11.20}$$

Employers don't pay payroll taxes for independent contractors, vendors or agencies as they are all types of contractors. The IRS and federal and state labor laws prohibits paying employees, such as a CSW, as independent contractors. Misclassified employees will not receive protections to which they

are entitled, such as family and medical leave and unemployment insurance. Additionally, they will be responsible for a larger tax burden. Under Idaho law, an independent contractor is free from direction and the employer does not control how the work is performed. An example of a contractor could be an established hippotherapy provider, a service in which the employer purchase services, but does not create a detailed job description telling staff when, where and how to their job. Rather the participant will receive the service as created and controlled by the hippotherapist.

Some Idaho laws also require that independent contractors be established businesses, which may include having business expenses and income. IRS *Publication 1779* gives guidelines to employers in determining whether a specific individual is a contractor or an employee. If an Employer is unsure whether an individual is an employee or an independent contractor, (s)he may contact a local Idaho Department of Labor tax representative for guidance.

Calculating Sales Tax

Employers will need to pay sales tax on goods purchased from a vendor. The only exception may be in the case of some items prescribed by a professional health practitioner.

An employer may need to purchase specific goods to help remain as independent as possible in the community. For example, an adult participant may need to purchase a microwave because (s)he is unable to use a stove safely and need a microwave to safely cook hot meals independently. This would be an allowable expense for an adult participant as it will help the participant remain in the least restrictive and most normal setting.

The employer needs to include the price of the microwave and sales tax on the *SSP*. So, if the microwave costs \$50.00, your employer must put the total amount needed, including sales tax, on their plan: The total cost would be \$53.00, given a 6 percent sales tax.

$$\mathbf{\$50.00 \times .06 = \$3.00 \rightarrow \$50.00 + \$3.00 = \$53.00}$$

Tax Exempt Items

Some items prescribed by a physician, podiatrist, chiropractor, dentist, optometrist, psychologist, ophthalmologist, nurse practitioner, denturist, orthodontist, audiologist or hearing aid dealer/fitter may be tax exempt when purchased through certain vendors specializing in medical or habilitative goods and supplies. This could include durable medical equipment, such as prosthetic devices and medical supplies such as catheters. If your employer routinely uses the above items, please check to see that a prescription has been written for the good by the employer's physician.

Home Alone Time Requests in a Certified Family Home

Requests for "home alone time" are submitted to the Regional Care Manager on the *Support and Spending Plan (SSP)* or may be requested any time during the plan year using the *Support and Spending Plan Change Form (SSPC)*. The *SSP* or *SSPC* must identify a goal for "home alone time" and identify in the 'Activities' section of a *My Support Plan* page what activities the person is able to do on their own that allows them to safely stay home alone (i.e., call 911, call CFH provider on cell phone, exit home without assistance in the event of a fire, go to neighbor's house for assistance, not answer the telephone or door while alone, able to get a snack to eat on their own, etc.).

A back-up plan must be developed that identifies those person(s) the participant can contact for assistance when using 'alone time'.

When evaluating the participant for 'home alone time', the Support Broker/Circle of Support may use the following questions to guide the discussion. This list is just an example and is not considered to be all-inclusive of what should be considered to ensure each participant's health and safety.

- How has the participant demonstrated an ability to successfully respond to a variety of emergency situations? The Circle of Support should be able to verify the following:
 - Can the participant independently evacuate the residence in the event of a fire?
 - Can the Circle of Support provide reasonable details that support the participant is able to demonstrate an ability to appropriately respond to a variety of situations that may present when they are home alone (e.g., telephone rings, a knock at the door, problems when using household appliances, sustains a minor or major injury, etc.).
 - Are back-up supports available to a participant while using 'alone time'?
 - Does the participant have the ability to recognize the need for and seek emergency help?
 - Does this request for 'home alone' time include the participant being able to go out into the community while on 'home alone time'?
 - If 'no', does the participant have a history of compliance when it comes to following directions (e.g. not leaving the home by themselves)?
 - If 'yes', Support Broker/Circle of Support should be able to provide reasonable details to support the participant is able to demonstrate an ability to navigate the community in a safe and effective manner (e.g. does the participant understand 'stranger danger', how and who would they contact in an emergency situation while in the community, are they at risk for exploitation, do they have a history of behaviors that would put them or the community at risk if they are out and about on their own, etc.).
 - If the participant wishes to increase the number of hours of "home alone time" approved on the annual *SSP* or *SSPC* form, the increased number of hours must be requested and approved through an updated *SSPC* form prior to increasing the number of hours a participant spends in 'alone time'. This change form would not go to the FEA.

Goods and Supplies for Children

To be considered for funding under the Family-Directed Services program, goods and services require written recommendation from a licensed medical practitioner, occupational therapist, physical therapist, speech language pathologist or psychologist stating that the purchase meets the criteria below:

- Safe and effective treatment that meets acceptable standards of medical practice.
- Needed to optimize the health, safety and welfare of the child.
- Least costly alternative that reasonably meets the child's need.
- For the sole benefit of the child.

Goods and services must also meet the criteria below. The good or service must:

- Maintain the ability of the child to remain in the community.
- Enhance community inclusion and family involvement.
- Decrease dependency on formal support services and thus increase independence of the child.

All services must be required to meet the child's needs directly related to their developmental disability as identified on their annual *Support and Spending Plan (SSP)*.

The SSP must not include a request for goods and services as a substitute for human assistance and request the same type of assistance from a person. Additionally, a SSP should not include request for human assistance when there is a previous approval for goods and services as a substitute for human assistance unless justified.

Be specific when requesting goods, for example, don't request an augmentative communication device and "accessories" rather; specify the make and model of the good and detailed information regarding requested accessories.

In the Family-Direction Program, all durable medical equipment and supplies over \$100.00 must first be requested through a Medicaid vendor according to Medicaid's Durable Medical Equipment (DME) policy. See *Appendix L* for detailed instructions for this process. If the good is not eligible for funding through the DME program, funding can be considered through the FDS program.

If the item is not typically funded through Durable Medical Equipment, it is not necessary to request funding through a Medicaid vendor.

In FDS, If an item is not typically funded through Durable Medical Equipment as shown in Appendix L, it is not necessary to request funding through a Medicaid vendor.

Vendor Payments for Ongoing Services or Goods

Vendors can be paid up to 3 months in advance for ongoing goods or services. The Case Coordinator/Care Manager will authorize 12 months of services on the SSP, but the employer/Support Brokers will only be able to submit *Vendor Requests Forms*, which request payment for services and goods in up to 3-month increments. Prepayments should not be made unless necessary.

Developing the Support and Spending Plan: What Must Be Included?

According to IDAPA 16.03.13, participants, with the help of their Support Broker, must develop a comprehensive *Support and Spending Plan (SSP)* based on the information gathered during the person-centered planning meeting. The SSP is not valid until authorized by the Department.

The SSP must include the following:

- Active treatment goals: Goals must support the participant in his or her choice to live as independently as possible in the community. Goals must be concrete, realistic and meet the definition of active treatment. The program must support the acquisition of behaviors necessary for the participant to function with as much self-determination and independence as possible. This must include services for prevention or deceleration of regression or loss of current optimal functioning. (See page 19 for the definition of *active treatment*)
- Details on tasks or parts of tasks that the participant can perform independently, without a paid support.
- All natural supports available for assistance.
- Paid supports must be:
 - A safe and effective treatment that meets acceptable standards of medical practice.
 - Needed to optimize the health, safety and welfare of the participant.

- The least costly alternative that reasonably meets the participant's need.
- For the sole benefit of the participant.
- Goods and services must:
 - Maintain the ability of the participant to remain in the community.
 - Enhance community inclusion and family involvement.
 - Decrease dependency on formal support services and thus increase independence of the participant.
 - Paid or non-paid Community-Direction program supports must focus on the participant's wants, needs and goals in the following areas:
 - Personal health and safety including quality of life preferences.
 - Securing and maintaining employment.
 - Establishing and maintaining relationships with family, friends and others to build the participant's Circle of Supports.
 - Learning and practicing ways to recognize and minimize interfering behaviors.
 - Learning new skills or improving existing ones to accomplish set goals.
- Support needs such as:
 - Medical care and medicine (necessary for adult plans only).
 - Skilled care including therapies or nursing needs.
 - Community involvement.
 - Preferred living arrangements, including possible roommate(s).
 - Responses to emergencies, including access to emergency assistance and care.

Person-Centered Planning

Following the principals of person-centered planning, the *SSP* must reflect the wants, preferences and needs of the participant.

In the Family-Direction Program, the planning process is facilitated by the participant's parents, or legal guardian. Unlike the adult program, all supports and services the child receives related to his or her developmental disability do not have to be on the *SSP*. These services can be still purchased with the child's Medicaid card and do not decrement the child's budget. For example, goods purchased through the DHW Durable Medical Equipment Unit, transportation, physical therapy, occupational therapy and speech language therapy services all must be on the *SSP*, however, they don't have to be carried over to the authorization page be deducted from the *SSP* budget. Through these supports and services, the *SSP* must clearly demonstrate how:

- The child's assessed needs are being met, and
- Services and supports, paid and unpaid, are ensuring the child's health and safety.

Plans that do not include supports and services to address health and safety concerns will not be approved. It's the Support Broker's role to ensure that these needs are being addressed.

All health and safety needs must be addressed in the SSP for both children and adults.

Documentation of goods and services must address the following:

- How goods and services “*increase independence or provide a substitute for human assistance; and decrease the need for other Medicaid services.*”
- Ensure the *SSP* does not include both a request to purchase individual goods and services as a substitute for human assistance and a request for the same assistance from a person.

If goods and services have previously been approved and purchased as a substitute for human assistance, the participant should not request the assistance of a person for that same support without appropriate documentation to justify the additional personal support.

In certain circumstances, a *SSP* may identify the need for two Community Support Workers (CSWs) to complete the same task at the same time during any part of the support schedule. A Care Manager or Case Coordinator may authorize this request when there is documentation attached regarding:

- A detailed description of why the participant’s health and safety cannot be assured without a second CSW.
- A notation that the *SSP* costs are within the participant’s assigned budget.
- The use of the second CSW provides for the participant’s needs without using a more costly support. The *Two CSWs Form* must be completed when two CSWs bill at the same time for the same task and must be attached to the *SSP*. The use of two CSWs must also be noted within the *Support Plan* sections of the *SSP* and on the *Employment Agreements* for each CSW.
- Risks or safety concerns in relation to the identified support needs on the participant’s plan. The plan must specify the supports or services needed to address the risks for each issue listed, with at least three backup plans for each identified risk to implement in case the need arises;
- Sources of payment for the listed supports and services, including the frequency, duration and main task of the listed supports and services; and
- The budgeted amounts planned in relation to the participant’s needed supports. Community Support Worker *Employment Agreements* submitted to the FEA must identify the negotiated rates agreed upon with each Community Support Worker along with the specific support being purchased, the frequency and duration that the support will be provided, and the payment increment. The FEA will compare and match the *Employment Agreements* to the appropriate support categories identified on the initial spending plan prior to processing time sheets or invoices for payment.

***Employment Agreements* need to be completed every year with the annual Support and Spending Plans.**

Care Managers and Case Coordinators will approve these types of requests on a case-by-case basis. If approved, they will submit the *Two CSWs Form* along with the *SSP Authorization* to the FEA. The FEA will use the *Two CSWs Form* as a trigger to by-pass their security protocol. In these instances, paper time sheets must be submitted and a manual review of all the time sheets being submitted for that participant is required.

Identifying Related Risks

As Support Brokers help their employers fill out the *My Voice, My Choice Workbook*, they will notice that there are many prompts to help identify risks. When completing the *Workbook*, all risks need to

be identified on the *Health and Safety Plan Worksheet*. A risk is a hazard that could endanger the participant's health or safety. The prompts include questions about health and safety to help identify possible risks. Below are examples of prompts regarding health and safety:

- “Who knows about your health and safety needs?”
- “Are there any behavior that may put your child or others at risk?”
- “Are there any relationships you are uncomfortable with?”
- “What help do you need at home to make sure things get done that are important to you and your well- being?” (Self-Direction example)

For example, in the Self-Direction program, if an employer needs a CSW to supervise him or her to ensure the participant takes prescribed medication and help the participant prepare a meal every morning. This participant may be at risk if the CSW does not come to work unexpectedly. This example would not pertain to Family-Direction as a child would not be left alone if a CSW does not come to work, it would be the parent's role to step in and supervise their child when necessary, or make alternative arrangements.

In the Family-Direction program, perhaps a child has medication that he must take immediately when he shows warning signs of an upcoming seizure. Not having the medication promptly could put his health at risk. The CSW should be trained on administering the medication, but what if the CSW is temporarily unavailable? Other adults in the immediate environment could be trained as a back-up plan.

Safety and Back-up Plans

If a risk identified is an issue of “immediate jeopardy” to the participant's health and safety, three realistic back-up plans must be developed and included in the *SSP*. The back-up plans should be based on the participant's need for services to avoid a risk to health or safety.

In the previous example, the adult participant may be in immediate jeopardy if a scheduled CSW doesn't show up to work, therefore, the *SSP* must include three back-up plans on how this situation will be dealt with to assure the health and safety of the participant. For example, in this situation, the back-up plans could include:

- Phone a back-up CSW with whom an “emergency service” arrangement has been made
- Contact a next-door neighbor who has agreed to act as back-up in an emergency situation
- Phone his or her guardian, if applicable, who has agreed to handle these situations

If a child exhibits any behaviors that put him or others at risk, there has to be a detailed safety and back-up on the *SSP*. If problem or at-risk behaviors were identified in the *Workbook* (discussed below) that jeopardize the health or safety of the child or others, or if there are other health and safety issues that others need to know of while supervising the child to ensure the child's safety, a back-up plan must be developed for that support to direct the CSW supervising the child.

For any supports identified that require a back-up plan, first list the *Goal* or *Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways to obtain the help. A list of phone numbers to contact if a situation arises in not an adequate back-up plan.

The Risk Identification Tool

The safety and back-up plans are risks identified on the *Health and Safety Plan Worksheet*. There is a checklist available in *Attachment D* to help identify risks. As covered in the last section, all risks identified involving immediate jeopardy to the participant's health and safety must have a corresponding *SSP Back-Up Plan* that addresses the risk. However, depending on the nature of the support provided to lower the risk, there may not be an issue of "immediate jeopardy".

A back-up plan must be developed for situations that place the participant's health and safety in "immediate jeopardy".

Participants may have health conditions or be more susceptible to medical emergencies that endanger their health and safety and place them in immediate jeopardy. These types of risks, such as the ones listed below, need to have back-up plans on the *SSP*.

- Seizures
- Dehydration
- Constipation
- Choking

Be sure to consult with the participant's physician, when appropriate, prior to writing a back-up plan.

Support and Spending Plan Limitations

According to IDAPA 16.03.13.160, the *SSP* limitations include:

- Traditional Medicaid waiver and traditional rehabilitative or habilitative services must not be purchased under the CDCS option. Because a participant cannot receive these traditional services and consumer-directed services at the same time, the participant, the Support Broker, and the Department must all work together to assure that there is no interruption of required services when moving between traditional services and the CDCS option;
- Services may be purchased from a developmental disability agency (DDA) that also provides services in the traditional model. The cost and service would be negotiated by the employer. If an employer wishes to enter into this type of agreement, it is mandatory to identify specific Community Support Workers (CSW) who will be supplying services under this agreement. The CSW remains the employee of the agency, but will provide individual services as directed, controlled and approved by the participant. The agency/CSW would have to agree to enter into a vendor agreement with a Fiscal Employer Agency (FEA), submit an invoice to the FEA and receive payment from the FEA. You can review the *Participant-Agency/Community Support Worker Employment Agreement* and instructions at <http://consumerdirectid.com/forms-2/> (under Idaho FEA forms on right side).
- All paid community supports must fit into one of the types of supports described IDAPA 16.03.13.
- Community supports must be:
 - The right care, in the right place, at the right prices, with the right outcomes.
 - A safe and effective treatment that meets acceptable standards of medical practice.
 - Needed to optimize the health, safety and welfare of the participant.
 - The least costly alternative that reasonably meets the participant's need.

- For the sole benefit of the participant.
- Supports must:
 - Maintain the ability of the participant to remain in the community.
 - Enhance community inclusion and family involvement.
 - Decrease dependency on formal supports and thus increase independence of the participant.
- Additionally, the *SSP* must not include supports or services that are illegal, that adversely affect the health and safety of the participant, that do harm, or that violate or infringe on the rights of others.
- Community supports for minor children must not supplant the role and responsibility of a parent or legal guardian.
- Community supports must not be provided in a group setting with recipients of traditional Medicaid waiver, rehabilitative or habilitative services.
 - This limitation does not preclude a participant who has selected the Self-Directed option from choosing to live with recipients of traditional Medicaid services.
 - This limitation does not preclude participants from participating in community social or other events with their peers.
- CSW services can only be provided on a one-on-one basis, providing services in a group format is not allowed.
- *SSPs* that exceed the approved budget amount will not be authorized.
- The FEA will not pay a CSW for services that exceed the agreed upon amount authorized on the *SSP*. Time sheets or invoices submitted in excess of the *SSP* agreement will not be paid.

Writing the Support and Spending Plan

The following list may help in writing the plan:

- Know what must be included in the *SSP*.
- Make a list of the participant's goals and needs for the plan year, as identified in the *Workbook*.
- Have the employer identify who is in the Circle of Support.
- The Circle of Support is involved with developing and creating the plan.
- Review the *Guide to a Self-Directed Life* or *Guide to a Family-Directed Life*.
- Review the *Workbook* to ensure that it is completely and thoroughly filled out.
- Know the amount of the annual individualized budget.
- Know what services and supports (allowable expenses) can be purchased with Medicaid funds and the usual rates for allowable services.
- Know all services the participant is receiving, both paid and unpaid. All services that are related to the participant's developmental disability need to be on the plan even if they are not included in the budget. For example, physical therapy services obtained at an outpatient clinic.
- Explore and identify natural supports, community resources and low-cost alternatives.

- Identify the risks and back-up plans.
- Have your employer and the Circle of Support identify how to access community resources.
- Identify what times and days the participant may need or want supports and services.
- Ask questions about how often extra help is needed.
- Find out if paid support during vacations is needed.
- Identify what the participant can do independently.
- Ensure the employer is in agreement with the information in the *Workbook*. If they do not agree, keep working with him or her and their Circle of Support until they do agree with what has been created.

Once you have completed all the steps and located the above information, the *Workbook* will be used to transfer information to the *SSP*. The plan has instructions for completing each step. Once the budget pages are complete, the *Workbook* and *SSP* is submitted to the Medicaid Care Manager if the participant is an adult, or Family and Community Services (FACS) Case Coordinator if the participant is a minor child. The *FDS SSP Checklist (Appendix O)* must be completed and attached to all children's *SSP*'s submitted.

More Tips for filling out the *SSP*:

- Always use the current forms available on the external website or from regional DHW staff. Old forms may not contain all the necessary components. Do not use SDS forms for FDS and vice versa.
- Read and follow all instructions.
- Type the *SSP*.
- Make sure all pages are complete and correct. All blanks must be completed, if not applicable, type "n/a".
- Identify specific, concrete goals that can be accomplished within the one-year plan timeframe.
- On the *SSP's Authorization* sheet, place zeros in the support sections that will not be used.
- The FEA cost must be included in the budget.
- The total costs of all employees and goods must be included on the plan's *Authorization* sheet, including the employer and sales taxes.
- Double check your math.

In *Appendix R* there is a sample children's *FDS Support and Spending Plan*.

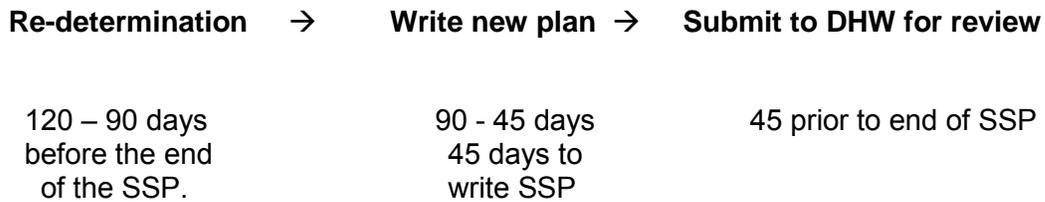
Applicaton Update Form

To continue in the FDS program, a family must submit an *Application Update Form*. Please See *Appendix M* for this form. Without this form, the FDS Case Coordinator will be unable to process the participants *Support and Spending Plan*.

In the Meantime: Your Employer’s Service Needs

The completed SSP is submitted for authorization to the Medicaid Care Manager if the participant is an adult, or to FACS Case Coordinator if the participant is a minor child. While they are going through this process, the participant will continue with their usual services. If the participant is transitioning from the traditional model and this is the first time (s)he is accessing the Consumer-Directed Services Option, there may be an *Individual Service Plan* or a *Plan of Service* still active. The current Plan Manager or Service Coordinator will need to be actively involved in ensuring that the participant’s services continue. The current Plan Manager or Service Coordinator is responsible for requesting an extension, if necessary.

Note: The participant will receive a notice regarding eligibility re-determination 120 days prior to the end of the plan year. After eligibility for the program is re-established, the Support Broker and an employer have 90 days to complete a new SSP. It is important that a new plan is completed and submitted to the plan reviewer for review 45 days prior to the end of the current plan year.



The Idaho Council on Developmental Disabilities has information on current events and other topics. Contact them at:

**700 W Sate St., Boise, Idaho 83702-5868
(208) 334-2178 or 1-800-544-2433**

Email: info@icdd.idaho.gov

Web: www.icdd.idaho.gov

CHAPTER FOUR: GETTING THE PLAN AUTHORIZED

Make sure the *Support and Spending Plan (SSP)* reflects the participant's goals and includes supports to help him or her become who they want to be. Use the Medicaid Care Manager or Family and Community Services (FACS) Case Coordinator as a sounding board or reference as needed. Remember, the *SSP* must reflect the concepts of active treatment, both Self-Direction and Family-Direction plans must reflect a person/family centered planning process.

The *SSP* should be submitted for review 45 days prior to the start date of the plan. The Department reviewer will get the initial review of the plan completed 10 days from the receipt of the plan to request additional information or clarification as needed. They have 30 business days for the full review. Support Brokers and employers should always make a copy of all documents that are submitted.

Submitting The *SSP* To Be Authorized

45 days prior to the start date of the plan

Self-Direction – Adult Participants

The participant and the Support Broker will submit a SDS *SSP* to the Medicaid Care Manager via the Information Coordinator, Kristy Swinford either by fax at (208) 332-7297 or by email at BDDACM@dhw.idaho.gov. Care Managers have 30 business days to review an initial plan.

What Needs to be Submitted – Adult Participants

- Completed My Voice My Choice Workbook – Initially and updated annually
- Support and Spending Plan
 - Cover Sheet
 - Support Plan Pages
 - Back-Up Plan
 - Support and Spending Authorization Pages
 - Support Broker Authorization Page
 - Fiscal Employer Agent
 - MMCP
 - Final Support and Spending Plan Authorization Page
 - Choice and Consent Statements
- DD Medical Care Form
- Additional Documentation (As Needed)
 - Certified Family Home Certificate
 - Home Alone Time Requests for Certified Family Home
 - Transition Plan
 - Physician's Orders
 - PT, OT, SLP or other professional evaluations
 - Voided Receipts
 - License and Certifications
 - Guide Training Documents (For Initial Plans Only)
 - Guide Training Certificate
 - Agreement to Self-Direct Signature
 - Privacy Notice Signature
 - Guardian Paperwork (for Initial Plans or New Guardians)
 - 2nd CSW form

Participant “Late Plan” letter – Adult Program ONLY

The Late Plan letter will be sent by the Care Manager (CM) when the annual Self-Direction plan has not been received thirty (30) days prior to the expiration of the plan. If the plan is not received five (5) days from the date on the Late Plan letter, CM will call the Participant/Legal Guardian to discuss whether a lapse in services would result in a health and safety issue for the Participant. If it is determined that there would be a health and safety issue with a lapse in services, the CM will extend the plan for thirty (30) days and the annual plan is pro-rated as an 11 month plan.

If the lapse in services would not result in a health and safety issue, the CM will discuss with the Participant/Guardian/Support Broker the importance of submitting the plan prior to the expiration date in order to avoid a lapse in services. The CM will have thirty (30) days from the plan submission date to review the plan. Any services approved on the plan can have a start date on or before the date the plan was submitted. However, reimbursement for services through the FEA cannot occur until after the plan has been approved by the CM and the approved plan has been forwarded to the FEA.

If a plan is not extended and an annual plan is submitted after the expiration of the existing plan, the CM will pro-rate the plan according to when it was received. If no extension occurs and an annual Support and Spending Plan is submitted more than ninety (90) days after the expiration date of the most current plan, the participant must re-apply for services.

Family-Direction – Children Participants

Submit children’s FDS SSP and *Plan Change Forms* to: DDFamilyDirectedProg@dhw.idaho.gov

Please format the subject line of the email as such: Last Name, First Name, Topic of the document attached. For example, if the child’s name is John Doe and the email is submitting a SSP, the subject line would read: *Doe, John: SSP*.

SSP Review

Below are some of the criteria the plan reviewer uses to review the plan.

- Services and supports meet the guidelines for allowable expenses.
- Services and supports do not exceed the approved budget amount.
- The *My Voice, My Choice Workbook* is included with the SSP.
- The completed *Health and Safety Plan* form is included in the *Workbook*. Any risks identified on the form or on the *Risk Identification Tool* have a corresponding support plan.
- Each service or support includes the annual cost, source of payment, frequency, duration, and an associated goal.
- The SSP is typed.
- Each field on the SSP is completed, even if only with N/A (not applicable) or zeroes.
- *Informed Consent and Choice Statement(s)* on the demographic page is signed and dated.

For Self-Direction, if a Community Support Worker (CSW) resides in the same home as the participant and is providing care within the home, the residence must be certified as a Certified Family Home by the Department and the home must follow all the Rules governing Certified Family Homes. These rules are found in *IDAPA 16.03.19 Rules Governing Certified Family Homes* and include:

- Supervision: Appropriate, adequate supervision for 24 hours each day unless the participant's plan of service provides for alone time.
- **Elements of Care for Adults Living in a Certified Family Home:** The home is required to provide services according to the Elements of Care (*IDAPA 16.03.19.170.01-07*). These requirements include supervision, assistance with activities of daily living (i.e. bathing, washing, dressing, toileting, grooming, eating, communicating, continence, managing money, mobility and associated tasks), recreation, medical arrangements, furnishings and equipment, activity supplies in reasonable amounts and arrangement for transportation in reasonable amounts for activities into the community. The Elements of Care are requirements of home certification that must be provided without additional charge to the participant.
- Medical: Arrangements for medical and dental services and monitoring of medications. If the resident is unable to give medical consent, the provider will give the name and contact information of the person holding guardianship or power of attorney for health care to any health care provider upon request.
- Furnishings and equipment: Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of linens, housekeeping service, maintenance, and basic television in common area. Additionally, the following will apply:
 - Resident living rooms must contain reading lamps, tables, and comfortable chairs or sofas;
 - The resident must be provided with his own bed which must be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, or double bunks must not be used. The bed must be provided with springs which are in good repair, a clean and comfortable mattress which is standard for the bed, and a pillow;
 - The resident sleeping room must be equipped with a chair and dresser, substantially constructed and in good repair;
 - On request, each sleeping room must be equipped with a lockable storage cabinet for personal items for each resident, in addition to the required storage in resident sleeping rooms;
 - Adequate and satisfactory equipment and supplies must be provided to serve the residents. The amount and kind will vary according to the size of the home and type of resident; and
 - A monitoring or communication system must be provided when necessary due to the size or design of the home.
- Plan of service: Development and implementation of the plan of service for private-pay residents and implementation of the plan of service for state-funded residents.
- Activity supplies: Activity supplies in reasonable amounts that reflect the interests of the resident.
- Transportation: Arrangement of transportation in reasonable amounts to community, recreational and religious activities within 25 miles of the home. The home must also arrange for emergency transportation.

- Room, utilities and meals: The home must provide room, utilities and 3 daily meals to the resident. The charge for room, utilities and 3 meals must be established in the admission agreement.

A copy of the current Certified Family Home certificate must be submitted along with the *SSP* when care is being provided to the participant in the home of the Community Support Worker. If the participant will receive less than 24 hour paid supports the *SSP* must include back-up plans addressing how the participant's health and safety needs will be met during that time (e.g., natural supports, job supervision, alone time). Any alone time requested should include a back-up plan indicating how much time alone the participant will receive per day or per week, when the alone time is likely to occur and where the alone time will occur.

Take the Next Step:

**After reviewing the *Support and Spending Plan*, the Plan Reviewer can either approve the plan, recommend changes needed to approve the plan, or deny the plan.
Make sure you and your employer are ready for any outcome.**

Approval of the Plan

If the *SSP* is approved, the DHW plan reviewer will:

1. Send the employer, FEA and Support Broker a copy of the *SSP and SSP Authorization Notice*.
2. Pre-authorize the budget associated with the approved *SSP*.
3. Deactivate any outstanding prior authorizations for any traditional services.

Once the *SSP* is approved, it is the Support Broker's responsibility to disburse a copy of the *SSP* to all the providers on the plan.

Recommended Changes

If the *SSP* is not approved as submitted, the plan reviewer will call or email the Support Broker (or parent, if submitted by a parent) with the following information:

- Reasons why the *SSP* was not approved.
- Instructions for re-submitting the plan if modifications are to be made.
- Instructions to request a Hearing, should the participant decide not to modify and re-submit the *SSP*.

If the re-submitted plan is approved, the plan reviewer follows the approval process.

When the Plan is Denied

If a participant disagrees with the budget amount and/or eligibility determination, (s)he has the right to appeal the Department's decision and request due process. Appeals will follow the Department's standard administrative process found at *IDAPA 16.05.03* "Rules Governing Contested Case Proceedings and Declaratory Rulings".

The Fair Hearing Appeal

If the participant does not appeal the denial within 28 days, their Consumer-Directed Community Supports file will be closed. The participant can elect to use traditional services if this is an initial plan, or remain with their traditional participant service plan if they were transitioning to the Consumer-Directed Option from the traditional services.

If the participant does appeal within 28 days, the “*Rules Governing Case Proceedings and Declaratory Rulings*” (IDAPA 16.05.03) will be followed. The appeal rights and how to access the process is included in the Denial Notice that the participant receives when their SSP is denied.

Q: *What happens if the current plan expires before a new plan is authorized?*

A: *Make sure to get the new plan to the plan reviewer 45 days prior to expiration of the current plan, to give ample time for review and time for changes as needed. If the participant’s plan isn’t authorized by the expiration date, the participant has the choice to return to traditional Medicaid DD services while continuing to negotiate a new SSP.*

In the children’s program, an initial FDS SSP must be submitted to the Case Coordinator within 90 days from the date of initial eligibility. If a SSP is not submitted to the Case Coordinator within 90 days of this date, the case file will be closed. Idaho Center for Disability Evaluations (ICDE) will be notified to close the eligibility segment.

Once the case has been closed, if the family is later interested in obtaining services, they may complete an *Application Update Form* and send it to their Case Coordinator.

In the children’s program, the Plan Start Date for initial FDS SSPs (initiating FDS services for the first time) will be the date the family or legal guardian signs the plan. **This is not the date services can begin.** This date establishes the Annual Start Date of future plans. The Annual Start Date of future SSPs will be a year from the previous Plan Start Date. For example, if a parent signed the SSP on 5/1/15, the SSP start dates would be:

1st year	5/1/15 - 4/30/16
2nd year	5/1/16 - 4/30/17
3rd year	5/1/17 - 4/30/18

Services can begin upon the date the Case Coordinator authorizes the SSP.

CHAPTER FIVE: THE ROLE OF THE FISCAL EMPLOYER AGENT

What Does the Fiscal Employer Agent Do?

The Fiscal Employer Agent (FEA) will:

- Provide enrollment packets to participants, including employment forms for employees.
- Provide training on the enrollment process and employment forms.
- Check to ensure that employees are not on the *Medicaid Exclusion List*.
- Provide payment for all authorized services and goods that the employer receives through the Consumer-Directed Services Option, including taxes to state and federal taxing bodies on behalf of the employer.
- Provide monthly expenditure reports to the employer.
- Handle complaints and issues related to payroll and purchase problems.
- Provide other reports that the Department needs to monitor the quality of the service.

The FEA will give each participant an enrollment packet at the Guide Training. The enrollment packet includes forms to authorize the FEA to act as a payroll agent for the employer and to pay employees. The packet includes all the necessary tax forms for employees, *Employment Agreements* and waiver forms.

What Does the FEA Need to Do Their Job?

The FEA needs the following in order to process payroll and requests for vendor payments:

- A copy of the authorized *SSP* from the Medicaid Care Manager or FACS Case Coordinator.
- Notification from the Department that prior authorization for specific service codes have been entered into the Medicaid payment system.
- Complete and correct *Employment Agreements* for each employee.
- Current certification or licensure for each employee as required.
- Current Criminal History Background Check clearance for each employee as required, or *Waiver of Criminal History Check* form.
- Complete and correct tax forms, including the W-4 and the I-9.
- An accurate and signed timesheet for each employee.
- A voided receipt and *Request for Vendor Payment* for each purchase of goods (see next section).
- An agreement between the insurance company and the employer regarding Worker's Compensation Insurance, if requested.
- If an employee submits a time sheet and does not have proper authorization for billing, or the time sheet exceeds the amount authorized, the FEA will not pay the employee. The FEA will contact the employer to notify him or her of the situation.

How Does the FEA Pay for Purchased Goods?

When your employer needs to purchase an item that is authorized on the *SSP* and covered under their individualized budget, the FEA pays the bill for the item. An employer must take the following steps to ensure payment for goods and services:

- Obtain a voided receipt for the item the employer wants to purchase from the vendor.
- Fill out the *Request for Vendor Payment* form (this form is in the enrollment packet).
- Mail the voided receipt with the *Request for Vendor Payment* form to the FEA.
- The FEA will send the employer a check for the exact amount on the voided receipt, made out to the vendor. The stub attachment will state specifically what can be purchased with the check.
- The FEA will not reimburse an employer for a purchase they have already made.
- The FEA will not send a check for an item that is not specified and authorized on the plan.
- The check it can be taken to the vendor to purchase the item(s).
- The employer must save the receipt for the item and attach it to the stub attachment. The receipt will be checked by Medicaid to ensure it matches the attachment for the specific item that was authorized.

Goods other than the specified item cannot be purchased with the check disbursed by the FEA.

If for some reason the good costs less than the amount on the check, the extra funds must returned to the FEA.

An *Employment Agreement* is submitted whenever the vendor is also an independent contractor or an agency. The appropriate *Employment Agreement* must be used to specify the number of hours, job tasks and wage. The *Employment Agreement* should be submitted with the *Request for Vendor Payment* to the FEA.

The Support Broker is responsible for submitting neat, organized and accurate paper work to the FEA. Inaccurate or unorganized paper work could delay the process significantly. Be sure to use the same form of the participant's name on all paperwork with all submissions (e.g., Bob vs. Robert).

CHAPTER SIX: COMMUNITY SUPPORT WORKERS

What is a Community Support Worker?

IDAPA Rule 16.03.13 defines a Community Support Worker (CSW) as “an individual, agency or vendor selected and paid by the participant to provide community support worker services.” Services are defined as:

- **Job support** to help the participant secure and maintain employment or attain job advancement;
- **Personal support** to help the participant maintain health, safety, and basic quality of life;
- **Relationship support** to help the participant establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community;
- **Emotional support** to help the participant learn and practice behaviors consistent with plan goals while minimizing interfering behaviors;
- **Learning support** to help the participant learn new skills or improve existing skills that relate to his identified goals;
- **Transportation support** to help accomplish identified goals, participants can pay a Community Support Worker for miles that they drive or pay them by the hour while transporting them to and from services and activities approved on the *SSP*; You can bill for transportation in the following ways:
 - **Transportation Support Services (TSS)**: An hourly rate includes both the mileage rate and hourly wage paid for any direct service be provided while driving.
 - **Transportation Mileage Reimbursement (TSM)**: Mileage is paid separately and can be billed at the same time as an hourly wage service when the hourly wage is being paid for a direct service shile driving
- **Adaptive equipment** identified in the participant's plan that meets a medical or accessibility need and promotes his increased independence; and
- **Skilled nursing support** identified in the participant's plan that is within the scope of the Nurse Practice Act and is provided by a licensed professional (RN) nurse or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

In addition, IDAPA rule states if the identified support requires specific licensing or certification within the State of Idaho, the identified CSW must obtain the applicable license or certification (e.g., Nurse, Speech Language Pathologist).

In the Self-Directed Services program (SDS), a legal guardian can be a paid CSW, but must not be paid from the individualized budget for the following:

- To perform or to assist the participant in meeting the participant responsibilities outlined in Section 140 of IDAPA 16.03.13.
- To fulfill any obligations he is legally responsible to fulfill as outlined in the guardianship or conservator order from the court.

A paid CSW cannot be the spouse of the participant and must not have direct control over the participant's choices, must avoid any conflict of interest, and cannot receive undue financial benefit from the participant's choices.

In the Family-Directed Community Services program (FDS), a parent or legal guardian cannot be a paid CSW. A paid CSW:

- Must not supplant the role of the parent or legal guardian; and
- Cannot be paid to fulfill any obligations that the parent or legal guardian is legally responsible to fulfill for their child.

CSW Age Requirements

For the Self-Directed Services – the Adult Program:

- A CSW 17 years of age or older may provide direct services or chore type services that are not direct services.
- A CSW that is a minor under 17 years of age may provide chore type services that are not direct services.

For Family Directed Services - the Children’s Program

- A CSW 16 years of age or older may provide unskilled, in-home services with adult caretaker present.
- A CSW 18 years of age or older may provide community support, skill-building or behavior management services.
- A CSW 18 years of age or older may transport a participant into the community.

CSW duties and responsibilities include:

- Complete the DHW criminal history check process, including clearance in accordance with IDAPA 16.05.06, “*Rules Governing Mandatory Criminal History Checks*” or documentation that this requirement has been waived by the participant on a Department approved form. The employer must include the rationale for waiving the criminal history check and describe how health and safety will be assured in lieu of a completed criminal history check. The fee for the criminal history check cannot be paid for by Medicaid funds.

CSWs must report to their employer if they are charged with any criminal activity that might impact their ability to work with vulnerable adults or children. According to IDAPA 16.03.13, CSWs are required to report this charge immediately to their employer, the employer then is required to report it to DHW immediately. A substantiated charge of abuse, neglect, exploitation, or a criminal conviction of any crime which would disallow a person from being a provider to DHW participants, must be reported to their employer immediately.

Individuals listed on a state or federal provider exclusion list must not provide paid supports.

Prior to providing goods and services to the participant, the CSW must complete and return the packet of information provided by the FEA. When The CSW will be providing services, this packet must include documentation of:

- o A completed *Employment Agreement* with the employer that specifically defines the type of support being purchased, the negotiated rate and the frequency and duration of the support.
- o Current state licensure or certification if identified support requires certification or licensure;

- o If required, a statement of qualifications to provide supports identified in the *Employment Agreement* and *SSP*.
- The CSW must track and document the time required to perform the identified supports and accurately report the time on the time sheet provided by the participant's FEA or complete an invoice that reflects the type of support provided, the date the support was provided, and the negotiated rate for the support provided. This documentation must also be maintained for Quality Assurance purposes.

By filling out his or her timesheet, the CSW is indicating that (s)he fulfilled all duties and obligations identified on the *Employment Agreement*. By signing and submitting the timesheet, the employer is verifying that the CSW fulfilled those obligations. Signing and submitting an incorrect or falsified time sheet constitutes Medicaid fraud.

Hiring CSWs

Helping Employer Find Workers

An employer may ask the Support Broker to help them find a CSW. This can involve helping the employer learn and implement the skills necessary to recruit, hire and train a CSW. These steps should be taken during this process:

- Review Ch. 2 regarding the Support Broker *Employment Agreement*. Make sure the scope of the task has been defined with your employer and that it has been written into the *Employment Agreement* and agree on the amount of hours that the employer will pay to have you help with the recruitment and hiring of CSW(s).
- Define the specific tasks the Support Broker will need to perform. Tasks may include helping the employer develop a job description, placing an ad, contacting the local Job Service, interviewing and writing an *Employment Agreement*.

Define the Scope of the Community Support Worker Job

- Specify exactly what your participant's needs are: What will the CSW do for the participant.
- Define the skills needed for a CSW to meet those needs. Do they need training, education, licensing or certification in special areas?
- Identify any desired education, experience or specific physical abilities necessary for the job (e.g., if the job involves heavy lifting, specify how much and how often).
- Normal place of work and if the work may be in more than one place.
- In the qualifications section of the employment agreement, show specific qualifications demonstrating specialized skills, abilities, experience and/or training to show the CSW has the competence to support the participant to live as independently and safely in the community as possible.
- Specify whether or not the CSW will need to have a vehicle.
- Decide whether a criminal history check is warranted for the particular position (refer to *Appendix E* Waiver of Criminal History checks).
- Help the employer write a draft of the *Employment Agreement* to serve as a guide.

- Identify the frequency and duration of the service for each day, week or month.
- Help your employer decide on a pay range that is within his or her budget (remember to add in additional employer tax expenses). The pay range must not exceed the prevailing market rate, according to IDAPA 16.03.13.120.03.
- The employment agreement calculations section must include the following information:
 - One specific service per box
 - Code that describes the service
 - Calculate the hours per year of the specific service
 - Wage per hour (do not include employer taxes or other costs)
 - Total Annual Cost of the service

All sections of the employment agreement must be complete or will not be accepted by the FEA.

Writing a Job Description

It is important to define job specifics and requirements as well as how many hours and what type of support is needed so that the ad will attract the right person, for the right job.

- State the name of the job first (e.g., “driver”, “personal care attendant”, “home and yard light maintenance”).
- Identify specific duties, hours and days of the week the service is needed (e.g., “driver needed to transport person with disabilities Monday – Friday to and from job site; pick up at 9:00 am and 3:00 p.m., two hours a day”).
- State the location of the job if this is relevant (e.g., “Employer and job are in in Garden City”).
- Identify any necessary requirements (e.g., “Must have driver’s license, insurance, reliable vehicle, and telephone”, “Must be at least 21 years of age, and be able to pass a criminal history check”).
- State the hourly wage (e.g., “\$9.75 per hour”).
- List contact name and phone number.

Job Application

It’s recommended that each employer have a job application that applicants can complete and sign. Several examples can be found in *Appendix J*. The employer may want to ask potential employees if they have ever been convicted of a crime, as this individual, if hired, may be put in situations which require a high degree of trust. Is the employer comfortable with a CSW who has been convicted of theft multiple times around his or her personal possessions? This is a decision each employer must make.

Finding Staff

There are many ways to find a good CSW for your employer; below are a few suggestions:

- The employer might already have someone in mind

- The employer might have some ideas about where to find CSW(s)
- Ask the employer's Circle of Support for ideas, help and referrals
- Advertise at the local Job Service
- Advertise in the local newspaper
- Advertise on the internet
- Ask other families, participants and support brokers

Hiring CSW's to Work in a Certified Family Home: Substitute Care

- Community Support Workers (CSWs) coming into the home are considered "Substitute Care" providers when the person identified on the CFH certificate as the CFH provider is not in the CFH and the CSW is responsible for providing care and supervision to a resident while in the CFH. CSWs that meet the definition of a Substitute Care provider must be CPR certified, complete the Assistance with Medications course if they are assisting the participant to take medication, and complete a Criminal History Background Check. *IDAPA 16.03.19.300. SHORT-TERM CARE AND SUPERVISION.*
- It is also considered to be Substitute Care when someone residing in the CFH home not identified on the CFH certificate is responsible for providing care and supervision to a resident in the CFH when the certified person is absent from the home.
- CSWs will not be considered Substitute care providers when they go into the home and the certified person is present in the home and is available to provide regular care and supervision.
- CSWs will not be considered Substitute care providers if the supports they are providing occur in the community.
- Substitute care providers may provide care and supervision to a resident in a CFH for up to thirty (30) consecutive days. This rule is specific to those situations when the CFH provider is away from the home 24/7 for up to 30 days. CSW's coming into the home for only parts of the day will not fall under this rule.
- CSWs who provide four (4) hours per week or less of supervision only to a resident of the CFH, in the CFH, do not need to meet the CPR, Assistance with Medications course and Criminal History Background Check requirements.

Negotiating Duties and Wages

Once the employer has located a person who wants to work as a CSW, the next step is to complete an *Employment Agreement*. There may be some negotiation involved regarding the duties, hours and wages. The Support Broker needs to help the employer to complete a draft *Employment Agreement* to serve as a guide. Review 'Negotiation' in Module D, Section 3, of the *Support Broker Training Curriculum*. The end result of whatever negotiation takes place will be written into the *Employment Agreement* contract.

Medicaid dollars can only be used for services that are provided. The Consumer-Directed Services Option does not allow employers to pay for sick time, vacation, over-time, holidays or for services that weren't provided.

It is a good idea to offer a starting wage below the authorized amount on the SSP, so that the employer can give a merit and/or longevity raise in the future!

Waiving the Criminal History Background Check

An employer has the option to waive the criminal history background check for a CSW. This means an employer can choose not to have a criminal history background checked on a particular worker. However, if the employer chooses this option, (s)he will have to submit a written statement explaining why. This statement is attached to the *Employment Agreement* template. The statement must explain how the participant's health and safety will be protected if the criminal history background check is waived. The Support Broker is responsible for discussing the risks of waiving a criminal history background check with the employer.

Appendix E has information about the Medicaid policy regarding criminal history background checks and waiving them. A Support Broker will sign the waiver form with an employer indicating that the Support Broker has addressed the issue with your employer. CSWs listed on a state or federal provider exclusion list cannot provide paid supports even if the criminal history background check has been waived by the employer.

A Criminal History Background Check "clearance" does not mean a person has never been arrested and convicted of a crime(s).

Listed below are some reasons that an employer might get a criminal history background check completed on a person before hiring them as a CSW:

- The CSW will be working in the home or directly with the participant when no one else is around.
- The participant may be vulnerable to suggestions and may have been taken advantage of by people in the past.
- The CSW is not well known to the participant or their Circle of Support.

Below are some reasons that an employer might want to waive a criminal history background check:

- The CSW is employed for a short time to do a specific task and will not interact directly with the participant in the participant's home.
- The CSW will never be in direct contact with the participant without someone else also being present at all times.
- The CSW is very well known to the participant and the Circle of Support and there are no concerns.

Helping Your Employer Get the Most from Their Employees

Review the *Guide to a Self-Directed Life* or *Guide to a Family-Directed Life* with your employer. The guide will help your employer find and keep the right worker.

Process to hire

Now that the employer has identified a CSW and completed the *Employment Agreement*, the new employee needs to submit the entire employee packet, including either the criminal history check or

the waiver of criminal history background check, to the FEA. Once this is done and the FEA has issued an Employee ID Number (EIN) to the CSW, the CSW can begin working for the participant.

Teaching the Adult Participant to be a Good Employer

The Support Broker may be asked to help supervise and monitor CSWs, as employers vary in ability to manage employees. What can be done to help maximize an employer's ability to manage? Below are ways to help an employer become more independent in this role:

- Develop a written list of rules and expectations of the employee.
- Reiterate that the CSW is an 'at will' employee and explain what that means.
- Review the terms and conditions of the *Employment Agreement* with the employer.
- Update job requirements as needed. A new *Employment Agreement* needs to be completed if there is a change in job duties, support category or the hourly wage.
- Set up a regular time to discuss issues and concerns between the CSW and employer.
- Keep written records of all meetings between the employer and CSW for a minimum of 5 years.
- Establish review periods and decide what, and how, tasks will be reviewed. Remind the employer to keep records of the reviews for a minimum of 5 years.
- Make sure that regular documentation is kept of hours worked and what services were provided for a minimum of 5 years.
- Encourage consistency regarding expectations of the CSW.
- Actively discourage any abuse or exploitation of the CSW, intentional or accidental, by the employer, and help the employer to keep personal boundaries.
- Encourage proactive problem solving.
- Set up regular times and methods to reinforce positive work habits and attitudes.
- Identify training opportunities for the CSW that are free or to which the employer can contribute.
- Set a good example; encourage the employer by modeling positive and pro-active communication with the CSW.

Monitor Your Employer's Satisfaction

Support Brokers are expected to talk to their employer on a regular basis about his or her satisfaction with all services. A Support Broker should build this into his or her routine visits and handle problems immediately. IDAPA rules state that the Support Broker will, '*submit documentation regarding the participant's satisfaction with identified supports as requested by the Department.*' If a CSW is doing the job well, the Support Broker and employer should be able to document it. Use the *Service Satisfaction Survey* to record the employer's concerns and feelings. A template of the survey can be found in *Appendix C*. Listed below are some suggestions for using the *Service Satisfaction Survey*.

A Support Broker must:

- Save the results of the survey; you may be asked to provide the results to the Department's Quality Assurance Team.
- Help the employer review the results with the CSW.

- Use results of the survey to discuss problems, concerns, or to justify raises.
- Use the results and the discussion to modify the employment agreement or specific tasks and plans, as needed.

Review your employer's satisfaction with their Community Support Workers at least 3 times a year. Schedule reviews every 3 - 4 months.

Annual individual participant reviews are conducted by the Department. This process ensures that participants continue to receive the right services for them and identifies any areas of concern. A Support Broker's work will also be monitored. The employer will be asked to participate in a satisfaction survey conducted by the Department. Problems or issues regarding performance as a Support Broker will be addressed by the Medicaid Bureau of Developmental Disabilities Services.

Reviewing the Community Support Worker's Timesheet

A CSW must submit their own timesheets. An employer may ask for help reviewing CSW time sheets, as the employer has to sign each time sheet before the CSW can be paid. The employer has the responsibility to make sure the timesheet accurately reflects dates, hours and category of service actually provided. If the participant has trouble understanding the timesheet, the Support Broker should help him or her with this task (be sure to include this task on the *Employment Agreement*). Also, the Support Broker should find out if there are *natural supports* that can help the employer or provide training or aids which will allow them to become more independent. The timesheet includes date of service, times of service and a service code. The codes are 3 digits and match the codes used on the *Employment Agreement*. Timesheets and instructions are provided by the FEA.

Advise all employers and employees to submit bills and timesheets to their FEA timely. There is no mechanism to fund bills and timesheets that are submitted late – submissions past the plan end dates may not be paid.

At worst-case scenario, leave a minimum of a six week time period prior to the end of the plan year for your timesheet or bill to be processed by the FEA in case there is an issue with the request. Leaving billing to the last minute won't leave time to resolve any discrepancies between the employer and employee/vendor. The FEA, as the Medicaid provider, has a year to bill; the Support Broker and CSWs do not.

Help the employer keep a file with copies of important documents including, but not limited to:

- The *Workbook*.
- The complete Support and Spending Plan
- All workers' *Employment Agreements*.
- Completed time sheets
- All other program, tax and employment related documents

The Support Broker needs to make sure that the time sheet matches the *Employment Agreements* and *Support and Spending Plan* for category and code of service. For example, If Bill Jones's *Employment Agreement* states he will perform chore services under the category of Personal Supports, the code is PSS. This is the code that needs to be on the time sheet. If Bill uses JSS, he will not get paid.

The Support Broker needs to check the date(s) of service for accuracy. Did Bill clean the medical equipment on the date that is stated on the timesheet? If the employer is unsure, the Support Broker can help create a calendar or some other method to track when CSWs come to work. The Support Broker can ask questions like “*is Bill supposed to come once a week?*” and “*When did he last come?*” and make observations to judge the situation. For example, does the equipment look like it has been cleaned in the last week?

The Support Broker needs to also check that the amount of hours for the service is a reasonable match for the annual amount that has been allotted on the *SSP Authorization Sheet*. If the *Authorization Sheet* states that chore services will cost \$1,300 a year, and the employer states that Bill is supposed to come once a week and that he pays Bill \$7.25 per hour, the Support Broker can use a calculator to determine if the information is reflected accurately. In this example, Bill should be working about 3 hours a week. The timesheet should reflect that.

If something doesn't look right, the Support Broker should ask the employer, what (s)he would like to do about it. The Support Broker should encourage the employer to talk to the Circle of Supports and help the employer and the Circle look at options and resolve any problems. The Support Broker should not take immediate responsibility or control of the situation unless:

- It may possibly result in immediate threat to the health or safety of the employer.
- It constitutes Medicaid fraud.

In either of these cases, a Support Broker is mandated to immediately report abuse, neglect, exploitation and Medicaid fraud. Call Adult or Child Protection or law enforcement in the case of abuse, neglect or exploitation. Additionally, call the Medicaid Care Manager or the FACS Case Coordinator if Medicaid fraud is suspected.

Immediate Risk to Health and Safety

A Support Broker must report situations immediately in which a CSW's actions could result in an immediate risk to the health and safety of the participant. A worker may be endangering the participant through specific behaviors or omission of services. The CSW may not have sufficient training or may be purposefully exploiting the participant. An employer might feel bad for reporting problems and found out through the review of time sheets. The Support Broker should report the problem immediately if there is an immediate danger.

Nursing and other health related services may be essential to the participant's health and safety. If services are not being provided that should be, concerns need to be reported immediately to the employer, the Circle of Support and the Medicaid Care Manager or FACS Case Coordinator.

Brain Ticklers

Here are some scenarios that might occur:

- The Support Broker receives a call from a CSW. The CSW has been stopped by police while driving a participant to an activity and may be arrested. The CSW forgot to tell his employer that there was a warrant out for his arrest for an old problem he “forgot” to go to court about.
- A participant calls the Support Broker to tell them a CSW never showed up for work today.
- A CSW dropped the participant off at home and didn't check to make sure anyone else was there... and there wasn't.

- A CSW tells the Support Broker that a few weeks ago (s)he thought another CSW did something unethical with the participant.
- A CSW is doing personal errands, activities or chores while “on the clock”, instead of providing services to the participant. For example, a CSW is frequently texting at work rather than completing agreed upon duties for the participant.
- The Support Broker suspects a CSW is engaging in inappropriate behaviors with the participant.
- A participant tells the Support Broker that (s)he thinks a CSW stole money from him or her.
- The Support Broker finds out that the CSW doesn’t have any insurance on the car (s)he is using to transport the participant to and from activities.
- The Support Broker suspects a CSW is abusing, neglecting or exploiting the participant.

Preparing For the Worst

The Support Broker should take preventive measures. Remember, each identified risk must have three back-up plans which should be used as needed. Below are preventative measures Support Broker can take:

- Have a list of natural supports and phone numbers handy; use natural supports if possible when the workforce is not fully staffed. If the employer doesn’t have any natural supports, make a goal to develop some.
- Discuss possible crises with the employer, the Circle of Support, and the CSWs ahead of time. Prepare them to cope with emergencies, role-play and identify hypothetical solutions.
- Create a list of community resources, such as neighborhood resource police officers, non-emergency police dispatch, food banks, churches, senior centers, low cost health/medical centers, etc.
- Keep a file on substitute CSWs and other people who have passed the criminal history check and who want part-time work.
- Ensure the employer has an accessible method to get hold of the Support Broker or a natural support as needed.
- Network with other Support Brokers to share resources.
- Call the local Council on Developmental Disabilities Self-Advocates at: Toll free: 1 (800) 544-2433 or Boise area: (208) 334-2178. They can provide helpful advice and resources. Maintain a working relationship with the Medicaid quality assurance staff and FACS Case Coordinators; they may be able to help with additional resources.

You Have a Back-Up Plan, But Things Still Go Wrong - Now What?

If it’s an emergency or life threatening, the Support Broker should call 9-1-1 immediately and don’t try to handle the situation alone. The Support Broker should:

- Take the time to consult with the employer and the Circle of Support to identify a solution together if the situation doesn’t place an employer’s health and safety in immediate danger.
- Consider submitting a *SSP Change Form* if the crises is recurring. Frequent crises may indicate a need to change services, increase specific services, change a category of service or transition to the traditional pathway of services.

- Abuse, neglect, exploitation and abandonment issues must be reported immediately to either law enforcement or adult or child protection.
- Identify root causes and look for solutions.
- Respond positively to a crisis situation.
- Consider all pieces of the puzzle and be creative in your solutions.
- Ask questions.

Dismissing Staff

A Support Broker may have to help an employer dismiss a CSW, which can be a difficult and embarrassing task. A Support Broker needs to:

- Document
 - Keep copies of the *Service Satisfaction Surveys*. If there are on-going problems with minor issues such as lateness, inappropriate behaviors or language, record them. If an employer gives an employee a verbal warning or asks the Support Broker to do it for them, they need to put it in writing and ask the employer or the legal guardian to sign and date it.
- Get the employer or their guardian involved
 - Except in cases which present a threat to health or safety, the employer makes the final decision. If (s)he is uncomfortable with an attitude or behavior displayed by a CSW, talk about it to help identify the issue and encourage him or her to talk to the CSW about it.
 - Ask the employer to get feedback from the Circle of Support about the issues of concern.
- Attempt correction first
 - If the issue is an ongoing minor annoyance which is not immediately threatening to safety or health, attempt a plan of correction first.
 - Encourage the employer to identify what action might resolve the problem and discuss it with the CSW.
 - Set a specific, measurable and objective benchmark (e.g., “Within the next month, you will not be more than 10 minutes late to work and you will call ahead of time if you are going to be late”).
 - Write down the plan of correction and have everyone sign it.
- Be direct and calm
 - Stay calm. If the Support Broker feels (s)he is getting angry or defensive, stop the discussion.
 - Help the employer stay calm by being a good role model. End the conversation if the employer gets emotional or upset.
 - Stay objective while facilitating and assisting the employer.
 - If the employer wants help making a decision, remain objective and help explore options.
- Put it in writing

- If the employer decides that a CSW needs to be dismissed, help him or her put it in writing. It can be very simple and the employer does not need to give a reason if (s)he does not want to. Date and have the employer sign the memo.
- Have a back-up plan
 - Make sure there is a back-up plan. When a CSW is dismissed, it may leave a gap in needed services. A back-up plan must be put into place immediately.
- Report the termination of employment to the FEA
 - The FEA will provide a form to the Support Broker on which to report the termination.

Reporting Abuse, Neglect, or Exploitation

Idaho Statutes; Title 39; Health and Safety Chapter 53; Adult Abuse, Neglect and Exploitation Act; 39-5303. Duty to Report Cases of Abuse, Neglect or exploitation of Vulnerable Adults.

(1) Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission. Provided however, that nursing facilities defined in section [39-1301\(b\)](#), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department. When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

(2) Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section [18-113](#), Idaho Code. If an employee at a state licensed or certified residential facility fails to report abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult as provided under this section, the department shall also have the authority to:

- a. Revoke the facility's license and/or contract with the state to provide services;
- b. Deny payment;
- c. Assess and collect a civil monetary penalty with interest from the facility owner and/or facility administrator;
- d. Appoint temporary management;
- e. Close the facility and/or transfer residents to another certified facility;
- f. Direct a plan of correction;
- g. Ban admission of persons with certain diagnoses or requiring specialized care;
- h. Ban all admissions to the facility;
- i. Assign monitors to the facility; or
- j. Reduce the licensed bed capacity.

Any action taken by the department pursuant to this subsection shall be appealable as provided in [chapter 52, title 67](#), Idaho Code.

(3) Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its contractors.

(4) The commission and its contractors shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.

(5) Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.

(6) Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.

Warning Signs of Abuse, Neglect, or Exploitation

These 'warning signs' are not proof that abuse, neglect or exploitation is occurring, rather, they are indicators that a problem may exist and further investigation or discussion with the participant's Circle of Support is needed. Any injury or condition that will impact the health and safety of the participant needs to be attended to immediately, regardless of whether the cause is known. Below are examples of common indicators of abuse.

Physical Indications

- An injury that has not received medical attention or that has not been properly cared for.
- An injury that is inconsistent with the explanation for its cause.
- An indication of pain or discomfort at being touched.
- Cuts, burns, puncture wounds, scratches, bruises or welts anywhere on the body.
- An appearance of dehydration or malnutrition when there is no known cause of such condition.
- A sallow complexion or otherwise abnormal skin coloration.
- Dark circles around eyes, sunken eyes or cheeks.
- Misuse of medication or inappropriate administration of medication by a caregiver.
- Soiled clothing or bed linens.
- "Doctor shopping" (i.e., frequent use of hospital emergency rooms or different doctors).
- Frequent changes in staff (e.g., CSWs or vendors).
- Chronic lack of necessities such as food, running water, heat or electricity.
- Chronic lack of personal items such as a comb, soap, and clean clothes.
- Imposed isolation (i.e., the participant is discouraged or prevented from attending community events, church, the senior center or from seeing friends and neighbors).

Behavioral indications

- Fear

- Anxiety, agitation
- Anger
- Withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Excuses or implausible explanations, contradictory statements
- Reluctance or hesitation to discuss certain subjects or to talk about a caregiver, family member or other person to whom the participant is dependent
- Confusion disorientation

Suspect Caregiver Behavior

- Prevents the participant from speaking to or seeing visitors
- Displays anger, indifference, aggression or sexually suggestive behavior toward the participant.
- History of substance abuse, sexual predation, mental illness, criminal behavior or family violence
- 'Cold' demeanor (i.e., shows no affection or is openly disrespectful of the participant)
- Flirts or uses sexual innuendo to communicate with the participant
- Makes conflicting statements or offers implausible explanations regarding injuries or condition
- Describes the participant as a burden or nuisance

Indications of Exploitation

- Frequent expensive gifts to the caregiver from the participant
- Personal papers, credit cards, checks, or savings account paperwork are missing
- Caregiver's name has been added to the participant's bank account, deed or title to property
- The participant has numerous unpaid bills
- There is a new or recently revised will, but the participant is physically or cognitively incapable of writing or revising such a document.
- The participant has no concept of how much monthly income he or she receives
- The participant's signature appears on a loan application
- There are frequent checks for cash drawn on the participant's account
- There are irregularities on the participant's tax return
- The caregiver refuses to allow the participant to spend his or her own money.
- Signatures on checks or other documents which are allegedly those of the participant do not resemble that participant's known signature or are otherwise suspicious in appearance.

To Report Suspected Abuse, Neglect, Self Neglect or Exploitation

Adult Protection:

**PSA III Area Agency on Aging
701 S. Allen #100
Meridian, ID 83642
208-332-1745 or 1-844-689-7562
PSA3@aging.idaho.gov**

***Child protection: During business hours,
call the Idaho CareLine by dialing 2-1-1 or 1-800-926-2588 (TDD 208-332-7205),
for number in your nearest town.***

CHAPTER SEVEN: CONTINUING DUTIES FOR THE SUPPORT BROKER

Maintain Regular Contact

Support Brokers need to make sure their employers can easily contact them in case of an emergency and have a back-up plan in case they are unavailable.

Documentation

It is the employer's responsibility to determine what kind of documentation they would like from their employees, including Support Brokers and Community Support Workers. If they want the Support Broker or Community Support Worker to track their time they must include that in the *Employment Agreement* in the space indicated.

It is recommended that employers work with Support Brokers to document their time.

Written Documentation should always include, but is not limited to:

- Services the Support Broker provides to help the employer self/family-direct.
- Contacts with an employer by phone, mail, email, or in person. It is recommended that the Support Broker meet with employers at least quarterly to review their satisfaction with services.
- Note in documentation what took place during the contact, how long it lasted, and if there were any issues or concerns.
- Contacts with the Participant's Circle of Support.
- Meetings with CSWs, other program representatives and stakeholders.
- Any complaints and what follow-up was conducted.

Suggestions for content of agreed upon written records should include the following information:

- Date
- Purpose or reason
- Brief summary of discussion
- Who was present
- Time spent
- Outcome
- Appropriate signature(s)

Plan Changes

A *Plan Change Form* is required when there is a change in:

- Support type (e.g., moving money from Relationship Support to Learning Support)
- The service being provided
- A service is added or deleted from the plan
- A goal is added or deleted from the plan

A *Plan Change Form* is not necessary when the only change is a change in an employee, vendor or agency providing a service already on the plan. In these cases, paperwork will need to be completed with the FEA, such as an employment packet or contractor enrollment packet, when there are changes in provider. Any plan change that results in a change in an employee's hourly wage or the service category from which that employee is paid must be accompanied by a new *Employment Agreement*, sent to the FEA.

Additionally, if there needs to be a change in the rate of pay of a CSW beyond what is budgeted on the *Support and Spending Plan*, a new *Plan Change Form* must be submitted.

The *Plan Change Form* can be found on each program's web site. An example of a *Plan Change Form* for the Family-Direction Program is in the *Appendix S* of this manual.

What Happens When a Plan Change Is Submitted?

- The Medicaid Care Manager/FACS Case Coordinator receives a plan change request.
- The Care Manager/Case Coordinator reviews the plan change request within 5 business days of its receipt.
- The Care Manager/Case Coordinator determines whether the support, good, and/or service meets the criteria for allowable expenses and falls within the individualized budget.
- The Care Manager/Case Coordinator ensures that risk factors are adequately identified and safety plans are provided for each risk.
- An *Authorization Sheet* must be submitted listing the new service, task, or good requested.

Q: When is a plan change necessary?

A: Any shift in money from one category to another requires a plan change. Adding a new service, task, or good, or deletion of a service which has a safety plan attached to it, requires a plan change.

Request for New Budget Allocation

Participants can request a new budget allocation if they have had a significant change in condition which requires an increase in supports that cannot be met by the existing budget allocation. If an employer and Support Broker believe this is the case, the Support Broker needs to contact the regional Medicaid Care Manager or FACS Case Coordinator. They will instruct you on the process to be followed when there has been a significant change of condition. The Support Broker should be prepared to submit information and supporting documentation which verifies a significant change in condition has occurred to the regional Medicaid Care Manager or FACS Case Coordinator. The Independent Assessment Provider will assess the change in condition and follow established protocols for determining if a budget increase is supported.

Budget Oversight

An important duty of the Support Broker is to help employers monitor and review their Consumer-Direction budget. Employers can lose the right to participate in Consumer-Direction if they cannot stay within the budget assigned.

Employers will get a monthly statement from the FEA. The statement will include an account of what has been spent each month and how much money is left in the budget. The statement will include specific amounts for each bill that has been paid on his or her behalf. The employment and vendor agreements state the details of how much money can be spent on each specific support and service. The FEA will match the bills they pay to those agreements. If bills don't match, are over the authorized amount, or the amount of money for a specific service has been exhausted, the bill will not be paid.

Support Brokers need to review each monthly statement with their employer and match it to the amount that has been budgeted for each specific support and service. It is the Support Brokers' job to help their employer resolve any difficulties. They should find a good way to visually show an employer how much money is being spent and how much is remaining each month. There are many types of budgeting tools on the market and they should use what works best for each employer.

Annual Re-Determination

Employers will be evaluated annually to determine if they still meets the criteria for Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver or the Children's Home and Community Based Services State Plan Option. Support Brokers need to assist their employers with this process. Approximately 120 days before the end of the annual plan, employers get a letter from the Independent Assessment Provider. This letter will inform them of what is needed in order to continue services for another year.

Employers will need to schedule an appointment with the Independent Assessment Provider to review the past year and update medical and social information. A new evaluation of their functional abilities may be conducted. The evaluation tool that is used for this purpose is called the Scales of Independent Behavior- Revised (SIB-R). The SIB-R is used to determine if a participant meets waiver level of care criteria, according to IDAPA Rule.

An employer may find out that (s)he is no longer eligible for Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver or the Children's Home and Community Based Services State Plan Option. If this happens, the participant will no longer be eligible for the Consumer-Directed Option. If a participant chooses to appeal this decision, the current plan will be extended until the hearing is finalized. If the denial is upheld, recoupment of funds from the date of the denial is a possibility. Support Brokers are responsible for helping their employers prepare to transition out of the level of services they are getting.

For adult participants, if they remain eligible for Developmental Disability Waiver Services, they may choose to return to the traditional path. They may want to get residential habilitation or community supported employment through an agency. They may want to have an agency hire and train his or her workers. If participants and their Circle of Support want to choose this option, they may choose a Plan Developer to work with them instead of a Support Broker. Please review the next chapter, *Transitioning from the Consumer-Directed Services Option*, for more information.

If a participant remains eligible for the Consumer-Directed Services option and wants to continue with this service delivery model, (s)he will continue to need a Support Broker. Each participant will need to develop a new *Support and Spending Plan* for the upcoming year with services and supports within the new annual budget determined and allocated by the Independent Assessment Provider.

Employer Responsibilities

Another continuing duty of a Support Broker is to help employers meet their responsibilities on the Consumer-Directed Services Option.

Each participant agrees to the following:

- Accept the guiding principles of the Consumer-Directed Program.
- Participate in person-centered planning meetings.
- Negotiate payment rates for paid community supports and services.
- Complete *Employment Agreements* for the FEA, the Support Broker and CSW services. Submit those agreements to the FEA on Department approved forms.
- Ensure that *Employment Agreements* contain sufficient detail for the type of support/services that are being purchased.
- Develop a comprehensive *Support and Spending Plan*.
- Review and verify time sheets and bills.
- Participate in the quality assurance process.

Health and Safety

Another important responsibility of Support Brokers is to help their employers protect the participant's health and safety. They need to identify risk factors, develop safety plans, develop backup plans, and mitigate risks whenever possible. Support Brokers are responsible for communicating with the appropriate authorities if they believe the participant's health or safety is being threatened.

This responsibility includes reporting if a participant is threatening his or her own health or safety in any way. Perhaps a participant is refusing to take medication or living in an unsafe environment. An adult participant may have given all his or her food to a friend and have no money left to buy more. The participant may be acting disoriented or confused and refuse to go to the doctor. In a non-life threatening situation, a Support Broker would need to call on a legal guardian (or parent for children), another natural support, or contact a DHW staff member. In a life-threatening situation emergency services or law enforcement should be contacted immediately.

Complaints and Critical Incident Report

A complaint is a statement of dissatisfaction with services. A critical incident is a serious situation which results in an immediate threat to a participant's health, safety, or well-being. A complaint about Medicaid services or services related to the Self-Directed Program should be made directly to the provider of the service and the local regional Quality Assurance Specialist. The Quality Assurance Specialist will record the complaint and make sure it is investigated appropriately. Complaints related to the Family-Directed Program should be directed to Darcy Nesar at (208) 334-0603.

All critical incidents need to be reported to the participant's Circle of Support, the regional Quality Assurance Specialist, and emergency services, such as law enforcement, or Adult or Child Protection immediately. Some examples of critical incidents are death, attempted suicide, substantiated abuse and neglect, unusual restraint, fiscal fraud, break-in and burglary, over-dose of medication or similar events.

An accident is a mishap or mistake which did not occur as a result of any purpose or intent. If an accident occurs that has physical, emotional, or legal ramifications for a participant, the Support Broker must report it immediately to the legal guardian (or parent if the participant is a child). If an adult participant is his or her own guardian, the Support Broker needs to talk with him or her to determine whether family members need to be notified.

Maintain the Circle of Support

An ongoing part of a Support Broker's job is to maintain and develop a participant's Circle of Support. Support Brokers the Circle of Support should exchange contact information. A Support Broker needs to schedule regular contact times to talk with family members, friends, community members, advocates and others who form the natural support system. An employer may want to have regular meetings, phone calls, email or choose a more informal method of continuing contact. The Support Broker should meet with the Circle of Support several times a year to work on the *Support and Spending Plan*, update the budget information, discuss changes in services or needs and discuss future needs and goals.

The Support Broker should look for opportunities to expand the Circle. Community activities are opportunities to meet new people, develop relationships and build natural supports. If the participant doesn't engage in any community activities, try to find some that the participant would like to attend. There are low-cost and free activities in all communities. Call local churches, community centers, non-profits, libraries and adult education centers for events and activities.

CHAPTER EIGHT: TRANSITIONING FROM CONSUMER-DIRECTED SERVICES

Voluntary Transition for Adults on Self-Direction

Return to a Traditional Waiver Program - Adults

Adult participants can return to traditional waiver services by contacting the Medicaid Care Manager and stating they wish to discontinue their participation in the Self-Direction option. If a participant wants to return to the traditional pathway, the regional Medicaid Care Manager will complete intake and presumptive eligibility.

An employer will need to designate a plan developer, either paid or unpaid, to help with the planning process. The plan developer will help the participant complete a *120-day Transition Plan* using the standard traditional service's *Individual Support Plan*.

The Medicaid Care Manager will complete the following processes based on the needs of the participant:

- Prior authorize community crisis supports if there is an immediate crisis. The *Crisis Resolution Plan* must identify ways to prevent ongoing crisis.
- Approve the *120-day Transition Plan*.
- Prior authorize services identified on the costing page. Services identified on the plan will be prior authorized from the date the *120-day Transition Plan* was approved once the *Individual Support Plan* has been submitted to the Care Manager.
- The Care Manager will contact the Independent Assessor to begin the formal eligibility process.
- The Care Manager will send a letter to the participant notifying them that the *120-day Transition Plan* has been approved.

The Independent Assessment Provider Will Follow Their Usual Process

- The Independent Assessment Provider verifies a participant's eligibility for adult developmental disability services using the traditional business model for Annual Re-Determination of Program Eligibility.
- If the participant is determined to have a developmental disability and is waiver eligible, letter(s) approving eligibility are sent to the participant.
- Once eligibility has been determined, the process for obtaining traditional services after the *120-day Transition Plan* has expired will occur according to the existing business model.

Q: What qualifies as a crisis transition?

A: Crisis transitions happen when an event or process occurs which jeopardizes the participant's health or safety.

Involuntary Transition from the My Voice, My Choice Option

The Department may choose to remove a participant from the Self-Direction option if (s)he refuses to utilize or abide by required supports or if the participant's choices directly endanger his or her own health, welfare or safety or that of others. A participant may not be able to continue in Self-Direction option if (s)he is not:

- Willing to work with the Support Broker, FEA or Circle of Support
- Following the *Support and Spending Plan*
- Following the risk and safety *Back-up Plans*
- Following the procedures of the program

Transitioning Out Of The Self-Directed Community Supports Program

No Immediate Jeopardy to Health and Safety

If there is no immediate jeopardy to the health or safety of a participant, DHW will send a letter by certified mail notifying the participant of the concerns. The letter will:

- State that the participant will be removed from the Self-Directed option if specific identified concerns are remedied.
- List the specific concerns and the date by which a plan of correction needs to be submitted.
- Allow the participant 10 business days to submit a plan of correction.

After receiving the letter, the participant can pursue one of the following options:

Option 1: Participant submits a Plan of Correction to the Medicaid Care Manager within 10 days.

Option 2: Participant does not submit a Plan of Correction to the Care Manager within 10 days.

Option 1: Participant Submits a Plan of Correction Within 10 Days

The Medicaid Care Manager reviews the plan to determine whether the noted concerns have been addressed. The Care Manager will either approve or deny the Plan of Correction.

Approved Plan of Correction

- The Medicaid Care Manager will send a letter to the participant and Support Broker notifying him or her that the Plan of Correction has been approved.
- The Care Manager will monitor implementation of the Plan of Correction through the quality assurance processes.

Denied Plan of Correction

- The Medicaid Care Manager will send a letter to the participant and the Support Broker stating the Plan of Correction has been denied and the participant is being removed from the Consumer-Directed Community Supports Option. The letter will include the date the removal will be effective and the appeals process.
- Adult participants will need to have eligibility re-determined. The Medicaid Care Manager will determine presumptive eligibility on the participant. The adult participant is presumed eligible when there is documentation that validates developmental disability and Intermediate Care Facility – Intellectually Disabled (ICF-ID) level of care waiver eligibility. Information to verify eligibility may be obtained from old Department records, Developmental Disabilities Agency records and the Idaho Center for Disabilities Evaluation (ICDE).

- If the adult participant meets presumptive eligibility, the regional Medicaid Care Manager will complete the following processes based on the specific needs of the participant:
 - Prior authorize community crisis supports.
 - Coordinate with the participant and the Circle of Support to develop a 120-day transition plan. The current participant *Individual Support Plan* format is used for the 120-day plan. This plan must contain those services and supports that will allow the participant to live safely in the community.
- The regional Medicaid Care Manager will review the transition plan, and if modifications are required prior to approval, will communicate with the plan developer about the needed changes.
- The Medicaid Care Manager will prior authorize services identified on the 120-day transition plan authorization page. Services identified on the plan will be prior authorized back to the date the 120-day transition plan was approved, once a complete traditional plan (*Individual Support Plan* or *Plan of Service*) has been submitted to the Medicaid Care Manager.
- Idaho Center for Disabilities Evaluation will verify participant's Developmental Disability and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility.
- If a participant is determined to be developmentally disabled and waiver eligible, the Idaho Center for Disabilities Evaluation will send a letter to the participant approving eligibility.

Option 2: Participant Doesn't Submit a Plan of Correction Within 10 Days

- The Medicaid Care Manager will send a letter to the participant and the Support Broker stating that a Plan of Correction has not been submitted and the participant is being removed from the Self-Direction Option. The letter will include the date the removal will be effective and information on the appeal process.
- If the participant, or the legal guardian, requests continuation of services for an adult with a developmental disability, the Medicaid Care Manager will complete the intake process and presumptive eligibility.
- The participant will be presumed eligible when there is documentation that validates developmental disability eligibility and Intermediate Care Facility - Intellectual Disability (ICF-ID) level of care waiver eligibility. Information to verify eligibility may be obtained from old Department records, developmental disabilities agency records, and the Idaho Center for Disabilities Evaluation.
- If the participant meets presumptive eligibility, the Medicaid Care Manager will complete the following processes based on the specific needs of the participant:
 - Prior authorize community crisis supports.
 - Coordinate with participant and Circle of Support to develop a 120-day transition plan.
 - The participant must develop a plan of service, with or without the help of a paid or unpaid plan developer. The *Individual Support Plan* is used for the 120-day plan. This plan must contain those services and supports that will allow the participant to live safely in the community.
- The Medicaid Care Manager will review the plan and if modifications are required prior to approval, will communicate with the participant about needed changes.

- The Medicaid Care Manager will prior authorize services identified on the 120-day Plan Authorization page. Services identified on the plan will be prior authorized when a complete *Individual Supports Plan* has been received and approved.
- Within the next 120-day period, Idaho Center for Disabilities Evaluation will verify the participant's eligibility using the traditional business model for annual re-determination of program eligibility.
- If a participant is determined to have a developmental disability and is waiver eligible, the Idaho Center for Disabilities Evaluation will send a letter to the participant approving eligibility.
- The participant will submit an annual *Individual Support Plan* for authorization.

Immediate Jeopardy to Health and/or Safety

If DHW determines there is reason to immediately remove a participant from the Consumer- Directed Supports Option, the regional Medicaid Care Manager sends a letter to the participant and the Support Broker indicating that the participant is being removed from the Consumer- Directed Supports Option with the date the removal will become effective. The Care Manager will initiate the transition process to traditional services. If the adult participant is found to be eligible for waiver services, the Care Manager will initiate a 120 day transition plan with the participant and his or her Circle of Support.

Termination of Support Broker Services

According to IDAPA 16.03.13, if a Support Broker decides to end services with a participant, (s)he must give the participant at least a 30 day written notice prior to terminating services. The Support Broker must also assist the participant to identify a new Support Broker and provide the participant and new Support Broker with a written service transition plan by the date of termination.

The transition plan must include an updated *Support and Spending Plan* that reflects current supports being received, details about the existing Community Support Workers and unmet needs.

Transitioning Out Of The Family-Directed Community Supports Program

Voluntary Transition

Voluntary transition occurs when a family or legal guardian communicates to their FACS Case Coordinator they want to discontinue participation in the Family-Directed Supports (FDS) Program.

FACS will follow the following Transition Process:

1. FACS will appoint a Case Manager from the "Traditional pathway" based on the Case Management determination guideline.
2. The Case Manager will consult with the Case Coordinator to determine if the transition is urgent or if there is time to execute the Traditional pathway case management process.
 - If the transition is not urgent, the Case Manager will begin the standard case management process to create a full-year Plan of Service (POS).
 - If the transition is urgent, The Case Manager will create a 90-day Transition Plan with the family or legal guardian on the POS using family-centered planning principles with services

and supports that will allow the child to live safely in the community. The purpose of the 90-day Transition Plan is to act as a bridge of service until the full annual plan can be written using the case management process.

3. The FDS Case Coordinator will complete the FDS Program Exit Interview with family/legal guardian for program improvement purposes.
4. The FDS Case Coordinator will review the 90-day Transition Plan or POS. If modifications are required prior to approval, FDS Case Coordinator communicates with the Case Manager about needed changes.
5. The FDS Case Coordinator will prior authorize services identified on the 90-day Transition Plan or POS back to the date the 90-day Transition Plan or POS was approved once all of the following documents have been submitted to FACS Case Manager:
 - 90-day Transition Plan or POS;
 - POS Signature Page;
 - POS Supports and Services Authorization Page; and
 - History and Physical (if applicable).
6. The FDS Case Coordinator will cancel the prior authorization for Family-Directed Supports effective the date the 90-day Transition Plan or POS is approved.

Involuntary Transition

The Department may choose to not to allow the individual to continue in the Family-Directed Supports program if the parents or legal guardian is:

- Not willing to work with a Support Broker.
- Not willing to work with a Fiscal Employer Agent.
- Not following their child's Support and Spending Plan.
- Making choices that directly endanger the child's health, welfare or safety or endangering or harming others.
- Not following the rules and procedures of the program.

Immediate Jeopardy To Health and/or Safety

If the FDS Case Coordinator determines a child's health or safety is in immediate jeopardy (s)he will:

- Send an *Immediate Removal from FDS Option Notice* by Certified Mail-return receipt requested to the individual and their Support Broker stating the individual is being removed from Family-Directed Community Supports Option. The *Notice* will include the date on which removal is effective and appeal rights.
- Prior authorize community crisis supports using the standard business procedure for prior authorization (if applicable).
- The Transition Process above will be implemented using a 90-day Transition Plan format. (under voluntary transition).

No Immediate Jeopardy To Health and/or Safety

- FDS Case Coordinator will send a Plan of Correction Notice by Certified Mail—Return Receipt Requested to the family or legal guardian and their Support Broker which states the child will be removed from the Family-Directed Supports Option unless non-compliance with identified program requirements is remedied.
- The *Notice* will list the specific concerns that need to be addressed and the date by which a plan of correction needs to be submitted to the FDS Case Coordinator.
- The *Notice* will allow the family or legal guardian ten business days to submit a plan of correction relevant to the identified concerns. After receiving the Notice, the family or legal guardian can pursue one of the two following options:

Option 1: Submit *Plan of Correction* to FDS Case Coordinator within 10 business days; or

Option 2: Do not submit a *Plan of Correction* to FDS Case Coordinator within 10 business days.

Option 1: Family Or Legal Guardian Submits A Plan Of Correction

FDS Case Coordinator will review the Plan of Correction to determine whether non-compliance with program requirements has been remedied. FDS Case Coordinator will approve, remediate, or deny *Plan of Correction*.

Approve Plan Of Correction

- Send a *Plan of Correction Approval Notice* to family or legal guardian and Support Broker notifying them that *Plan of Correction* has been approved.
- FACS Case Coordinator monitors implementation of *Plan of Correction* through quality assurance processes.

Deny Plan Of Correction

- The FDS Case Coordinator will send a *Plan of Correction Denial Notice* by Certified Mail - return receipt requested to the family or legal guardian and their Support Broker stating the *Plan of Correction* has been denied and that the participant is being removed from the FDS Program. The notice includes the date on which removal is effective and appeal rights.
- Prior authorize community crisis supports using the standard business procedure for prior authorization (if applicable).
- The Transition Process above will be implemented using the *90-day Transition Plan* format. (listed under voluntary transition)

Option 2. Individual Doesn't Submit A Plan Of Correction

- FACS Case Coordinator sends a *Removal for No Plan of Correction* Notice by Certified Mail-Return Receipt Requested to the family or legal guardian and their Support Broker stating a Plan of Correction has not been received and child is being removed from the Family-Directed Program. The *Notice* includes the date on which removal is effective and appeal rights.

- Prior authorize community crisis supports using the standard business procedure for prior authorization (if applicable).
- The Transition Process above will be implemented using 90-day Transition Plan format. (listed under voluntary transition)

Participant Wants to Access the Consumer-Directed Option Mid-Plan Year

Participants that want to access the Consumer-Directed Option before the usual annual re-determination date need to contact the regional Care Manager or Case Coordinator and request information about the program. The regional staff will give them the date and time to attend an orientation meeting and Guide Training.

CHAPTER NINE: TRANSITIONING FROM CHILDREN'S TO ADULT SERVICES

The Family-Direction Program ends upon the child's 18th birthday. DHW's goal is to provide a process to smoothly transition to the adult program and minimize any interruptions in services.

Six to nine months prior to turning 18, an application can be submitted for adult DD waiver services, however, the only adult DD service that can begin prior to the age of 18 is plan development. Medicaid staff in the adult program will complete an intake process then forward the application and any other intake documents to the Independent Assessment Provider (IAP) to determine program eligibility for adult DD services.

Upon receiving the referral from DHW, the IAP can begin the assessment process and determine eligibility prior to the child's 18th birthday. Documentation is needed for eligibility determination for adult services. Participants may need to be referred for evaluations and diagnosis or asked to obtain evaluations through their school (for autism a standardized autism assessment such as the ADOS, for seizure disorders a recent neurological evaluation is helpful, a physician's evaluation for cerebral palsy, etc.) When eligibility has been determined due to an Intellectual Disability, a psychological evaluation using an adult IQ test is most often required to determine eligibility for the adult program. It is very helpful to have this completed prior to transition to adult programs.

The IAP will send the participant a letter indicating if they are eligible for DD and waiver services and the budget amount. If the participant is deemed ineligible, the letter will include information on their right to appeal of the decision.

Remember from Chapter One, Self-Directed Community Supports (SDS) is a program option for adults eligible for the Adult Developmental Disabilities Waiver. Family-Directed Community Supports (FDS) is a program option for children eligible for the Developmental Disabilities Waiver and the Home and Community Based Services - State Plan Option. Simply stated, the eligibility criteria for the FDS program is broader than the eligibility criteria for the adult program, SDS.

Not all children on in FDS program will be waiver level of care, thus may not be eligible to continue in the SDS program.

Participants who are eligible for the adult DD Waiver can choose the Traditional pathway or the SDS pathway. Participants who choose SDS will be referred back to a Medicaid Care Manager to continue this process.

Participants that choose the adult Traditional pathway will make a decision regarding what agency they would like to have as their Plan Developer and begin the person-centered planning process that leads to the development of an adult DD services plan that will guide services through the next year.

Financial Eligibility

Participants transitioning from children to adult services must complete the process to get adult Supplemental Security Income (SSI) benefits in order to continue their Idaho Medicaid. In most cases, this process cannot be completed until the child turns 18. It is critical to follow the Social Security Administration's adult disability determination process timely as letting it lapse will affect the participant's Medicaid eligibility.

Transition from adolescence to adulthood

The years between 14 and 18 of age are important years in the transition process. There are many considerations beyond DHW disability services. Below are considerations to keep in mind during the transition process:

Adolescence

- Initiate transition planning with IEP team annually beginning at age 14
- Include functional academics to support independence and life skills
 - Math (budget, money management skills)
 - Reading (identification and comprehension, community safety signs)
 - Writing (filling out forms, signing checks, writing resumes)
 - Pre-Vocational skills
 - Computer use
- Identify career interests and skills; additional education or training requirements
- Broaden experiences with community activities and expand friendships.
- Obtain a state of Idaho ID card and learn how/when to use it

Approaching Adulthood

Self-Determination

- Knowledge of one's own disability and learning style
- Knowledge of rights
- Knowledge of appropriate, effective communication and assertiveness skills

Independent Living Skills

- Planning for emergencies and crises - are there other health and safety issues?
- Community training (banks, post office, shopping, libraries, transportation, etc.)
- Residential living skills (cleaning, paying bills, other household maintenance tasks)
- Communication skills
- Recreation/leisure and social relationships
- Self-medication/health and safety

Other Issues to Consider

- Guardianship
- Special needs trusts/estate planning
- Insurance
- Income and benefits maintenance (Medicaid, SSI)

Adulthood

- Adult Care Management (Idaho Bureau of Developmental Disability Services)
- Social Security and Medicaid

Career Exploration and Development

- DVRS (Division of Vocational Rehabilitation Services) is a possible resource
- Vocational evaluation
- Job exploration and job sampling, apprenticeships and part-time employment

- Supported Employment
- Vocational/ technical school

SSI & Children Turning 18

SSI or “Supplemental Security Income” is a federal program that provides monthly payments to individuals with limited income and few assets who are 65 years of age, blind or have another disability. The program, ran by the Social Security Administration, is not financed from Social Security taxes or the Social Security Trust fund, rather by the general revenue funds of the US Treasury.

Applicants with disabilities must meet Social Security's definition of a disability to be eligible for assistance. A disability is a "physical or mental impairment that is expected to keep an individual from doing any substantial work for at least a year or is expected to result in death."

When a child with a disability turns 18, several things happen in relation to his/her Supplemental Security Income (SSI) benefits. First, the young adult must reapply with the Social Security Administration for SSI benefits as an adult. The Social Security Administration will use a different disability criteria than what was used to evaluate a child's disability. If a child has been receiving Social Security - Child's benefits, when he/she turns 18, he/she will have to apply to begin receiving benefits as a “Disabled Child” who is an adult.

Participants can prepare for this re-application by keeping medical and school records updated and complete. Participants may be asked to provide records that document a condition and how it affects the ability to work. This may include records such as:

- ✓ Hospital stays and surgeries
- ✓ Visit to doctors and clinics, dates, reasons and address,
- ✓ Names of medicines
- ✓ Work History (employer, address and dates worked)
- ✓ Counseling and therapy
- ✓ School information including special classes, programs or tutoring
- ✓ A list of teachers and counselors who have knowledge of the child's condition

The family's income and resources will no longer be considered when determining an adult's financial SSI eligibility; only the participant's resources and income will count. Once a child turns 18, the amount of his/her SSI check will be based on his/her monthly income and living arrangement.

Parents or legal guardians should receive a packet from the Social Security Administration with information about re-determination of the participant's benefits as an adult. It is critical that you respond promptly to this letter. If you don't receive a letter, contact your local Social Security Administration office. Request that SSI coverage be extended, if necessary, while an adult eligibility determination is being made.

Guardianship

At the age of 18, a parent's natural guardianship ceases by law, whether or not their child has a disability - regardless of the severity of the disability. Any person attaining the age of 18 is

recognized as a competent adult by law, and remains so unless found incapacitated by a court of law. Without the court determination that an individual is incapacitated, that individual retains all constitutional rights and is responsible for making his own decisions. These rights include the rights to make decisions regarding residence, medical care, contracts, marriage and lifestyle.

Not all persons with a developmental disability need a guardian. Support from family or other trusted people can provide necessary support to make important decisions. Other types of support such as a joint bank account, rep payee, power of attorney assistance and counseling maybe all that is necessary.

Parents often wish to try to protect their child by establishing some control over their adult child's life. They may fear that their adult child may not act responsibly, be taken advantage of or make poor decisions. Unfortunately, a guardianship is not typically an effective means to prevent this. Although legal authority is established upon the appointment of a guardian, the guardianship itself cannot stop a protected person from taking actions that their parents may not agree with.

Disability Rights Inc, Idaho (DRI) has published a very helpful guide on guardianships and conservatorships. This publication "*Self-Advocacy Guide to Guardianships*" is found on their website at: <http://www.disabilityrightsidaho.org/resources/publications.aspx>

Residential Services

As children reach adulthood, they often prepare to leave the nest. Adults with a developmental disability may live independently in the community with varying levels of support. Regardless of the living situation, it is important that individuals have both choice and independence to keep them health and safe.

APPENDICES

Appendix A: SDS Allowable and Non Allowable Expenses

Appendix B: SDS My Voice My Choice Docs

- My Voice My Choice Workbook – Completed
- My Support and Spending Plan Instructions
- My Support and Spending Plan – Completed
- Support and Spending Plan Change

Appendix C: Service Satisfaction Survey

Appendix D: Risk Identification Tool

Appendix E: Policy Statements

Appendix F: Idaho DHW Authorization for Disclosure

Appendix G: SDS and FDS Primary Differences

Appendix H: Glossary of Acronyms and Definitions

Appendix I: Home Modification Guidelines

Appendix J: Sample Job Application

Appendix K: Participant-Support Broker Employment Agreement and Sample Agreement

Appendix L: FDS Allowable and Non-Allowable Expenses

- Attachment 1: FDS Durable Medical Equipment Process
- Attachment 2: Therapeutic Services

Appendix M: Children's DD Services Application Update

Appendix N: Children's System Redesign FDS FAQs

Appendix O: FDS Support and Spending Plan Checklist

Appendix P: FDS Support and Spending Plan Instructions

Appendix Q: FDS My Voice My Choice Workbook

Appendix R: FDS Support and Spending Plan – Sample

Appendix S: FDS Support and Spending Plan Change

Appendix T: FDS Participant-Support Broker Employment Agreement

APPENDIX A: SDS Guidelines for Allowable and Non-Allowable Expenses

Guidelines for Allowable and Non-Allowable Expenses

The purchase of supports and services must meet federal medical assistance regulations including all of the following criteria:

- Must be required to meet the identified needs and outcomes in the participant's Support and Spending Plan and assure the health, safety, and welfare of the participant.
- Must collectively provide a feasible alternative to an institution.
- Must be the least costly alternative that reasonably meets the participant's identified needs.
- Must be for the sole benefit of the participant.

If all of the above criteria are met, supports and services are appropriate purchases when they are reasonably necessary to meet the following participant outcomes:

- Maintain the ability of the participant to remain in the community.
- Enhance community inclusion and family involvement.
- Develop or maintain personal, social, physical, or work related skills.
- Decrease dependency on formal support services.
- Increase independence of the participant.
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support.

Allowable Expenses

Through the Self-Direction option, participants are able to obtain supports and services in ways that are meaningful to them and are able to customize supports to best meet identified needs. The guidelines for allowable supports and services including personal needs, personal health, relationships, emotional health, job or volunteer work, transportation, adaptive equipment and supplies, and skilled supports are listed below and are intended to broadly describe each category.

The Department of Health and Welfare encourages a participant's ability to completely customize their Support and Spending Plan. This includes designing and purchasing supports that are unique to the participant.

The following supports and services are allowed for:

Personal Needs

- Help with daily living activities such as shopping for food, meal planning and preparation, housekeeping, bathing, dressing, and personal hygiene.
- Training and/or help handling personal finances, making purchases, and meeting personal financial obligations.
- Home Modifications required in a participant's residence which allow the participant to remain safely in the community and/or function with greater independence. Home modifications should comply with the following requirements:

- A minor home modification must not create a new structure, add square footage to the home, be for the purpose of remodeling, require routine maintenance, or be for general utility or renovation (i.e. carpeting, roof repair, a carbon monoxide detector, central air conditioning, etc.).
- Permanent environmental modifications are limited to modifications to a home rented or owned by the participant or the participant's family when the home is the participant's principal residence.
- Portable or non-stationary modifications may be made to rental units when such modifications can follow the participant to the next place of residency.
- Minor home modifications include installation, maintenance, and repair not covered by warranty.
- Purchase or repair of wheelchair ramps and protective awnings over wheelchair ramps.
- Modifications/additions to bathroom facilities:
 - Wheelchair accessible showers.
 - Sink modifications.
 - Bathtub modifications.
 - Toilet modifications.
 - Water faucet controls.
 - Floor urinal and bidet adaptations.
 - Plumbing modifications/additions to existing fixtures.
 - Turnaround space modifications.
- Modifications/additions to kitchen facilities:
 - Sink modifications.
 - Sink cut-outs.
 - Turnaround space modifications.
 - Water faucet controls.
 - Plumbing modifications/additions.
 - Work table/work surface adjustments/additions.
 - Cabinet adjustments/additions.
- Specialized accessibility/safety adaptations/additions (including repair and maintenance):
 - Door widening.
 - Electrical wiring.
 - Grab bars and handrails.
 - Automatic door openers/doorbells/door scopes and adaptive wall switches.
 - Fire safety adaptations and alarms.
 - Medically necessary air filtering devices.
 - Light alarms, doorbells for the hearing and visually impaired.
 - Floor leveling, only when the installation of a ramp is not possible.
 - Medically necessary steam cleaning of walls, carpet, support equipment, and upholstery.
 - Widening/enlargement of garage or carport to accommodate primary transportation vehicle and to allow participant using wheelchairs to enter and exit their vehicles.

- Installation of sidewalk for access from non-connected garage or driveway to residence, when existing surface conditions is a safety hazard for the participant with a disability.
- Safety glass, safety alarms, security door locks, fire safety approved window locks and security window screens (i.e. for participants with severe behavioral problems).
- Security fencing for those participants with cognitive impairment and whose safety would be compromised if they wandered.
- Protective padding and corner guards for walls for participants with impaired vision and mobility.
- Recessed lighting with mesh covering and metal dome light covers to compensate for violent aggressive behavior (i.e. for participants with autism or mental illness).
- Noise abatement renovations to provide increased sound proofing (i.e. for participants with autism or mental illness).
- Door replacement (for accessibility only).
- Motion sensor lighting.
- Intercom systems for participants with impaired mobility.
- Lever door handles.

NOTE: Installation of central air conditioning and heating is excluded. Repair of central air conditioning and heating units will be considered only if it is more cost-effective than options available under adaptive aids.

Personal Health

- Drug/Alcohol rehabilitation services.
- Smoking cessation classes.
- Assistance with medications, including filling a medi-set.
- Services intended to make the community care system more effective by helping participants gain access to medical, social, educational, and other services, regardless of how each service is funded. When a participant's care is coordinated, it allows those participants who have complex personal circumstances that place them at risk of reduced independence to locate the appropriate services, and helps them coordinate those services.
- Nursing services which consist of part-time or intermittent care provided by a licensed nurse within the scope of the Idaho Nurse Practice Act. Nursing services may only be approved for those participants in need of services that can only be provided by an LPN (Licensed Practical Nurse) or RN (Registered Nurse).
- Fees or membership dues for health clubs or fitness centers when physical exercise or physical activity is necessary and appropriate to maintain or improve the participant's health and functioning. If authorized, the payment structure shall be based on the most cost effective option (i.e. daily rates, annual memberships, etc.) given the participant's actual and projected use of the health club or fitness center. Individuals must periodically provide verification of their use of the health club or fitness center.
- Medical Supplies which are medically necessary to meet the needs of the participant. The supplies must be related to the participant's disability or medical condition and

must support the participant living in the most integrated setting possible in the community. These include supplies for:

- Tracheotomy care.
- Decubitus care.
- Ostomy care.
- Respirator/ventilator care.
- Catheterization.

Other Types of Medical Supplies

- Nutritional supplements.
- Feeding formulas and supplies.
- Urinary incontinent supplies.

Emotional Health

- Membership fees associated with attending support groups (i.e. Alcoholics Anonymous).
- Coursework and training material fees associated with participation in classes to acquire socially appropriate behaviors or reduce inappropriate behaviors (i.e. Anger Management course).

Relationship Needs

- Services that allow a participant to be involved in general community activities and establish relationships with family and peers.
- Services intended to instruct the participant in daily living and community living skills in integrated settings (i.e. shopping, church attendance, sports, participation in clubs, etc.).
- Behavior shaping and management services that include training and/or assistance in appropriate expressions of emotions or desires, compliance, assertiveness, acquiring socially appropriate behaviors, or reducing inappropriate behaviors.
- Development of interpersonal relationship skills of interaction, cooperation, trust, and the development of self-respect, self-esteem, responsibility, confidence, and assertiveness.
- Sex education services.
- Pregnancy counseling.

Job or Volunteer Work

- Individualized assessment.
- Individualized and group employment counseling.
- Individualized job development and placement that produce an appropriate job match for the participant and the employer.
- On the job training in work and related work skills required for job performance.
- Ongoing supervision and monitoring of the participant's performance.
- Ongoing support services to ensure job retention.
- Training in related skills essential to obtaining and retaining employment.

- Job maintenance visits with the employer for purposes of obtaining, maintaining, and/or retaining current or new employment opportunities.
- Services that assist a participant to develop and operate their own business. This assistance consists of:
 - Helping the participant identify potential business opportunities.
 - Help developing a business plan, including potential sources of business financing, and help developing and launching the business.
 - Identifying the supports that are necessary for the participant to operate the business.
 - Ongoing help, counseling, and guidance once the business has been launched.

Payment for Job or Volunteer Work Excludes

- Incentive payments made to an employer to encourage or subsidize an employer's desire to retain a participant as an employee.
- Payments that are passed through to the participant.
- Payments for training that is not directly related to the participant's employment.
- The trainer or supervisor doing the work for the person, if the participant is not able to perform the essential functions of the job on their own.

Transportation

- Services that allow the participant to access community activities in response to needs identified through the participant's plan of care. These services are available to participants living in their own homes or in their family home. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers. Transportation services must be provided by the most cost efficient mode available.
- Training or assistance aimed at accessing and using public transportation, independent travel, or movement within the community.

Adaptive Equipment and Supplies

- Specialized equipment and supplies such as devices, controls, or appliances which enable participants to increase their ability to perform activities of daily living, or to perceive, control, or communicate with their environment. They also include items necessary for life support including ancillary supplies and equipment necessary to maintain such items, and durable and non-durable medical equipment and supplies. Training on the proper use of the equipment is to be included in the unit cost of the equipment and normal fitting, and maintenance of equipment, where necessary. All items will meet applicable standards of manufacture, design, and installation.
- All specialized medical equipment and supplies must be prescribed by a medical practitioner.
- Specialized medical equipment and supplies costing more than \$500 require written documentation from an occupational, physical, or speech therapist, or speech pathologist that the purchase is appropriate to meet the participant's needs.
- Reimbursement for repair, modification, or adaptation of specialized equipment and supplies, if determined to be cost effective.

- Adaptive aids consist of the following services including repair and maintenance not covered by the warranty.

Lifts

- Wheelchair lifts.
- Porch or stair lifts.
- Hydraulic, manual, or other electronic lifts.
- Stairway lifts.
- Bathtub seat lifts.
- Ceiling lifts with tracks.
- Transfer bench.

Mobility Aids

- Manual/electric wheelchairs and necessary accessories.
- Scooters.
- Mobility bases for customized chairs.
- Braces, crutches, walkers, and canes.
- Forearm platform attachments for walkers and motorized/electric wheelchairs.
- Prescribed prosthetic devices.
- Prescribed orthotic devices, orthopedic shoes, and other prescribed footwear.
- Prescribed exercise equipment and therapy aids.
- Portable ramps.
- Batteries and chargers.

Respiratory Aids

- Ventilators/respirators.
- Back-up generators.

Positioning Devices

- Standing boards, frames, and customized seating systems.
- Electric or manual hospital bed, tilt frame bed, and necessary accessories.
- Egg crate mattresses, sheepskin, and other medically related padding.
- Trapeze bars.
- Lift recliners.

Communication Aids (Including Repair, Maintenance, and Batteries)

Augmentative Communication Devices

- Direct selection communicators.
- Alphanumeric communicators.
- Scanning communicators.
- Encoding communicators.
- Speaker and cordless phones for participants who cannot use conventional telephones:
 - Speech amplifiers, aids, and assistive devices.

- Interpreters.
- Telebraille devices.
- Typewriters.
- Closed captioning devices.

Control Switches/Pneumatic Switches and Devices

- Sip and puff controls.
- Adaptive switches/devices.

Environmental Control Units

- Locks.
- Electronic devices.
- Voice activated, light activated, oral motion activated device.
- Alarms/alarm systems.

Diagnostic/Monitoring Equipment

- Stethoscopes, blood pressure monitors, and thermometers for home use.
- Blood glucose monitors.

Medically Necessary Devices

- Urinary incontinent devices.
- Transcutaneous Electrical Nerve Stimulation (TENS) units.

Medically necessary Durable Medical Equipment not covered in the State Plan for the Idaho Medicaid Program. Temporary lease/rental of medically necessary durable medical equipment to allow for repair, purchase, replacement of essential equipment or temporary usage of the equipment.

Modifications/Additions to Primary Transportation Vehicles

- Van lifts.
- Driving controls.
 - Brake/accelerator hand controls.
 - Dimmer relays/switches.
 - Horn buttons.
 - Wrist supports.
 - Hand extensions.
 - Left-foot gas pedals.
 - Right turn levers.
 - Gear shift levers.
 - Steering spinners.
- Medically necessary air conditioning unit prescribed by a physician for participants with respirator or cardiac problems, or people who can't regulate temperature.
- Removal or placement of seats to accommodate a wheelchair.
- Installation, adjustment, or placement of mirrors to overcome visual obstruction of a wheelchair in a vehicle.

- Raising the roof of the vehicle to accommodate a participant riding in a wheelchair.
- Installation of frames, carriers, or lifts for transporting mobility aids.

Sensory Adaptations

- Eyeglasses and accessories beyond the Medicaid limit.
- Hearing aid supplies beyond the Medicaid limit.
- Auditory adaptations to mobility devices.
- Medically necessary heating and cooling equipment for participants with respiratory or cardiac problems, people who cannot regulate temperature, or people who have conditions affected by temperature (excluding central air conditioning and heating).
An air conditioner can only be purchased for the participant's principal living area. If the principal living area already has an air conditioner unit, it would not be possible to purchase another unit to cool another part of the house.
- Visual alert systems.
- Magnifiers.
- Enlarged electronic displays.

Adaptive Equipment for Activities of Daily Living

- Assistive devices.
- Reachers.
- Stabilizing devices.
- Weighted equipment.
- Holders.
- Feeding devices including:
 - Electric self-feeders.
 - Food processor and blender. Only for participants with muscular weakness in upper body or who lack manual dexterity and are unable to use manual conventional kitchen appliances.
 - Variations of everyday utensils.
 - Shaped, bent, built-up utensils.
 - Long-handled equipment.
 - Addition of friction covering.
 - Coated feeding equipment.
- Count-a-dose medication systems.
- Walking belts and physical fitness aids.
- Specially adapted kitchen appliances.
- Toilet seat reducer rings.
- Hand-held shower sprays.
- Shower chairs.
- Electric razors.
- Electric toothbrushes.
- Water piks.
- Over bed tray tables.
- Signature stamps.
- Care and acquisition of guide dogs for visually impaired, including:

- Veterinary bills.
- Harnesses.
- Food for guide dog.
- Safety restraints and safety devices.
- Bed rails.
- Safety padding.
- Helmets.
- Safety restraints.
- Flutter boards.
- Lifejackets.
- Elbow and knee pads.
- Visual alert systems.
- Support rails.

Skilled Supports

- Developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services). Physical and occupational therapy and recreation (including arts and therapeutic recreation). Social work services and counseling services (including rehabilitation counseling). Medical services (except for diagnosis and evaluation purposes only).

Unallowable Expenditures

Supports and services that cannot be purchased within the participant's budget are:

- Placement in a nursing home (NH) or Intermediate Care Facility (for Intellically Disabled)/ (ICF/DD).
- State Plan services (i.e. Service Coordination and Developmental Disability Agency services).
- Waiver services delivered through the traditional service model.
- Services, goods, or supports provided to or benefiting persons other than the participant.
- Any costs for service incurred by the participant such as attorney fees, bank overdraft fees, etc.
- Insurance payments, with the exception of Workers' Compensation Insurance.
- Room and board payments.
- Personal items not related to the participant's disability.
- Home modifications that add any square footage.
- Home modifications for a residence other than the primary residence of the participant or the participant's non-paid family member(s) if the participant is residing with the non-paid family member(s).
- Expenses for travel, lodging, or meals related to training the participant or his/her representative or paid or unpaid caregivers.
- Experimental treatments.
- Membership costs or dues, unless the service or support obtained through membership is directly related to the disability.
- Vacation expenses other than the cost of direct services.

- Vehicle maintenance.
- Tickets and related costs to attend sporting or other recreational events.
- Animals and their related costs, except for service animals.
- Costs related to internet access.

APPENDIX B: SDS My Voice My Choice Documents

These examples are for a fictitious participant, John Doe. He has filled out his workbook with his Circle of Support and needs help in several areas.

The following is included:

- My Voice My Choice Workbook - Completed
- My Support and Spending Plan Instructions
- My Support and Spending Plan – Completed
- Support and Spending Plan Change - Blank

Templates of the *My Voice My Choice* workbook and *Support and Spending Plan* can be found on the self direction web site: www.selfdirection.idaho.gov

Regional Medicaid Care Managers can also provide My Voice My Choice participants with copies of all the necessary documents. In addition, extra employment agreements and instructions for filling them out can be obtained from the fiscal employer agent.



My Voice, My Choice Workbook

Your Name _____ Jim Doe 2015

How to Use the My Voice, My Choice Workbook

This workbook will help you:

- Identify family and community supports that will help you when you need it.
- Decide what you need and want from the people who support you.
- Identify positive and negative people, habits, and activities in your life.
- Develop a plan that you and your Circle of Support can use to make decisions, now and in the future.

As you go through this workbook remember to ask your Circle of Support for advice. They can help you decide what you want and what you need. They can also help you decide what things in your life need to be added, changed, or left the same. During this person-centered planning process, you and your Circle of Support can use this workbook as a tool to plan a future that is focused on you. No single person has all of the answers and sharing your ideas and opinions, and listening to theirs, will help you develop a solid plan so you can be healthy, independent, and successful.

As you do each page of the workbook you can:

- Work directly on the blank pages provided in this workbook.
- Use whiteboards or flipcharts.
- Make more than one copy of a page if you need additional writing room (you must attach the additional pages to the workbook when you are finished).
- Use pictures, photographs, or other things that represent your ideas.
- Complete your workbook pages on the computer and print them out (you must attach additional pages to the workbook when you are finished).

There is no one right way to do this, but it is important to remember that the information you talk about during the person-centered planning process must be written in the My Voice, My Choice Workbook and submitted along with your Support and Spending Plan.

We do recommend that you:

- Take your time. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one to two hours at a time. Don't do so little at any one time that you lose your excitement and commitment.
- Keep track of when you talk about different ideas by writing the date you complete a page at the bottom of that page.

One final note, the questions listed under the 'Guidance' sections of the workbook pages are only suggestions for questions to think about when completing that page. If you and your Circle of Support think a question doesn't apply to you, or you have other questions, feel free to include them. Good luck!

Who Do I Want to Help Me Develop My Plan?



Guidance

Identify those people who you believe are willing to listen to you and help you with planning your future. As you decide who to include in your planning team, think about:

- * Who listens when you talk about what is important to you?
- * Who do you trust?
- * Who knows about your health and safety needs?
- * Who best understands what your life is like?
- * Who asks you questions about your future plans?
- * Who is likely to be willing to help you achieve your dreams?

Remember, even just one other person helping you is better than trying to plan your future alone.

Mom, Dad, Soe, Fah and Susie Q (Family friend) listen to me.

I trust Mom, Dad, Soe, Fah and Susie Q.

Mom and Dad know about my health and safety needs.

Mom and Dad best understand what my life is like.

Mom, Dad, Soe, Fah and Susie ask me about my future plans. So does Mrs. Neighbor.

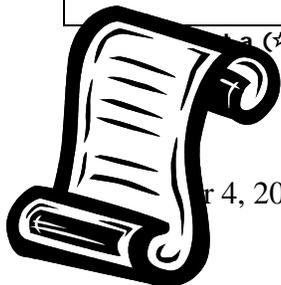
Mom and Dad are willing to help me achieve all of my dreams.

*NOTE:

DD Medical Care Form indicates a need for Mental Health Therapy.

Mental Health-Jim's medications are closely monitored through his Medication Manager. He is seen periodically and these services are through Optum Idaho.

(★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



4, 2007

What is Important to Me?

Guidance

Identify those things that you find exciting, inspiring, or interesting. With your planning team, ask yourself the following questions:

- * What things do I like to do?
- * If I could live anywhere, where would it be?
- * Do I want to be more active or do I want more time to relax?
- * What things do I want to make sure are in my life every day?
- * If I could change one thing in my life, what would it be?
- * What activities or groups in my community interest me?
- * What are the three most important things in my life?
- * What parts of my home life do I want to remain the same?
- * What hobbies do I enjoy or would like to develop?
- * Do I want to work or volunteer?
- * Are there new things I would like to learn to do?

I like to read, play on my iPad, cook, and go to movies.

I want to live at home with Mom and Dad.

I want more time to relax, but Mom and Dad feel I should have more activities.

I would want more relaxing time.

I want to learn how to take a specific list and grocery shop by reading the signs on the aisles to find the items. I also want to unload the groceries from the cart onto the belt and pay for my purchase.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

Who Would I Like to Spend Time With?



Guidance

Strengthening your connections with people is an important part of moving forward.

As you complete this page, think about what you and your planning team can do:

- * To improve relationships you currently have with family and friends.
- * To encourage new relationships, or restore some relationships that have been lost.

Ask yourself the following:

- * How might I get in touch with someone I have not seen for a long time?
- * Who would be a good person to invite for dinner, to go to a movie, or to have coffee with?
- * Are there any relationships in my life that I am uncomfortable with, and might want to change?
- * Who am I strongly connected to through work, school, church, or other parts of my community?
- * Who would I call if I didn't feel well and needed help?

I want to spend time with my family and friends.

I want to attend the social group at MY SOCIAL CLUB sometimes.

I would like my own cell phone.

I will call my parents if I ever need help.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

My Week



Things I want to do during the week

What are your favorite things to do during the week? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing?

Cook
Shop
Clean my room
Go to a social group

Spend up to 2 hours a week alone in my home.

I enjoy doing things with my family.

Things I don't want to do during the week

What are your least favorite things to do during the week? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your week?

I do not want to volunteer yet. I want to learn more about self-sufficiency skills such as shopping, creating a cooking menu, and doing laundry.

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

My Weekend



Things I want to do on the weekend

What are your favorite things to do on the weekend? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing on the weekends?

I want to watch TV on the weekends.
I want to shop with my family on the weekends.
I want to go to restaurants on the weekends.

Things I don't want to do on the weekend

What are your least favorite things to do on the weekend? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your weekend?

I do not want to do housework or cook on the weekends, but I do not mind shopping.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Week to Do the Things I Want at Home?

Guidance

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

- * Do you need help taking care of these things?
- * Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

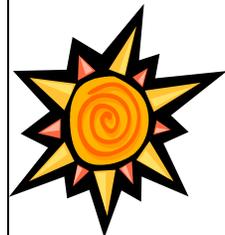
- * Companion services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- * A lifeline response system.
- * Adaptive equipment.

This is also a good time to think about how many hours you need someone around to help you. This information will be necessary when you get ready to develop your plan.



Morning:

Using an alarm clock. Monitor medication dosages. Monitor cooking. Continuous adult supervision for all ADLs.



Daytime:

Monitor medication dosages. Monitor cooking. Continuous adult supervision for all ADLs. Work on safety scenarios for alone time.



Evening:

Monitor medication dosages. Help cook a larger dinner and monitor. Learn to follow recipes. Continuous adult supervision for all ADLs.



Night:

Brushing my teeth. Shaving my face. Medication monitoring. Setting an alarm clock for the next morning. Continuous adult supervision for all ADLs.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Week to Do the Things I Want at Work?

Guidance

Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

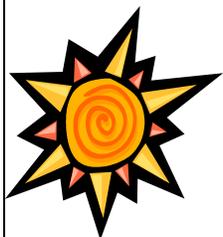
Some things to think about:

- * Do you want to work all day or just part time?
- * What skills will you need to learn in order to do the job you want?
- * Will you need someone to help you on the job for a period of time?
- * Will you need transportation to get to a job?
- * Will working change your need for other supports during the day?
- * Will you need certain clothes or equipment to do the job?
- * Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

Morning: N/A



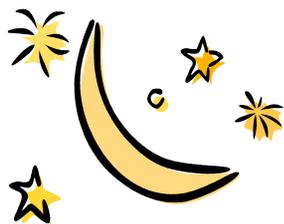
Daytime: N/A



Evening: N/A



Night: N/A



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Weekend to Do the Things I Want at Home?

Guidance

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

- * Do you need help taking care of these things?
- * Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

- * Companion services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- * A lifeline response system.
- * Adaptive equipment.

This is also a good time to think about how many hours you need someone around to help you. This information will be necessary when you get ready to develop your plan.

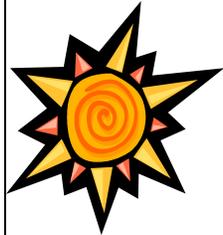
Morning:

Using an alarm clock. Monitor medication dosages. Monitor cooking. Continuous adult supervision for all ADLs.



Daytime:

Monitor medication dosages. Monitor cooking. Continuous adult supervision for all ADLs. Supervision when walking around the mall or large store.



Evening:

Monitor medication dosages. Help cook a larger dinner and monitor. Learn to follow recipes. Continuous adult supervision for all ADLs. Work on safety scenarios for alone time.



Night:

Brushing my teeth. Shaving my face. Medication monitoring. Setting an alarm clock for the next morning. Continuous adult supervision for all ADLs.



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Weekend to Do the Things I Want at Work?

Guidance

Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

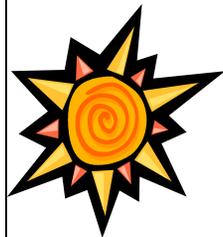
Some things to think about:

- * Do you want to work all day or just part time?
- * What skills will you need to learn in order to do the job you want?
- * Will you need someone to help you on the job for a period of time?
- * Will you need transportation to get to a job?
- * Will working change your need for other supports during the day?
- * Will you need certain clothes or equipment to do the job?
- * Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

Morning: I do not want to work right now. I want to learn about self-sufficiency in my house.



Daytime:



Evening:



Night:



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Things Do I Want to Do in the Community?



Guidance

Having the opportunity to involve yourself in community activities that interest and inspire you is an important part of living a full and satisfying life.

This page provides you with the opportunity to identify ways you would like to interact with your community.

When completing this page you might want to think about the following:

- * Are you interested in helping in the community without being paid?
- * Do you want to participate in social, religious, or political organizations?
- * Do you want to become a member of a health club?
- * Do you want to attend certain community events and attractions (i.e. parades, concerts, movies, museums, etc.)?
- * Would you like to become more involved with your neighbors?

I am not ready to help in the community, but I do enjoy attending some social groups. I like to be in the community grocery shopping, going to the library or post office. I like to go to the mall.

I enjoy going to see movies and like museums.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



Skilled Support/Adaptive Equipment/Medical Supplies

Guidance

There may be times when you need skilled service providers or specialized equipment to provide you with support in your daily life.

When completing this page you might want to ask yourself some of the following questions:

- * Do you need help communicating with others (i.e. interpreter)?
- * Do you need the services of a physical therapist (PT)?
- * Do you need the services of an occupational therapist (OT)?
- * Do you need the services of a speech therapist?
- * Do you need the services of a nurse?
- * Do you need mental health services?
- * Would you benefit from adaptive equipment designed to help you with mobility, feeding, or personal care?
- * Do you need specialized medical supplies as part of your daily routine (i.e. attends, syringes, latex gloves, mattress protectors)?
- * Do you need nutritional supplements?

IMPORTANT REMINDER: A doctor's prescription may be required before you can receive OT, PT, speech therapy, or nursing services, medical supplies, and nutritional supplements. If you don't know if you need a prescription, contact your doctor for assistance.

I would like to take vitamins to make sure I get what I need each day. I don't like to eat vegetables.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Do I Need to Get to the Places I Want To Go?



<p style="text-align: center;">Guidance</p> <p>Living in your own place, having a job, participating in daytime and nighttime activities, and having relationships require you to be able to get around.</p> <p>If you do not drive, you will need to figure out how you will get to all of your activities and appointments.</p> <p>For each of the categories, identify what types of transportation you will use, or any plan you might have to be trained on using transportation services.</p> <p>It is also important to keep the following things in mind when discussing transportation:</p> <ul style="list-style-type: none"> * What times of the day or night do you need transportation? * Do you need special accommodations (i.e. wheelchair accessible van, aide)? * If your provider uses your car, do you have appropriate insurance coverage? * Will you reimburse your provider for gas if they use their own vehicle? 	Work	I do not want to work right now.
	Family, Friends & Recreation	I need Mom and Dad to transport me. I will also take the bus with my CSW.
	Clubs & Organizations	I need Mom and Dad to transport me and will also take the bus with my CSW.
	Medical Appointments	I will use AMR for medical transportation.
	Shopping & Errands	I need Mom, Dad, and CSW to transport me. At times I will take the bus with my CSW.

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

How Do I Manage My Money and Pay My Bills?



Guidance

Paying your monthly bills and being able to purchase necessities such as food and clothing is an important part of living independently in the community.

This page can help you and your planning team identify the supports you will need to manage your money and pay your bills.

Some things to think about are:

- * Do you need help balancing your checkbook or putting together a budget and sticking to it?
- * Do you need help going to the bank or handling financial transactions?
- * Do you need help applying for services that would provide financial assistance (i.e. housing assistance, energy assistance, food stamps, etc.)?
- * Could you benefit from learning how to use a debit or Quest card?
- * Would you like to learn how to write or sign a check?
- * Do you need help to keep others from taking advantage of you financially?

Mom and Dad help me manage my checking account. I have a debit card and they help me use a ledger. I also keep track of my cash and know how much I have at all times. I am allowed to make decisions on how my money is spent. Mom and Dad help me advocate for myself so I will not be taken advantage of.

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

Where Do I Want to Live?

It is important to like where you live and who you live with. Use this page to identify the kind of home you want to live in and the kind of person you want to live with.



What kind of residence would I prefer to live in?

- My own home or apartment
- Someone else's home or apartment
- Certified Adult Family Home
 - Relative
 - Non-relative

- Assisted Living Facility
- Nursing home
- Other _____

Do I want roommates? If yes, how many? What qualities do I think a good roommate should have?

I do not want roommates. I want to live with my family and our pets.

If I want to move out of where I live now, what will I need to do before I am able to move?

I do not want to move out of where I live now, but I do want to increase my independence in my own home.

Is There Something I'm Doing Now That Causes Me or Others to Feel Sad, Mad, Hurt, or Angry?



Guidance

Think about things you do that cause you to feel bad about yourself, or create problems for you when you are with other people. These behaviors might include things such as:

- * Drinking too much alcohol.
- * Smoking cigarettes.
- * Yelling loudly at others.
- * Using illegal drugs.
- * Running away.
- * Refusing medication.
- * Physically hurting someone else.

If you believe you may be doing something that causes others to feel sad, mad, angry, or hurt, list these things in the top box.

Now think about which of these things you would like to work on changing. List these things in the bottom box.

I make sure I follow the rules.

In public, I struggle with recognizing when it is my turn. This happens at times when I am waiting in line for food or purchasing something.

At home, I don't always respond to requests appropriately. I sometime struggle to identify tone of voice when asked to do chores or respond to simple things like being called to dinner. I often think people are mad at me or are stern.

Is This Something That I Think I Might Want to Stop Doing or Do Differently?

Yes.

I would like to improve on my social skills and communication skills and this will help me identify situations and how to respond appropriately.

My Health and Safety Plan



Guidance

Are there any health and/or safety issues that you want to make sure other people pay attention to? If so, describe in the boxes what people need to know about you to keep you healthy and safe. Then write what actions they need to take based on what they know. This section should include information that should not be overlooked such as:

- * Allergies.
- * Therapies.
- * The need for nursing oversight.
- * Administration of medications.
- * Conditions or illnesses which need to be regularly monitored (i.e. seizures, diabetes, and chronic constipation).
- * Concerns related to eating or drinking.
- * Where, when, or under what circumstances it is okay for you to be on your own.
- * Emergency procedures during a crisis.
- * Concerns related to hurting yourself or others (i.e. illegal conduct, pica, and self-mutilation).

If you are not sure where to begin, the Risk Identification Checklist can be useful for identifying health and/or safety concerns.

	What do others need to know to help me stay safe and healthy?	Plan to keep me safe:	Who will monitor this plan?	How often?
At Home:	MY MEDICATION SCHEDULE. THINGS I LIKE TO EAT.	CALL 911. GET A CELL PHONE. STAY WITH MY FAMILY AT ALL TIMES.	MOM, DAD AND FAH	DAILY
At Work:	I DO NOT WORK.	I DO NOT WORK.	I DO NOT WORK.	N/A
In the Community:	MY MEDICATION SCHEDULE. HOW TO HELP ME SPEND MONEY APPROPRIATELY. STRANGER DANGER.	CONTINUE TO HELP ME WITH STRANGER DANGER. HAVE MY CELL PHONE.	MOM, DAD AND SOE.	DAILY

Who will be responsible for assuring the provider qualifications and trainings of the support person? (check all that apply)

- Me
- Guardian/Responsible party
- Support Broker
- Community Support Worker Agency
- Other (indicate who): _____



My Progress				
Goal/Year	What progress was made on this goal?	What worked?	What didn't work?	Will you continue working on this goal?
Coping skills; 2014	I am able to calm myself when I can listen to my music. I was able to make better choices about my behavior when I could use my headphones and iPod.	I really liked being able to listen to my music when out in the community. It helped me filter all of the extra noise.	Deep breathing is not for me. It makes me dizzy and I don't like being told to do things.	Yes, I don't feel like I know enough relaxations techniques to be independent with this yet.
Daily living skills; 2014 September 4, 2007	I can independently follow my hygiene check list once reminded to use it. My CSW helped me learn to make decisions about how to spend my money because we played games in the stores about the things I wanted to buy. I am able to make sloppy joe's and mac and cheese now using the stove and microwave. I am also starting to plan a meal for my family	My CSW's are really good at making it fun to use my checklists for hygiene and laundry. Since I don't like to do my laundry and don't remember how to complete my hygiene appropriately, having my checklists that are colorful and easy for me to follow is important. I like going to the store and using my debit card. My CSW and I play a game at the store about how much things cost and	I want to use my iPad to play games and I don't like it when I'm told to use it to communicate. This has caused some stress for me because I don't understand that it is also to help me use my words and increase my independence by learning to read safety and street signs. I don't like it when my CSW's are too stern with me. It makes me feel like	I will keep working on all of these goals; especially my communication goal. I will try to be better about letting my CSW teach me to communicate better with my iPad.

	<p>one day per week, which is fun for me.</p>	<p>what I want the most and whether I have enough money to use.</p> <p>My CSW's did a great job teaching me how to plan a menu and prepare simple food items. I was able to move forward and start planning a meal for my family one day per week</p>	<p>they are mad at me.</p>	
<p>Accessing my community; 2014</p>	<p>I am getting better about remembering to get in line at and Library and have my Library card ready to go.</p> <p>I am able to recognize the signs for Stop/Go at crosswalks and am getting better about looking for cars in the parking lot.</p> <p>I know my post office box number and can use the key to open it.</p>	<p>Going out in the community is a huge reinforcer for me. This has helped me be more receptive to following my safety checklist and using social stories to remember how to use the Library</p>	<p>I want to be first in line at the Library because I get excited about the books and movies I'm checking out. There were several instances over this plan year when I had to put my items back and come back to get them on a different day.</p>	<p>I really like going out into my community so I will definitely keep working on this goal so I am able to eventually go out in my community with fewer supports.</p>
<p>Building relationships; 2014</p>	<p>I was able to organize going to a hockey game with my friends.</p>	<p>My CSW and I spent a lot of time this year learning appropriate phone etiquette as well as how to look up movies times,</p>	<p>We had to limit looking up activities to just a few days in advance because there were a few times when I was too</p>	<p>I will keep working on this goal as I want to make new friends and keep the friends that I have.</p>

		concerts, sporting events and other recreational activities.	excited and kept asking over and over when we were going. I also had an incident where I call my friend again and again because I wanted to go to the event now and didn't want to wait until it was time.	
Alone time skills; 2014	I am able to stay by myself a couple hours per day.	I like having contact numbers. It makes me feel safe. My CFH provider and my CSW worked with me using social stories to practice my understanding of what an emergency is and who is a helper and who is a stranger.	I know that running evacuation drills are part of learning to be safe alone, but I don't like them. They make me a little scared.	I will keep working on this goal as I want to be successful in staying in my home by myself sometimes.
Alone time; 2014	I had no incidents this year while accessing alone time in my home.	Running safety scenarios before being left home alone helped my feel safer.	I still don't like running evacuation routines or talking about fires, but I know this is something I need to know in order to be safe alone.	I will keep working on this goal because I like having alone time.

DEVELOPING YOUR SUPPORT AND SPENDING PLAN

INSTRUCTIONS



IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEVELOPING YOUR SUPPORT AND SPENDING PLAN

Your goal is to submit a Support and Spending Plan (SSP) that reflects your employer's personal goals and needs and assures that they are able to live safely and successfully in the community within their allocated budget. There are several steps to developing a Support and Spending Plan. Below is a brief overview of each of the steps involved in completing this process.

Step 1 First, you should have a copy of the completed My Voice My Choice Workbook. Have the workbook available before you begin writing the Support and Spending Plan.

Step 2 Create the My Support Plan pages. To create My Support Plan pages, you will need to refer back to the worksheets in the My Voice My Choice Workbook.

- **Each** specific goal needs to be written on a **separate** My Support Plan page.
- My Support Plans will also identify whether someone will be providing support at no cost or whether Medicaid will be paying for the support. In many cases, your employer may be able to do things independently to accomplish the goal or it may be possible for them to get help for free from community organizations and natural supports. The more support they can find at no cost the more money they will have available to put towards developing other goals or to save for additional services, supports or goods that may become necessary. Remember that funds cannot be carried over to the next plan year.

Step 3 Review the My Health and Safety Plan in your *My Voice My Choice Workbook*. If any health and/or safety issues are listed in the home, work, or community you must also create a My Back-Up Plan page to go along with these health and/or safety issues. This will ensure supports are in place that addresses each of the identified risks.

Step 4 Complete the My Support and Spending Plan Authorization page by listing all of the paid supports from the My Support Plan pages.

Step 5 Complete the My Support Broker Authorization Section.

Step 6 Complete the FEA Authorization Section.

Step 7 Complete the MMCP section if needed.

Step 8 Complete the final Support and Spending Plan Authorization page. This is where you will list the Community Supports total (A), Support Broker total (B), and the Fiscal Employer Agent total (C). You will combine the three to list a Grand Total Amount (D).

- **If MMCP costs are included on the SSP, those costs will be included in the Approved Request Amount.**

Step 9 Your employer or their legal guardian should read, sign and date the Choice and Consent Statements.

- **If the participant is enrolled with MMCP the SSP must include the ICT Care Coordinator's signature.**

MY SUPPORT AND SPENDING PLAN COVER SHEET INSTRUCTIONS

Step 1 Double click on the header section “Participant Name” to complete the name, MID#, and Plan Date. Please use the participant’s name from their Medicaid card and use the plan start date not the date of the plan submission. Initial plans should be dated 30 days from the date the plan is submitted.

Step 2 Check either the Initial Plan or the Annual Plan box. Only check the Initial Plan box if this is the first Self Directed plan you have completed.

Step 3 If the participant is enrolled in MMCP check the MMCP box.

Step 4 Complete the Personal information, Guardian (if applicable), and Primary Care Providers sections.

Step 5 The Community Living Arrangement section should identify whether the participant is living alone, in a CFH (w/family or not family), with family (not CFH), or with roommates.

Step 6 List the names of all individuals who were involved in helping develop the Support and Spending Plan. This list should also include those individuals who may not have attended the person-centered planning meeting(s), but were involved in helping develop the plan.

- If the participant has a legal guardian, who is a paid CSW, the plan must also include a non-paid, non-family member.

MY SUPPORT PLAN INSTRUCTIONS

Step 1 Goal or Need – List the goal or need your employer wants to achieve or accomplish in the upcoming plan year. Each goal or need is listed on a separate page. There is no one correct way to write a goal. For example, you can have a goal “I want to get a job” or “I want to work in an office.”

Step 2 Activities - List activities your employer is able to do on their own to reach their goal or meet their needs. List how often they occur.

Step 3 Natural Supports - Identify people who would not need to be paid that would help reach goals or meet needs. Identify how often these natural supports will be able to provide this help. For example, given the goal of “work in an office” perhaps someone will help fill out applications.

Step 4 Paid Supports – List the service, task or good needed to reach the goal or meet the need. In the type of support section indicate the type of support being provided by using the included key. Use the following definitions to determine what type of support best describes the service, task, or good being purchased. Below each support section are sample supports for that category.

- **Personal:** Helps maintain health, safety, and basic quality of life.
 - *My CSW will prompt me to follow my daily hygiene checklist. (Non-CFH)*
 - *My CSW will remind me when it is time to take medication. (Non-CFH)*
- **Emotional:** Helps teach and practice behaviors consistent with goals and wishes, while minimizing interfering behaviors.
 - *My CSW will teach me a variety of coping skills I can use when I begin to feel anxious.*
 - *My CSW will provide a non-verbal cue when I begin to exhibit a behavior and will work with me to recognize triggers.*
 - *My CSW will assist in managing my behaviors by utilizing tools such as redirection, alarms, restraint board, intramuscular injections, and the use of local CTN (specially trained police officers) when less restrictive tools are unsuccessful.*
- **Learning:** Helps teach new skills or improve existing skills that relate to identified goals.
 - *My CSW will teach me how to make something to eat, using a simple recipe.*
 - *My CSW will teach me safety skills through role-playing different safety scenarios.*
- **Relationship:** Helps establish and maintain positive relationships with family members, friends, spouse or others in order to build a natural support network and community.
 - *My CSW will help me learn how to treat my family and friends with respect by providing positive reinforcement in social situations.*
 - *My CSW will teach me how to use a variety of resources to find social groups to attend.*
- **Job:** Helps secure and maintain employment or attain job advancement.
 - *My CSW will teach me interview techniques.*
 - *My CSW will teach me how to complete job applications on paper and electronically.*
- **Adaptive Equipment:** Equipment that meets a medical or accessibility need and promotes increased independence.
 - *I am non-verbal and require a communication device to make my wants and needs known.*
 - *I live alone and need an alarm system to remain safe when I don't have paid supports.*
- **Transportation:** Helps accomplish identified goals through gaining access to community services, activities, and resources.
 - *My CSW will drive me to the library once a week.*
 - *My CSW will provide transportation to the grocery store and other weekly errands.*
- **Skilled Nursing:** Intermittent or private duty nursing services which are within the scope of the Nurse Practice Act, and are provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.
 - *A licensed RN will provide me with tracheotomy care.*
 - *A licensed RN will complete ostomy care.*

MY BACK-UP PLAN INSTRUCTIONS

Step 1 Review all of the My Support Plan pages. If health or safety would be in immediate jeopardy or if a natural or paid support listed on a My Support Plan did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support.

Step 2 Identify three (3) other ways of getting help should a critical support not happen.

Step 3 Use the Back-Up Plan form to create back-up plans for critical natural or paid supports listed on all of the My Support Plan pages. First list the goal or need associated with the support. Then state the support that will be provided. Then list three (3) ways additional help may be obtained.

MY SUPPORT AND SPENDING PLAN AUTHORIZATION INSTRUCTIONS

Step 1 For each applicable support section include the qualifications need to cover the goals in that section.

Step 2 For each service, task, or good listed under the Paid Support section of the My Support Plan, list that service, task or good in the corresponding Support section (Personal, Emotional, Learning...etc.)

Step 3 Enter the name of the person, agency or vendor who will be providing the identified service, task or good.

Step 4 Enter the maximum number of hours (or number of items) needed for the upcoming year.

Step 5 List the cost per hour or cost per item. This amount must include the hourly wage for the employee plus the percentage amount of employer tax you must pay.

- If a person is hired to provide hourly services, you will need to add an additional amount to the hourly wage they will be paid before putting the hourly cost in this column. The additional amount is the employer's share of taxes they are responsible for paying to the Federal Government, as an employer under the Consumer Directed option. Please contact the fiscal employer agent to help determine the additional amount your employer will be paying from their individualized budget for employer taxes.

Step 6 To calculate the Annual Cost multiply the total number of hours or items by the cost per hour or item.

Step 7 Add the total for each type of support and list in the Total Community Supports and Services section (A).

MY SUPPORT BROKER AUTHORIZATION INSTRUCTIONS

Step 1 Review each of the Required Job Duties listed and list the maximum number of hours the Support Broker will be needed for each duty.

Step 2 Your employer may want you to assist with additional tasks associated with their self-directed services. List each of these duties separately in Other Requested Job Duties and list the maximum amount of hours for each duty.

Step 3 Enter the hourly rate you will be paid during the upcoming plan year for each of the job duties. The base hourly rate cannot exceed \$18.72/hour. Support brokers can receive different hourly rates of pay for different job duties.

- If a person is hired to provide hourly services, you will need to add an additional amount to the hourly wage they will be paid before putting the hourly cost in this column. The additional amount is the employer's share of taxes they are responsible for paying to the Federal Government, as an employer under the Consumer Directed option. Please contact the fiscal employer agent to help determine the additional amount your employer will be paying from their individualized budget for employer taxes.

Step 4 To calculate the annual cost for each duty, multiply the number of hours per year needed by the cost per hour.

Step 5 Calculate the Required Job Duties Sub Total by adding all of the required annual costs.

Step 6 Calculate the Other Requested Job Duties Sub Total by adding all of the annual costs.

Step 7 Add the Required Job Duties Sub Total and the Other Requested Job Duties Sub Total to get the Support Broker Total. This will be Amount (B)

FISCAL EMPLOYER AGENT AUTHORIZATION INSTRUCTIONS

In order to remain on the Consumer Directed Option your employer must utilize the services of a Fiscal Employer Agent (FEA.) The FEA gets paid \$108.00 a month. The Total FEA fees will be $\$108.00 \times 12 = \1296.00 .

This will be Amount (C).

MMCP INSTRUCTIONS

If the participant is eligible and enrolled in MMCP they will need to complete this section for any OT, PT, ST, or DME service requested through MMCP.

Step 1 Enter the OT, PT, ST, or DME service type that will be accessed through MMCP.

Step 2 Enter the name of the person or agency that will provide that service.

Step 3 Enter the number of hours or items per year that will be received.

Step 4 Enter the cost of the item from the Idaho Medicaid Fee Schedule

Step 5 Calculate the annual cost by multiplying the number of hours or items per year by the cost of the item.

Step 6 Add the annual cost for all items in the MMCP section. This is the total amount and will be added to the Approved Request Amount.

FINAL SUPPORT AND SPENDING PLAN AUTHORIZATION PAGE INSTRUCTIONS

Step 1 Enter the Community Support total. This total is Amount (A).

Step 2 Enter the Support Broker Total. This total is Amount (B).

Step 3 Enter the Support Broker Contact information.

Step 4 Enter the Fiscal Employer Agent total. This total is Amount (C).

Step 5 Calculate the Grand Total Amount (D), by adding Amounts (A), (B), and (C).

Step 6 Obtain and include the ICT signature for MMCP plans.

Step 7 GREY BOX – The assigned Care Manager will complete upon authorization.

CHOICE AND INFORMED CONSENT STATEMENTS INSTRUCTIONS

Have your employer read, sign, and date the Choice and Informed Consent Statements. This form states they agree with the Support and Spending Plan you are submitting, accept their responsibilities under the Consumer-Directed option, and choose waiver services over institutional placement. If they have a legal guardian, they must read, sign and date the form as well.

MY SUPPORT AND SPENDING PLAN

ADULT SELF-DIRECTED SERVICES



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Update 04/01/15

This Plan Belongs to:
Jim Doe

MY SUPPORT AND SPENDING PLAN COVER SHEET

Personal Information		Initial Plan <input type="checkbox"/> Annual Plan <input checked="" type="checkbox"/>	
Birth date: 11/01/1993		MMCP: <input type="checkbox"/>	
Address: 123 Main Street	City: Boise	State: ID	Zip Code: 83709
Community Living Arrangement: Certified Family Home with parents			
Telephone Number(s):			
Home: 208-555-5555	Cellular:	Other:	
Legal Guardian (If Applicable)			
Name: Jane Doe			
Address: Same As Above	City:	State:	Zip Code:
Telephone Number(s)			
Home:	Cellular:	Other:	
Primary Care Provider: Dr. Hyde			
Specialist(s): Podiatrist - Dr. Arch	Specialist(s):	Dentist: Dr. Crown	

People Who Helped Create This Plan:

Name: Joe and Jane Doe	Relationship: Dad and Mom
Name: Soe Doe	Relationship: Sister
Name: Fah Doe	Relationship: Brother
Name: Susie Q	Relationship: CSW
Name: Mrs. Neighbor	Relationship: Friend and Neighbor
Name: Sally Support Broker	Relationship: Support Broker

MY SUPPORT PLAN

Goal or Need: I need to increase my coping skills to better manage myself in stressful situations.

Activities What activities will I be able to do on my own to reach my goal or meet my need?	How Often?
I can let my CSW know if I am starting to feel anxious or stressed.	Daily
I can choose an activity that I like to participate in that will help me relax.	Daily
Natural Supports Who could help me reach my goal or meet my need that wouldn't have to be paid?	How Often?
My CFH provider will provide recreational activities to relax and use a variety of coping skills.	As Needed
Paid Supports Service, Task, or Good Needed Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	Type of Support
I need a CSW to teach me coping skills such as deep breathing techniques, meditation, and listening to calming music while in the home and out in the community.	ES
I need a CSW to guide me through positive behavior support strategies such as changing the surrounding or increasing choice making to help me manage myself in stressful situations so that I can be successful working toward my overall goal of being more independent.	ES

Goal or Need: I will gain independence in daily living skills.	
Activities What activities will I be able to do on my own to reach my goal or meet my need?	How Often?
I can select what I would like to cook and/or eat.	Daily
I am able to shower on my own but need verbal reminders to complete all showering tasks.	Daily
I can dress myself but need assistance to make sure that it works for the event and weather.	Daily
I can be cooperative and work with my CSW who will provide some assistance with household chores and reminders to complete personal hygiene tasks.	Daily
Natural Supports Who could help me reach my goal or meet my need that wouldn't have to be paid?	How Often?
CFH provider will provide adequate supervision daily activities, recreational activities and maintenance of self-help skills.	Daily
Paid Supports Service, Task, or Good Needed Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	Type of Support
My CSW will train me to complete hygiene tasks by learning how follow a personal hygiene check list throughout the day.	LS
CSW will assist me in acquiring new communication skills by using my i-Pad and reading, daily.	LS
Using my weekly schedule my CSW will me teach me to develop a grocery list, shop and, purchase menu items.	LS
My CSW will teach me how to manage my finances which includes using my debit card, keeping my ledger, keeping track of my cash and making decisions regarding how my money is spent.	LS
My CSW will teach me to complete laundry by using a sequence of tasks.	LS
My CSW will teach me how to follow a simple recipe and how to clean up after preparation is completed.	LS

Goal or Need: I need to increase my ability to access my community resources.	
Activities What activities will I be able to do on my own to reach my goal or meet my need?	How Often?
I can let my CSW know that I would like to go out in the community.	Weekly
I can let my CSW know that I am getting tired and that I would like to stop and take a break.	As needed
Natural Supports Who could help me reach my goal or meet my need that wouldn't have to be paid?	How Often?
CFH provider will arrange community transportation and will provide access to recreational activities in the community.	As Needed
Paid Supports Service, Task, or Good Needed Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	Type of Support
My CSW will teach me to safely access my community by reviewing and following a safety checklist.	LS
My CSW will teach me to access my community library and learn how to check out books and movies.	LS
My CSW will help me learn how to go to the post office and pick up my mail.	LS
CSWs will provide transportation to and from activities in my community.	TS

Goal or Need: I will build relationships with family and friends that are important to me.	
Activities What activities will I be able to do on my own to reach my goal or meet my need?	
I can verbalize that I would like to go out into the community and who I would like to see.	How Often? Daily
Natural Supports Who could help me reach my goal or meet my need that wouldn't have to be paid?	
My CFH provider will provide access to recreational activities and transportation to visit with family members and friends in the community as I choose.	How Often? As Needed
Paid Supports Service, Task, or Good Needed Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	
My CSW will work with me to identify activities at "MY SOCIAL CLUB" that will improve my relationships with peers.	Type of Support RS
My CSW will work with me on learning to research, plan and organize activities/social events with my family and friends at home and in the community.	RS
CSWs will provide transportation to and from activities in the community.	TS

Goal or Need: **** Gaining skills needed for Alone Time **** I would like to increase my home safety skills so I can be more independent and have alone time at home.

Activities	How Often?
What activities will I be able to do on my own to reach my goal or meet my need?	

I know how to use the cell phone and know where the list of contact numbers is located in the home.	As Needed
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I know how to call 911.	As Needed
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Natural Supports	How Often?
Who could help me reach my goal or meet my need that wouldn't have to be paid?	

My CFH provider provides 24 hour supervision at home and in the community.	Daily
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My CFH is safe and accessible.	Daily
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My CFH provider routinely runs safety/evacuation drills.	
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Paid Supports	Type of Support
Service, Task, or Good Needed	
Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	

My CSW will teach me what an "emergency" is and when I should call 911 through role playing.	LS
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My CSW will use a safety checklist to teach me when it is safe to use the kitchen.	LS
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Goal or Need: **** Alone Time Requested **** I would like to increase my independence in my own home.	
Activities What activities will I be able to do on my own to reach my goal or meet my need?	How Often?
I can contact my family via cell phone if there is a problem when I'm home alone.	As Needed
I know how to evacuate the home if there is an emergency.	As Needed
I know when and how to contact 911.	As Needed
Natural Supports Who could help me reach my goal or meet my need that wouldn't have to be paid?	How Often?
My family will be available via phone whenever I am home alone.	As Needed
My neighbor knows about my needs and will look out for my needs.	As Needed
Paid Supports Service, Task, or Good Needed Support Key: PS-Personal, ES-Emotional, JS-Job, RS-Relationship, LS-Learning, AE-Adaptive Equipment, SN-Skilled Nursing, TS-Transportation	Type of Support
Before I spend any time alone my CSW will run safety scenarios with me such as when to call 911, evacuation routines, fire safety, what to say if someone calls, and what to do if someone is at the door.	LS

MY BACK-UP PLAN

If your health or safety would be in immediate jeopardy or if a natural or paid support listed on any of your Support Plans, did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support.

For any supports you identify that require a back-up plan, first list the *Goal or Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways you can obtain the help. Please enter this information in the spaces provided below.

Goal or Need: I need a CSW to assist and support me with all activities of my daily living skills in order to remain safe and healthy. When I am not receiving paid supports I will receive natural supports.

Support That Needs to Be Provided: I need assistance with all activities of daily living that are necessary to remain safe and healthy including but not limited to meal preparation, assistance with my medications, as well as someone to be with me daily for safety and support.

Back-Up Plans:

1. If my scheduled CSW is not available, my parent (s) will assist me of help me with phone calls to other CSWs on my payroll.
2. In the event that no CSW is available, the CSW on duty will assist me to call on natural supports of family and friends that may be able to assist me for a short period of time until another CSW can be identified.
3. If no CSW and no natural supports are available, the CSW on duty will assist me to call my support broker to begin crisis management.

Goal or Need: I need a CSW to assist me and ensure I take my medications as prescribed.

Support That Needs to Be Provided: Assistance taking medication on a daily basis.

Back-Up Plans:

1. If my scheduled CSW is not available, my parent (s) will assist me of help me with phone calls to other CSWs on my payroll.
2. In the event that no CSW is available, the CSW on duty will assist me to call on natural supports of family and friends that may be able to assist me for a short period of time until another CSW can be identified.
3. If no CSW and no natural supports are available, the CSW on duty will assist me to call my support broker to begin crisis management.

Goal or Need:**** FOR PARTICIPANT WITH ALONE TIME ONLY*** I would like to increase my independence by spending up to two hours a week alone in my home.

Support That Needs to Be Provided: I need to know how to be safe in my home alone in order to increase my independence.

Back-Up Plans:

1. My parents will always be available via phone when I am home alone.
2. If my parents aren't available my neighbor is aware of my needs, is a trusted friend and will assist as needed.
3. My CSW will practice safety scenarios with me before I am left alone. I know how to call 911 in an emergency.

MY SUPPORT AND SPENDING PLAN AUTHORIZATION

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Per Year		Cost Per Hour/Item		Annual Cost
Personal Support						
To maintain health, safety, and basic quality of life.						
What are the qualifications needed to cover the Personal Support goals: N/A						
			x		=	
			x		=	
			x		=	
				Total = \$0.00		
Emotional Support						
To learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors.						
What are the qualifications needed to cover the Emotional Support goals:						
First Aid/CPR, Criminal History Background and experience and education in PBS strategies.						
Social skill training, Coping skills training, Positive Behavior Support skills training.	Susie Q	624	x	\$21.00	=	\$13,104.00
			x		=	
			x		=	
				Total = \$13,104.00		
Learning Support						
To learn new skills or improve existing skills that relates to identified goals.						
What are the qualifications needed to cover the Learning Support goals:						
First Aid/CPR, Criminal History Background.						
Daily living skills and household maintenance	Jim Doe	2100	x	\$9.00	=	\$18,900.00
Shopping skills, Community Access, Safety Skills	Jane Doe	416	x	\$13.50	=	\$5,616.00
Safety Scenarios	Soe Doe	96	x	9.00	=	\$864.00
				Total = \$25,380.00		
Relationship Support						
To establish and maintain positive relationships with family members, friends, spouse, or others in order to build a natural support network and community.						
What are the qualifications needed to cover the Relationship Support goals:						
First Aid/CPR, Criminal History Background.						
Build relationships and learn more about my community	Susie Q	900	x	13.50	=	\$12,150.00
Research, schedule, and participate in social activities	Fah Doe	300	x	13.50	=	\$4050.00
			x		=	

						Total = \$ 16,200.00	
Job Support							
To secure and maintain employment or attain job advancement.							
What are the qualifications needed to cover the Job Support goals:							
			X		=		
			X		=		
			X		=		
						Total \$0.00	
Adaptive Equipment							
Equipment that meets a medical or accessibility need and promotes increased independence.							
			X		=		
			X		=		
			X		=		
						Total \$0.00	
Transportation Support							
To accomplish identified goals through gaining access to community services, activities, and resources.							
Mileage reimbursement for community access.	CSWs	1800	X	.55	=	\$990.00	
Bus passes for community access	Bus Vendor	416	X	1.00	=	\$416.00	
			X		=		
						Total \$1406.00	
Skilled Nursing Support: Intermittent or private duty nursing services within the scope of the Nurse Practice Act provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.							
			X		=		
			X		=		
						Total \$0.00	
Total Community Supports and Services (A)						\$56,090.00	

MY SUPPORT BROKER AUTHORIZATION

Required Job Duties	Hours Per Year		Cost Per Hour		Annual Cost
Participate in person-centered planning process.	5	X	20.25	=	101.25
Develop a written support and spending plan with the participant, including development of three back-up plans for every identified risk.	6	X	20.25	=	121.50
Assist the participant to monitor and review the budget.	6	X	20.25	=	121.50
Submit documentation to the Department, as requested, regarding satisfaction with services.	3	X	20.25	=	60.75
Participate in Department Quality Assurance measures, as requested.	2	X	20.25	=	40.50
Assist the participant to complete annual re-determination process as needed.	3	X	20.25	=	60.75
Assist the participant to complete the responsibilities of the programs and assist the participant to meet his or her health and safety needs.	4	x	20.25	=	81.00
Complete the Department approved <u>Criminal History Check Waiver Form</u> as requested by the participant and provide counseling to the participant and his or her Circle of Supports regarding the risks of waiving the Criminal History Check.	1	x	20.25	=	20.25
Required Job Duties Sub Total					\$607.50
Other Requested Job Duties	Hours Per Year		Cost Per Hour		Annual Cost
Phone, e-mail, in-person communication for all services and quality of life issues related to the SSP. Assist in communicating with FEA and assist with any problems as they arise.	10	X	20.25	=	202.50
		X		=	
		X		=	
Other Requested Job Duties Sub Total					\$202.50
Required Job Duties + Other Requested Job Duties = Support Broker Total (B)					\$ 810.00

FISCAL EMPLOYER AGENT AUTHORIZATION

Total FEA fees (108.00 x 12=) (C)			\$ 1296.00		
MEDICARE-MEDICAID COORDINATED PLAN					
Medicare Medicaid Coordinated Plan- This section is for OT, PT, ST and DME services through MMCP					
			X		=
			X		=
			X		=
					Total \$0.00

FINAL SUPPORT AND SPENDING PLAN AUTHORIZATION

Community Supports Total (A)	\$56,090.00	Plan Dates	
Support Broker Total (B)	\$810.00	From: 08/01/15	To: 07/31/16
NAME:	Sally Support Broker	Plan Approved By:	
ADDRESS:	321 Sesame St. Anytown, ID 80000	<i>Regional BDDS Care Manager</i>	
PHONE:	208-555-5550		
EMAIL:	sallysb@sbb.com	Assessed Annual	\$58,750.25
Fiscal Employer Agent Total (C)	\$1296.00	Medicaid Budget:	
Grand Total (D)	\$58,196.00	Approved Request	\$58,621.25
		Amount:	
		MMCP Amount:	\$0.00
		Remaining Difference:	\$554.25

For Participants enrolled in Medicare-Medicaid Coordinated Plan (MMCP), this signature is required to ensure no duplication or contraindicated services

ICT CARE COORDINATOR SIGNATURE

DATE

CHOICE AND INFORMED CONSENT STATEMENTS

Instructions: Read, sign, and date the Choice and Informed Consent Statements below.

Choice Statement:

I have reviewed the services contained in this Support and Spending Plan, and I choose to accept this plan and understand my responsibilities under the Self-Directed Community Supports option of the Developmental Disabilities waiver.

Participant's Signature:	Date:
Guardian's Signature (if applicable):	Date:

Informed Consent Statement for Self-Directed Community Supports Option:

I have been informed of and understand my choice of waiver services. I choose to receive waiver services rather than to accept placement in an Intermediate Care Facility for Intellectually Disabled. I understand that I may at any time, choose facility admission.

Participant's Signature:	Date:
Guardian's Signature (if applicable):	Date:

PARTICIPANT NAME: [Type text]

MID #: [Type text]

PLAN DATE: [Type text]

SDS Support and Spending Plan Change #_____ Authorization					
Service, Task or Good	Vendor/Provider	+/-	Change	New Authorized Amount	
Personal Support To maintain health, safety, and basic quality of life.					
		Beginning Authorized Amount		Net Change	Ending Authorized Amount
Net Change:					
Emotional Support To learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors.					
		Beginning Authorized Amount		Net Change	Ending Authorized Amount
Net Change:					
Learning Support To learn new skills or improve existing skills that relate to identified goals.					
		Beginning Authorized Amount		Net Change	Ending Authorized Amount
Net Change:					
Relationship Support To establish and maintain positive relationships with family members, friends, spouse, or others in order to build a natural support network and community.					
		Beginning Authorized Amount		Net Change	Ending Authorized Amount
Net Change:					
Job Support To secure and maintain employment or attain job advancement.					
		Beginning Authorized Amount		Net Change	Ending Authorized Amount
Net Change:					

PARTICIPANT NAME: [Type text]

MID #: [Type text]

PLAN DATE: [Type text]

Net Change	=	\$
Plan Total Cost After Change		\$
MMCP Amount		\$

SUPPORT BROKER SIGNATURE

DATE

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

Please make the changes described to my Support and Spending Plan:

PARTICIPANT SIGNATURE

DATE

ADDRESS: _____

PHONE: _____

LEGAL GUARDIAN SIGNATURE

DATE

ADDRESS: _____

PHONE: _____

**For Participants enrolled in Medicare-Medicaid Coordinated Plan (MMCP), this signature is required to ensure no duplication or contraindicated services

ICT CARE COORDINATOR SIGNATURE

DATE

BDDS STAFF ONLY

PLAN DATES FROM _____ TO _____

TOTAL ANNUAL MEDICAID BUDGET: \$ _____

NET CHANGE: \$ _____

PLAN COST AFTER CHANGE: \$ _____

BDDS STAFF AUTHORIZING

DATE

APPENDIX C: Service Satisfaction Survey

Service Satisfaction Survey

Employer Name: _____ Date: _____

Support Broker Name: _____ Community Support Worker Name: _____

Quality Assurance Review Questions	Yes	No	N/A
1. Do you help pick the people who help you?			
2. Do you know you can change your support staff, if you want to?			
3. Do you tell your support staff what to help you with?			
4. Would you like to tell them the things you want help with?			
5. When you are with your support staff at home, can you eat when you want?			
6. Can you watch TV when you want?			
7. Can you go to bed when you want?			
8. Did you choose the days and time the support worker provides services?			
9. Do the support staff who help you respect you?			
10. Do they say "please" and "thank you" when they ask you something?			
11. Does the support staff listen carefully, to what you ask them to do?			
12. Does anyone take your things without asking first?			
13. If yes, what happens? Would you like to tell someone about this? (Specify)			
14. Who takes your things without asking first? (Specify)			
15. Does anyone ever do mean things to you, such as yell at you?			
16. What happens? Would you like to tell someone about this? (Specify)			
17. Who is mean to you or yells at you? (Specify)			
18. Does anyone ever hit you or hurt your body?			
19. What happens? Would you like to tell someone about this? (Specify)			
20. Who hits you or hurts your body? (Specify)			
Comments:			

Employer (participant)

Support Broker

APPENDIX E: Policy Statements

POLICY STATEMENTS

I. Waiver of Criminal History Check

Background

Self-Direction under a Home and Community Based Services Waiver is based on the premise that participants should be able to make decisions and accept the risks associated with those decisions. Waiver assurances in areas such as participant Safeguards and Qualified Providers must still be met by States.

The decision was made by Idaho to allow participants to waive the criminal history check for a community support worker under certain conditions (Idaho Administrative Procedures Act (IDAPA) 16.03.13.150.01.a).

Policy

- Participants who choose to waive the criminal history check for a community support worker must indicate that they are choosing to waive the requirement on the Employment Agreement with the worker.
- The participant and guardian (if applicable) must complete and sign the Waiver of Liability – Assumption of Risk form which states that they understand the risks of waiving this requirement.
- The Waiver of Liability – Assumption of Risk form must include:
 - The rationale for waiving the requirement.
 - Information on how they will assure that they are not at risk for abuse, neglect, or exploitation as a result of waiving the criminal history check.
 - Verification by the support broker that they have provided education and counseling regarding the risk of waiving the criminal history check to the participant and guardian (if applicable).
- The Support and Spending Plan must address how risks of waiving the criminal history check will be addressed.
- Concurrent Reviews will include a random sample of participants who have waived the criminal history check for a community support worker.

Procedures

1. During the Self Assessment Process, risks for abuse, neglect, and exploitation are assessed. If the participant, their support broker, or their circle of supports identifies a risk in one or more of these areas, the Support and Spending Plan must address the supports needed to protect the participant from the risk(s). If known, the plan must address the planned waiver of a criminal history check for any planned community support workers.
2. At the time the participant hires a community support worker and chooses to waive the criminal history check, the participant must indicate that they are waiving the requirement on the Employment Agreement and complete the Release of Liability form. This form must be included in the employment package sent to the fiscal employer agent.
3. The fiscal employer agent must keep a tickler file of all Employment Agreements with criminal history check waivers and make it available to the Department upon request.
4. The fiscal employer agent will check the criminal history sanction list from the Bureau of Audits and Investigations prior to completing the approval process for a community support worker with a waived criminal history check. If the provider is on one of the lists, the participant and/or their family/guardian and the Regional Medicaid Services is informed and the Employment Agreement is not approved.

5. Concurrent reviews will include a sampling of participants who have waived the criminal history check for their community support worker.
6. Regional Medicaid Services will submit annual reports to Central Office regarding:
 - Number of waivers.
 - Problems/issues because of waivers.
7. Quality Oversight Reports to the Quality Oversight Committee will include an analysis of the impact of this waiver process.

II. Legal Guardians as Paid Caregivers

It is the intent of the Division of Medicaid to allow legal guardians to be a paid community support worker under the Self-Directed Waiver Option of the Developmental Disabilities Home and Community Based Services Program. A legal guardian can be paid to provide the supports identified on the Support and Spending Plan with the exception of the following:

- A Legal Guardian cannot be paid to fulfill the responsibilities the participant agrees to under the “Agreement to Select Self-Directed Services”.
- A Legal Guardian cannot be paid to fulfill the responsibilities they are legally responsible to fulfill, as ordered in the guardian/conservator court order(s).

The Department will take measures to prevent a conflict of interest and unfair financial gain by a legal guardian who is hired by a participant as a community support worker. Guardian/Conservator court orders must be submitted with the Support and Spending Plan.

When a participant’s legal guardian has been selected to provide community support services for a Self-Directed participant, the following authorization criteria and monitoring provisions must be in place:

Authorization Criteria

- The service must meet the definition of a community support as listed in IDAPA 16.03.13.110, *Paid Self-Directed Community Supports*.
- The service must be a service that is authorized in the Support and Spending Plan.
- The service must be paid at a rate that does not exceed that which is customary in the geographic area for similar services.
- If the participant lives in a Certified Family Home with the legal guardian, the community support worker services cannot duplicate the services expected under the room and board payment (rent, utilities, food, etc) that is paid through the participants Aid to the Aged, Blind, and Disabled supplement or SSI in accordance with Certified Family Home Rules.
- The Circle of Support for a participant, who hires a legal guardian, must include at least one non-family member in addition to the support broker. A family member for purposes of this provision includes any person related by blood or marriage to the participant or legal guardian.

Monitoring Strategies

In addition to monitoring and reporting activities required for all Self-Directed processes and activities, the following additional monitoring activities are required when the participant elects to use a legal guardian as a paid provider.

- Quarterly quality assurance/quality improvement reviews (criteria to be developed) by the support broker (submitted to the Department, and to include such things as Health and Safety; verification that services are being delivered as documented on the timesheets).
- Enhanced Participant Review when indicated.

III. Complaint/Critical Incident Reporting

The intent of this policy is to define a process to deal with complaints and critical incidents that compromise the safety or the quality of services to Medicaid participants, and to identify a process to report abuse, neglect, exploitation, and Medicaid fraudulent transactions to the appropriate investigative authority. Complaints or incidents of abuse, neglect, or exploitation that are referred to Adult Protections must also be tracked in the complaint/critical incident reporting SharePoint application.

The complaint/critical incident reporting processes are the avenues by which a Medicaid participant applying for, or receiving Home and Community Based Services, or a complaint/critical incident person:

- Registers dissatisfaction with, or reports problems with, one or more of the following:
 - Access Issues – Issues involving the availability of services, barriers to obtaining services, or lack of resources/services.
 - Benefit amount – A disagreement by a participant regarding the amount of benefits that they received.
 - Confidentiality – Issues dealing with legal obligations regarding the Department's responsibility to protect a participant's personal information. Keeping participant information confidential is the responsibility of the Department.
 - Contract services – Issues involving an entity providing services under a contract with the Department. (Does not include providers of services under Medicaid Provider Agreements.)
 - Denial of service – The denial by the Department to provide or reimburse for a service or program requested by a participant or his/her representative.
 - Discrimination – The prejudicial treatment of participants protected under federal and/or state law (includes any form of discrimination based on race, color, gender, national origin, age, religion, or disability).
 - Fraud – An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.
 - Privacy – Issues dealing with the right of participants to access and control their personal information and not have it used or disclosed by others against their wishes.
 - Referrals – Issue or complaint/critical incident dealing with the ability of a provider or participant to obtain a referral to a provider other than the assigned Healthy Connections Primary Care Provider.
 - Quality of Care – Issues that involve the meeting or not meeting of rules, policies, or commonly accepted practice standards around care/services provided to participants of the Department.
 - Other – When the complaint does not fit one of the classifications listed, this classification may be used, and must describe the complaint/critical incident.
- Reports one or more of the following critical incidents:
 - Abuse – The non-accidental infliction of physical pain/injury or mental injury.
 - Exploitation – An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage, (Idaho Code, 39-5302; 7).
 - Death of a participant regardless of the cause or location.
 - Hospitalizations.
 - Injury caused by restraints.
 - Medication error that results in the need for medical care or a pattern of medication errors.
 - Neglect/Safety Issues – Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself, (Idaho Code 39-5302; 8).
 - Participant is missing, and missing persons report has been filed.
 - Participant is the victim of a crime.
 - Self Advocate termination of an employee for a criminal conviction or substantiated adult or child protection claim.
 - Serious injury that results in a need for care beyond first aide.
 - Violation of rights.

All complaint/critical incidents regarding the provision of Home and Community Based Services will be investigated and tracked in the complaint/critical incident reporting Medicaid database. Appropriate safeguards will be provided to assure the health and safety of participants.

Complaints/Critical Incidents are not:

- Program inquiries.
- Problem solving where the receipt of the correct information satisfies the submitter's complaint/critical incidents.
- Requests for information.
- Complaint/critical incidents beyond the jurisdiction of the Department that are referred immediately to the appropriate agency.
- Legal actions other than appeals.
- Employee specific issues - Refer employee specific complaint/critical incidents to the appropriate supervisor or program management.
- Information or referrals.

Response Time Frames

It is critical that complaint/critical incidents are dealt with in an expedient manner, to include timely and legal reporting to authorities, standard investigation, documentation procedures, and follow-up activities.

Procedures

1. The Regional Medicaid Services or Medicaid Central Office personnel may receive a complaint, or information regarding a critical incident from a variety of sources including but not limited to:
 - Medicaid Recipients, family members, friends, and representatives.
 - Medicaid Provider Assistance Agencies.
 - Hospitals, health care agencies, and professionals.
 - Nursing homes, RALFs, and certified family homes.
 - Health and Welfare Programs and other State of Idaho agencies.
 - Out of state.
 - Anonymous.
 - Other.
2. When a complaint or critical incident report that meets the definition in the above stated policy is received by the Regional Medicaid Services, the "Point of Contact Person" will enter the information into the complaint/critical incident reporting SharePoint application.
 - a) If the critical incident alleges there is reasonable cause to believe abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, the Point of Contact Person will immediately, or at least within four hours, notify the appropriate law enforcement authority, Adult Protection, and/or Child Protection.
3. The Program Manager is responsible to ensure all complaint/critical incidents are promptly assigned to the appropriate staff person or unit for investigation and resolution. Additional considerations might include:
 - a) If the complaint/critical incident report requires no future action or staff assignment, final information will be recorded in the complaint/critical incident reporting SharePoint application.
 - b) Depending on the nature of the complaint/critical incident report, the Program Manager may wish to notify the Division of Medicaid Deputy Administrator, Regional Director, Facility Standards, or Bureau of Audits and Investigations, and follow-up with law enforcement, child protection, and/or adult protection.
4. The Staff person or unit assigned to investigate and resolve complaint/critical incident may:
 - a) Conduct person to person, telephone, or on-site investigation processes.
 - b) May work collaboratively with other agencies to investigate complaint/critical incident.
 - c) May request written reports and documentation from various parties.
 - d) Will advise the Program Manager when additional resources or staff is needed to assist with an investigation.
 - e) Will report abuse, neglect, and exploitation, if discovered, to appropriate authority within required time frame.
 - f) Will strictly comply with all confidentiality laws and rules.

5. Upon resolving a complaint/critical incident or investigation of a critical incident the assigned staff person or unit will complete all documentation on the SharePoint site, notify appropriate agencies, and notify the Program Manager of results and findings. Additionally:
 - a) The Program Manager may notify the Division of Medicaid Deputy Director, Regional Director, Facility Standards, Bureau of Audits and Investigations, and/or Deputy Attorney General of investigation finds and resolution.
 - b) The Program Manager may require that investigating staff person or unit expand investigation or take additional action.
 - c) If Medicaid Fraud was substantiated, the Program Manager will notify the Bureau of Audits and Investigations.

APPENDIX F: IDHW Authorization for Disclosure

Idaho Department of Health & Welfare Authorization for Disclosure

Please complete and return this form to a Department of Health and Welfare office.

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or (800) 926-2588 for interpretation assistance. Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al (800) 926-2588 para obtener la ayuda de un intérprete.

Participant Information

Participant Name _____ Date of Birth _____

(First, MI, Last)

Telephone _____

Mailing Address _____ State _____ Zip Code _____

Requestor Information

(To be completed if authorization is being made by someone other than the subject of the information. Please provide documentation of your authority).

Requestor Name (If different than Participant) _____ Telephone _____

Mailing Address _____ State _____ Zip Code _____

Authorization Details

I authorize the following participant, organization, or business

_____ to disclose my
confidential information to:

Name _____

Mailing Address _____ State _____ Zip Code _____

For the purpose of: _____

Please describe in detail the information to be disclosed:

This authorization will expire in six months unless another date or event is specified here.

I understand that, at my request, a copy of the completed and signed authorization form will be made available to me. I understand that I may revoke this authorization in writing, at any time, except to the extent that action has been taken in reliance upon this authorization. I may submit my written statement of revocation to a Department of Health and Welfare. I understand that the person or entity who receives my confidential information may not be required to prevent unauthorized use or disclosure.

I understand that this authorization, unless expressly limited by me in writing, will extend to all aspects of my treatment including testing and/or treatment for sexually transmitted diseases, AIDS, or HIV infection, alcohol and/or drug abuse, and mental health conditions.

I understand that my signature on this form is not required for treatment, payment, enrollment, or eligibility for benefits, and that a copy of this authorization shall be as valid as the original.

Your signature

Date

Your signature must be notarized if we are unable to verify your identity and you must submit this request by mail

**PRIMARY DIFFERENCES BETWEEN CONSUMER-DIRECTED SERVICES
FOR CHILDREN AND ADULTS**

Family-Directed Services Minor Children	Self-Directed Services Adults
SCOPE	
Children who do not meet institutional level of care (waiver eligibility) can access the Family- Directed Services option through 1915i HCBS. IDAPA 16.03.13.010	Adults must meet institutional level of care (be waiver eligible) to access Self-Direction. IDAPA 16.03.13.010
Children must live at home with their parent or legal guardian to participate in the Family-Direction Program. IDAPA 16.03.10.663 & 683	
SUPPORT BROKER	
A qualified parent or legal guardian may act as their child's unpaid Support Broker. IDAPA 16.03.13.110	The participant must purchase support broker services. A parent cannot be their adult child's Support Broker.
Support Brokers must attend the initial Support Broker training. IDAPA 16.03.13.135	The initial Support Broker training is optional, but recommended.
Support Brokers are required to assist children enrolled in the Family-Directed Services option as they transition to adult DD services. IDAPA 16.03.13.136	
COMMUNITY SUPPORT WORKER	
A parent or legal guardian may not be a paid Community Support Worker. IDAPA 16.03.13.140	A parent or legal guardian can be a paid Community Support Worker for their adult child. IDAPA 16.03.13.140
A Community Support Worker: a. Must not supplant the role of the parent or legal guardian; b. Cannot be paid to fulfill any obligations that the parent or legal guardian is legally responsible to fulfill for their child. IDAPA 16.03.13.140	When a home is paid to provide care to a participant who requires assistance with activities of daily living and/or supervision, the home must be certified as a family home (CFH). As a condition of certification, the CFH must provide services identified in the Rules Governing Certified Family Homes—Elements of Care (IDAPA 16.03.19.170.01—07) at no additional charge.
BUDGET	
A child's family-directed budget does not include all services related to their developmental disability. Some examples of services NOT included in a child's budget include: medical, school based, mental health services, transportation, durable medical equipment, physical therapy, occupational therapy, and speech therapy.	Adult self-directed budgets include all services related to an individual's developmental disability. Some examples of services that ARE included in their budget include: durable medical equipment, physical therapy, speech therapy, and occupational therapy. Adult self-directed budgets do not include medical services.
DECISION - MAKING AUTHORITY	
The parent or legal guardian is responsible for decisions made on behalf of a child participant. IDAPA 16.03.13.020	The participant, or legal guardian if one exists, is responsible for decisions made on behalf of an adult participant. IDAPA 16.03.13.020

This list contains primary differences between FDS and SDS programs.

There are additional differences in forms, procedures and processes that all Support Brokers are responsible for knowing.

APPENDIX H: Glossary of Acronyms and Definitions

Glossary of Acronyms and Definitions

ALLOWABLE EXPENSES: Goods and Services have meet the funding criteria in the Consumer-Direction program, allowable expenses vary according to the needs and abilities of the participant.

CHC, CHBC: CRIMINAL HISTORY BACKGROUND CHECK: A Support Broker must comply with IDAPA 16.05.06 Rules Governing Mandatory Criminal History Checks. The process followed by the Department of Health and Welfare of verifying that a potential employee does not have any criminal record that would prohibit him or her from working with children or vulnerable adults.

CIRCLE OF SUPPORTS: People who encourage and care about the participant and provide unpaid supports.

CONSUMER DIRECTION: The program option which offers Consumer-Directed Services to eligible participants who chose the program option called My Voice, My Choice.

COMMUNITY SUPPORT WORKER: An individual, agency or vendor selected and paid by the participant to provide community support worker services.

CSW: COMMUNITY SUPPORT WORKER: An individual, agency, or vendor selected and paid by the participant to provide Community Support Worker Services.

DEPARTMENT, DHW: This term refers to the Department of Health and Welfare.

EIN: Employee Identification Number.

FEIN: Federal Employee Identification Number

EMPLOYER: The individual who has the legal authority to make program decisions. In the Family-Direction program, the employer is the minor child's parents or legal guardian. In the Self-Direction program, the employer is the participant, or the legal guardian if one exists.

FACS: Family And Community Services - Division Of Health And Welfare.

FDSO, FDCS, FDS: FAMILY-DIRECTED SERVICE COMMUNITY OPTION: A program option for children eligible for the Children's Developmental Disabilities (DD) Waiver and the Children's Home and Community Based Services State Plan Option described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits."

FEA: Fiscal Employer Agent: An agency that provides Financial Management Services to participants who have chosen the Consumer-Directed Community Supports option.

FMS: FINANCIAL MANAGEMENT SERVICES: Services provided by a Fiscal Employer Agent. including manage money for individuals or businesses. Services include financial guidance and support, tracking individual expenditures, monitoring overall budgets, performing payroll services and handling billing and employment related documentation responsibilities.

HEALTH AND SAFETY: A participant's health, welfare and safety including danger to himself and others.

IAP: INDEPENDENT ASSESSMENT PROVIDER: The entity that determines eligibility and individual budget for DD services.

ICDE: IDAHO CENTER FOR DISABILITIES EVALUATION: The designated contractor currently utilized by the Department of Health and Welfare to determine eligibility for developmental disabilities services.

ICF/ID: INTERMEDIATE CARE FACILITY FOR THE INTELLECTUALLY DISABLED (previously MR): This refers to both a specific type of institution and a specific level of care.

ISP: INDIVIDUAL SUPPORT PLAN: The plan that developed by participants in the traditional Developmental Disabilities Waiver program.

MARKET RATE: An amount for payment of goods and services in the CDSO program that are within the norms for that local area based on the service, education and experience of the provider.

MY VOICE, MY CHOICE: The name of the Consumer-Directed Services program in Idaho.

MVMC WORKBOOK: My Voice, My Choice Workbook: The participant workbook for Consumer-Directed Services completed prior to the SSP to determine risks, needs, preferences, and supports.

PARTICIPANT: A person eligible for and enrolled in the Consumer-Directed Services Programs. The participant is also an employer, unless they are a minor (FDS) or have a guardian (SDS).

PARTICIPANT EXPERIENCE OUTCOMES: Information gathered through an interview with the participant by the Department, that will address the following participant outcomes: Access to care, choice and control, respect and dignity, community integration, and inclusion.

PES: PARTICIPANT EXPERIENCE SURVEY: The series of questions used to monitor and discuss participant satisfaction with their ability to self-direct their services.

QUALITY ASSURANCE REVIEWS: Part of DHW's quality assurance measures. Reviews in which DHW will assess ongoing participant health and safety, compliance with the approved SSP and compliance with IDAPA rules and program policies. Reviews may also address access to Consumer-Directed services, participant direction of plans and services, participant choice and direction of providers, safe and effective environments, and participant satisfaction with services and outcomes. Community support workers and support brokers will be included in these measures, including a review of performance evaluations, satisfaction surveys, quarterly review of services provided by a legal guardian, if applicable, and spot audits of time sheets and billing records.

RMS: REGIONAL MEDICAID SERVICES: Medicaid services are available through the local offices in each Department region. There are seven regions in Idaho. Each office has at least one care manager and quality assurance specialist assigned to the area.

SB: SUPPORT BROKER: An individual hired by the employer who advocates on behalf of the participant, and assists with planning, negotiating and budgeting as outlined in IDAPA Rules.

SDSO, SDCO, SDS: SELF DIRECTION SERVICES COMMUNITY OPTION: The program option which offers consumer-directed services to participants who meet criteria for ICF/MR Waiver Level of Care for developmental disabilities services.

SIB-R: SCALES OF INDEPENDENT BEHAVIOR-REVISED: An assessment tool used to gauge the age-equivalency of a person's functional abilities.

SSP: SUPPORT AND SPENDING PLAN: a document that functions as a participant's plan of care when the participant is eligible for and has chosen a consumer-directed service option. This document identifies the goods or services, or both, selected by a participant, including those goods, services, and supports available outside of Medicaid-funded services that can help the participant meet desired goals, and the cost of each of the identified goods and services. The participant uses this document to manage his individualized budget.

TRADITIONAL ADULT DD WAIVER SERVICES. A program option for participants eligible for the Adult Developmental Disabilities (DD) Waiver consisting of the specific Medicaid Enhanced Plan Benefits described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits."

TRADITIONAL CHILDREN'S DD WAIVER SERVICES. A program option for children eligible for the Children's Developmental Disabilities (DD) Waiver consisting of the specific Medicaid Enhanced Plan Benefits described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits."

TRADITIONAL CHILDREN'S HCBS STATE PLAN OPTION SERVICES: A program option for children eligible for the Children's Home and Community-Based Services (HCBS) State Plan Option consisting of the specific Medicaid Enhanced Plan Benefits described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." Medicaid Enhanced Plan Benefits described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits."

APPENDIX I: Home Modification Guidelines

Home Modification Guidelines

Consumer Directed Guidelines for Home Modifications

Home Modifications may be approved through the Consumer Directed option if the modification is related to the participant's developmental disability, is needed to ensure the health, welfare, and safety of the participant, and/or enables him to function with greater independence.

Unless otherwise authorized by the Department, permanent environmental modifications are limited to a home that is the participant's principal residence, and is owned by the participant or the participant's non-paid family. Home modifications cannot be approved for participants living in Certified Family Homes. Portable or non-stationary modifications may be made when such modifications can follow the participant to their next place of residence or be returned to the Department.

Home modifications may include:

- Installation of ramps and lifts;
- Widening of doorways;
- Modification of bathroom and kitchen facilities;
- Installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant; and
- Flooring replacement is only allowed from the area it was removed for modification purposes.

The participant and their circle of support should identify the need for modifications and document attempts to find other funding or natural supports.

Exclusions:

- Modifications or improvements to the home which are not of direct medical or remedial benefit to the participant such as:
 - Carpet for full rooms or hallways for aesthetic purposes;
 - Repairs (roof, plumbing, electrical, etc.); and
 - Air Conditioning.

Instructions for finding quality work:

An occupational therapist (OT) should be enlisted to evaluate how a person interacts with his or her environment to complete the tasks or activities related to the home modification being requested. Through this process, an OT identifies cost effective modifications and intervention strategies, with the goal of maximizing the participant's safety and independence in the home. The participant's budget can be used to pay for the OT evaluation.

Prior to submitting a request for a home modification, the employer and circle of support should obtain:

- For modifications under \$500, make a good faith effort to obtain a written bid from three (3) vendors to assure the most cost effective price.
- For modifications over \$500, obtain three (3) written bids from potential vendors (a copy of all 3 bids must be submitted with the home modification request).
- All bids(s) must include:
 - A description of the work to be done;
 - The total cost, which includes material costs and itemized labor costs;
 - The identified quality standard for supplies, e.g. supplies must be new and meet midlevel or higher quality standards;
 - The amount of time that will be needed to complete the job; and
 - A statement the vendor has knowledge of ADA standards to meet the needs of the participant when applicable.

In addition, the employer and circle of support should ensure:

- Adaptions are made in accordance with applicable state and local building codes.
- Contractors provide building permits and inspection reports.
- Home modification costs are paid out of the participant's budget using the vendor request process.

APPENDIX J: Sample Job Applications

SAMPLE APPLICATION #1

POSITION:

Name (First, MI, Last):

Mailing Address:

City

State

Zip

Home Phone Number:

Message Phone Number:

Email Address:

May we use email to contact you? Yes No

ADDITIONAL INFORMATION

Are you a U.S. citizen, permanent resident, or a foreign national with authorization to work in the U.S.? Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or misdemeanor? Yes No If Yes, please explain:

EDUCATION (Schools after high school, or special training received)

School Name:

Location Enrolled:

Last Attended:

Degree Discipline Graduate?

Yes No

(repeat as needed)

WORK HISTORY (repeat as needed)

Name of Employer and Employer's Address:

Job Title:

Employer's Phone Number:

Supervisor's Name:

From (Month/Year): To (Month/Year): Hrs. per Week: May we contact this employer? Yes No

Reason for Leaving:

JOB TYPE/SHIFT

(Check all you would be interested in)

Full-time Part-time Temporary 6 Month 9 Month Seasonal Nights

PERSONAL REFERENCES (3 persons not related to you by blood or marriage.)

Name:

Address:

City

State

Zip

Telephone:

Connection To You (i.e., Friend, Co-Worker):

Occupation:

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment terminated.

Signature

Date

SAMPLE APPLICATION #2

PERSONAL INFORMATION

Name (Last, First, Middle) Other Names Used:
Address: City State Zip
Telephone: Home Cell/ Message: Email Address:
Are you applying for: F/T P/T Temp/Seasonal
What shifts will you work? Days Nights
May We Contact Present Employer? Yes No
Available Start Date:
Are you legally eligible to work in the United States? Yes No

EDUCATION/TRAINING

School Name Location
High School College
Other (Business, Vocational, Military)
Dates Attended From: To:
Diploma, Degree & Major Graduated?
Do you have a valid driver's license? Yes State:___ No
Class:___ Endorsements:_____
Are you legally eligible to work in the United States ? Yes No
Other (Business, Vocational, Military)

EMPLOYMENT HISTORY (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer: Position Held:
Address: City State Zip
Telephone: Supervisor Name:
Dates From: To:
Primary Duties: Reason for Leaving:

TECHNOLOGY SKILLS (List All Skills & Software Applications You Have Experience Using):

Word Processing: Spreadsheet:
Other Software: Database:
Professional Licenses or Certificates Held:

PERSONAL REFERENCES (3 persons not related to you by blood or marriage.)

Name: Occupation:
Address: City State Zip
Telephone: Connection To You (i.e., friend, co-worker):
Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No
If yes, when & where: _____ Please Explain: _____

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant:_____ Date:_____

APPENDIX K: SDS Participant-Support Broker
Employment Agreement - Sample and Blank Form



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Sample

PARTICIPANT-SUPPORT BROKER EMPLOYMENT AGREEMENT

This agreement is hereby made between John Smith a participant of the Self-Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (department), and Joseph Adams, a Support Broker .

The participant wants to hire the support broker for services under the Self-Directed Community Supports Option. In exchange, the support broker wants to be paid for the services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the support broker and approved by the employer, who is the participant.

To these mutual purposes, the parties promise and agree as follows:

1. Support broker services are to be provided in accordance with “Participant-Support Broker Agreement”, and the Self-Directed Community Supports rules, according to the Idaho Administrative Procedures Act (IDAPA) 16.03.13, “Consumer-Directed Services.”
2. The support broker is hired to help the participant, and assumes no responsibility for the participant’s conduct.
3. That the support broker is an employee of the participant and not an employee of the Self-Directed Community Support Option or the FEA, and agree that the support broker is not entitled to, nor will make claim for any employee benefits from the Self-Directed Community Support Option or the FEA, including but not limited to, worker’s compensation, disability, life insurance, or health insurance.
4. The support broker will take all actions necessary to become the participant’s employee, and to maintain the employment relationship by submitting necessary documents to the FEA, including:
 - A “Support Broker Letter of Approval” from the Department.
 - A Completed W-4, I-9, and other IRS required forms.
 - A completed criminal history check, including clearance in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".
 - A copy of this agreement.

- Participant approved time sheets that record the hours the support broker worked.
5. The support broker will provide all required support broker duties outlined in Subsection 136.02 of *IDAPA* 16.03.13, “Consumer-Directed Services” and, as mutually agreed upon with the participant, the optional support broker duties outlined in Subsection 136.03 of *IDAPA* 16.03.13, “Consumer-Directed Services.”
 6. The support broker’s wage is not to exceed \$18.72 per hour. It is mutually understood that any overtime hours or services not described in the participant’s “Self-Directed Community Supports Support and Spending Plan”, or described elsewhere in this agreement, are not covered by or paid through this agreement.
 7. Terms and conditions of work (job duties):

Please check this box if employer is requiring the support broker to specifically document activities that support billable time in writing in a manner agreed upon between the employer and the support broker and identified in the “other” section of the agreement.

Service or Task Identify the specific activity that will be completed under each service or task.	Service Code	Number of hours per year needed to perform this task		Wage per hour		Annual Cost
Person centered planning participation includes: <ul style="list-style-type: none"> • Assisting employer to schedule the person centered planning meeting. • Assisting employer to facilitate person centered planning meeting. • Assisting employer in completing the My Voice My Choice Workbook information to be included in the Support and Spending Plan. 	x SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	x	20.93	=	\$41.86 Sub Total
Developing the written Support and Spending Plan includes: <ul style="list-style-type: none"> • Complete a Support and Spending Plan to include goals and supports under each category that is relevant to the employer. • Submit plan to Department 45 	x SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	8	x	20.93	=	\$ 167.44 Sub Total

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days prior to the expiration of the old plan.						
<p>Helping the employer to review and monitor the budget includes:</p> <ul style="list-style-type: none"> Schedule quarterly review of account statements with the employer. Work with Employer to move money from one category to another as needed to stay within budget. 	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	4	X	20.93	=	\$83.72 Sub Total
<p>Submitting the employer satisfaction documentation to the department as requested includes:</p> <ul style="list-style-type: none"> When requested assist the employer to complete the satisfaction documentation requested by the Department. 	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	X	20.93	=	\$41.86 Sub Total
<p>Participating in the quality assurance process with the department includes:</p> <ul style="list-style-type: none"> Upon request provide information in relation to quality assurance. 	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	X	20.93	=	\$41.96 Sub Total
<p>Helping the employer with the annual re-determination process includes:</p> <ul style="list-style-type: none"> Assisting the employer to schedule a physician visit as needed Assisting the employer to schedule the annual assessment as needed. Assisting the employer to identify someone to accompany them to the assessment as needed. 	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	2	X	20.93	=	\$41.86 Sub Total
<p>Helping the employer to meet participant responsibilities includes:</p> <ul style="list-style-type: none"> Assisting the employer to know what is required to meet the participant responsibilities Look for issues that present barriers to the participant maintaining participant responsibilities. Problem solve with participant in those areas not meeting the standard. 	<input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3	3	X	20.93	=	\$62.79 Sub Total

<p>Criminal History Check Waiver Process (example: complete waiver form, education and counseling to participant and circle of support, assist with detailing rationale for waiver and identifying how health and safety will be protected).</p> <ul style="list-style-type: none"> Assist the participant in identifying health and safety issues that would require Criminal History Check or waiver to the Criminal History Check 	<p><input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3</p>	<p>6</p>	<p>X</p>	<p>20.93</p>	<p>=</p>	<p>\$125.58</p> <p>Sub Total</p>
<p>Other: Give details of job duties:</p> <ul style="list-style-type: none"> Phone calls, texts e-mail, meetings to deal with payroll issues, reviewing employment packets, other issues relating to SSP goals ,online time entries and vendor payment requests as needed Complete activity tracking monthly on form agreed upon by Support Broker and Employer 	<p><input checked="" type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3</p>	<p>12</p>	<p>X</p>		<p>=</p>	<p>\$251.16</p> <p>Sub Total</p>
<p>Total Cost of Annual Support</p>					<p>=</p>	<p>\$858.13</p> <p>Total</p>



The support broker agrees not to provide or bill for services until:

- An authorized “Support and Spending Plan” has been submitted to the FEA.
- The signed “Employment Agreement” has been submitted to the FEA.
- The signed “Medicaid-Support Broker Agreement” has been submitted to the FEA.

Medicaid funding can only pay for services that are provided. Under the provision of this agreement, the employee cannot bill for holiday, vacation, or sick time taken. Overtime hours are not allowed.

The provisions of this agreement represent the entirety of the agreement between the parties. It may be amended only in writing with both parties consenting with their signatures. It is mutually understood that this is employment at will. Either party can terminate the relationship without cause with 30 days notice. This agreement can be terminated immediately at any time by the participant due to unsatisfactory support broker performance.

Participant Date

Legal Guardian (if applicable) Date

Support Broker Date





IDAHO DEPARTMENT OF
HEALTH & WELFARE

PARTICIPANT-SUPPORT BROKER EMPLOYMENT AGREEMENT

This agreement is hereby made between _____ a participant of the Self-Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (department), and _____, a Support Broker.

The participant wants to hire the support broker for services under the Self-Directed Community Supports Option. In exchange, the support broker wants to be paid for the services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the support broker and approved by the employer, who is the participant.

To these mutual purposes, the parties promise and agree as follows:

1. Support broker services are to be provided in accordance with “Participant-Support Broker Agreement”, and the Self-Directed Community Supports rules, according to the Idaho Administrative Procedures Act (IDAPA) 16.03.13, “Consumer-Directed Services.”
2. The support broker is hired to help the participant, and assumes no responsibility for the participant’s conduct.
3. That the support broker is an employee of the participant and not an employee of the Self-Directed Community Support Option or the FEA, and agree that the support broker is not entitled to, nor will make claim for any employee benefits from the Self-Directed Community Support Option or the FEA, including but not limited to, worker’s compensation, disability, life insurance, or health insurance.
4. The support broker will take all actions necessary to become the participant’s employee, and to maintain the employment relationship by submitting necessary documents to the FEA, including:
 - A “Support Broker Letter of Approval” from the Department.
 - A Completed W-4, I-9, and other IRS required forms.
 - A completed criminal history check, including clearance in accordance with *IDAPA* 16.05.06, "Criminal History and Background Checks".
 - A copy of this agreement.
 - Participant approved time sheets that record the hours the support broker worked.

5. The support broker will provide all required support broker duties outlined in Subsection 136.02 of *IDAPA* 16.03.13, “Consumer-Directed Services” and, as mutually agreed upon with the participant, the optional support broker duties outlined in Subsection 136.03 of *IDAPA* 16.03.13, “Consumer-Directed Services.”

6. The support broker’s wage is not to exceed \$18.72 per hour. It is mutually understood that any overtime hours or services not described in the participant’s “Self-Directed Community Supports Support and Spending Plan”, or described elsewhere in this agreement, are not covered by or paid through this agreement.

7. Terms and conditions of work (job duties):

Please check this box if employer is requiring the support broker to specifically document activities that support billable time in writing in a manner agreed upon between the employer and the support broker and identified in the “other” section of the agreement.

Service or Task Identify the activity that will be completed under each service or task	Service Code	Number of hours per year needed to perform this task		Wage per hour		Annual Cost
Person centered planning participation includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Developing the written Support and Spending Plan includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer to review and monitor the budget includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Submitting the employer satisfaction documentation to the department as requested includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Participating in the quality assurance process with the department includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer with the annual re-determination process includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer to meet participant responsibilities includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Criminal History Check Waiver Process (example: complete waiver form, education and counseling to participant	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$

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FAMILY-DIRECTED SERVICES OPTION

GUIDELINES FOR ALLOWABLE AND NON-ALLOWABLE EXPENSES

To be considered for funding under the Family Directed Services Option, goods and services require written recommendation from a licensed medical practitioner, occupational therapist, physical therapist, speech language pathologist or psychologist stating that the purchase meets the criteria below:

- Safe and effective treatment that meets acceptable standards of medical practice.
- needed to optimize the health, safety and welfare of the child.
- least costly alternative that reasonably meets the child’s need.
- for the sole benefit of the child.

Goods and services must also:

- maintain the ability of the child to remain in the community,
- enhance community inclusion and family involvement,
- decrease dependency on formal support services and thus increase independence of the child, or
- provide unpaid family members and friends training needed to provide support to the child.

All services must be required to meet the child’s needs directly related to their developmental disability as identified on their annual *Support and Spending Plan (SSP)*. See Attachment 1 for more information about requesting goods.

The *SSP* must not include a request for goods and services as a substitute for human assistance and request the same type of assistance from a person. The *SSP* should not include a request for human assistance when there was a previous approval for goods or services as a substitute for human assistance, unless justified. All durable medical equipment over \$100.00 must be routed through the DHW Medicaid Durable Medical Equipment (DME) Unit. For more information, see Attachment 1.

The guidelines for allowable goods and services, including Personal Support, Relationship Support, Emotional Support, Learning Support, Job or Volunteer Work Support, Transportation Support, Skilled Nursing Support and Adaptive Equipment and Supplies are listed below. These examples are intended to broadly describe each category, and are not intended to limit purchases to items on this document.

Personal Support

To help the child maintain health, safety and basic quality of life.

- Assistance needed, due to the child’s developmental disability, with daily living activities such as bathing, dressing, and other activities of daily living beyond what is typically provided by a parent.
- Home modifications required in a child’s residence, which allow the child to remain safely in the community and/or function with greater independence. A minor home modification must not:
 - create a new structure.
 - add square footage to the home.
 - be for the purpose of remodeling.
 - be for general utility or renovation (e.g., carpeting, roof repair, a carbon monoxide detector, central air conditioning, etc.).
- Permanent environmental modifications are limited to modifications to a home rented or owned by the child's family when the home is the child's principal residence.
- Portable or non-stationary modifications may be made to rental units when such modifications can follow the child to the next place of residency.
- Purchase or repair of wheelchair ramps and protective awnings over wheelchair ramps.

Personal Support - Continued

- Bathroom modifications/additions:
 - Wheelchair accessible showers.
 - Sink modifications.
 - Bathtub and toilet modifications.
 - Water faucet controls.
 - Floor urinal and bidet adaptations.
 - Plumbing modifications/additions to existing fixtures.
 - Turnaround space modifications.
- Kitchen modifications/additions:
 - Sink modifications.
 - Sink cutouts.
 - Turnaround space modifications.
 - Water faucet controls.
 - Plumbing modifications/additions.
 - Work table/work surface adjustments/additions.
 - Cabinet adjustments/additions.
- Minor home modifications, including installation, maintenance and repair not covered by warranty.
- Specialized accessibility/safety adaptations/additions (including repair and maintenance):
 - Electrical wiring.
 - Grab bars and handrails.
 - Automatic door openers, doorbells, door scopes and adaptive wall switches.
 - Fire safety adaptations.
 - Medically necessary air filtering devices.
 - Light alarms, doorbells for the hearing and visually impaired.
 - Floor leveling, only when the installation of a ramp is not possible.
 - Widening/enlargement of garage or carport to accommodate primary transportation vehicle and to allow a child using a wheelchair to access vehicles.
 - Intercom systems for children with impaired mobility.
 - Door widening.
 - Door replacement, for accessibility only.
 - Lever door handles.
 - Installation of sidewalk for access from non-connected garage or driveway to residence, when existing surface conditions is a safety hazard for the child with a disability.
 - Safety glass, safety alarms, security door locks, fire safety approved window locks and security window screens for children with significant behavioral problems.
 - Security fencing for children whose safety is compromised by elopement behavior.
 - Protective padding and corner guards for walls for children with impaired vision and mobility.
 - Recessed lighting with mesh covering and metal dome light covers to compensate for violent, aggressive behavior.
 - Noise abatement renovations to provide increased soundproofing.
 - Motion sensor lighting.

 NOTE: Installation and repair of central air conditioning and heating is excluded.

- Nutritional supplements recommended by a physician to remediate symptoms of the child's disability.
- Feeding formulas and supplies, if not typically used by a child of the same age (e.g., older child may need a feeding supplemental formula due to issues with swallowing safety).

Emotional Support

To learn and practice behaviors consistent with goals while minimizing interfering behaviors.

- Behavior shaping and management services that include training and assistance in the development of appropriate expressions of emotions, desires or socially appropriate behaviors (e.g., therapy to mitigate sexually inappropriate behaviors, Applied Behavior Analysis).

Learning Support

To learn new skills or improve existing skills that relates to identified goals.

- Services to instruct the child in daily and community living skills.
- Payment for a well-established, safe and effective active treatment that meets acceptable standards of medical practice, if they:
 - are recommended by a licensed physician, PT, OT, SLP or psychologist.
 - meet active treatment criteria (e.g., art therapy, therapeutic horseback riding, music therapy).

 NOTE: Education-related services are prohibited.

Relationship Support

To establish and maintain positive relationships with immediate family members, friends or others in order to build a natural support network and community.

- Support services to help children gain access to community activities (e.g., a Community Support Worker to help with toileting).
- Respite for parents. A parent or legal guardian cannot receive respite for childcare to enable the parent or legal guardian to work.

Job or Volunteer Work Support

To help secure and maintain employment or attain job advancement.

- Vocational assessment and counseling.
- Individualized job development and placement.
- On-the-job training and related work skills required for job performance.
- Ongoing supervision and monitoring.
- Visits with an employer for purposes of obtaining, maintaining and/or retaining current or new employment opportunities.
- Training in related skills essential to obtaining and retaining employment.

 Note: Payment for job or volunteer work excludes:

- Incentive payments made to an employer to encourage or subsidize an employer's wish to retain a child as an employee.
- Payments that are passed through to the child.
- Payment for training that is not directly related to the child's employment.
- The a Community Support Worker doing the work for the child, if the child is not able to perform the essential functions of the job on their own.

Transportation Support

To help accomplish goals identified on the Plan.

- Transportation services must be provided through the most cost-efficient mode available and cannot supplant the role of the parent.
- Requests for funding of bus passes, taxi services and other alternative modes of transportation to meet goals identified on the SSP will be handled on a case-by-case basis to ensure funding does not supplant the responsibility of the parent.
- Payment for transportation expenses to a Community Support Worker (CSW), when the CSW is providing a direct service at the destination. These services must be identified on the plan.
- Training or assistance for the child aimed at accessing and using public transportation, independent travel or movement within the community.

Adaptive Equipment and Supplies

Adaptive equipment that meets a medical or accessibility need and promotes increased independence.

- Goods such as devices, controls or appliances which enable a child to increase ability to perform activities of daily living, or to perceive, control or communicate with his environment. This includes items necessary for life support, including ancillary supplies and equipment necessary to maintain such items, and durable and non-durable medical equipment and supplies.
- Training on the equipment use, fitting and maintenance. All items must meet applicable standards of manufacture, design and installation.
- Repair, maintenance and modification of specialized equipment and supplies, if determined to be cost-effective and not covered by warranty.
- Temporary lease or rental of medically-necessary durable medical equipment to allow for repair, purchase, replacement of essential equipment.

Adaptive Equipment for Activities of Daily Living

Lifts

- Hydraulic, manual or other electronic lifts
- Wheelchair lifts
- Porch or stair lifts
- Stairway lifts
- Bathtub seat lifts
- Ceiling lifts with tracks
- Transfer bench
- Prescribed therapy aids
- Portable ramps
- Batteries and chargers

Assistive Devices

- Reachers
- Stabilizing devices
- Weighted equipment
- Holders
- Elbow and knee pads
- Visual alert systems
- Support rails
- Signature stamps
- Bed rails

Environmental Control Units

- Locks
- Electronic devices
- Voice activated oral motion activated device
- Alarms/alarm systems

Mobility Aids

- Manual/electric wheelchairs and necessary accessories
- Scooters to aid in mobility
- Mobility bases for customized chairs
- Braces, crutches, walkers and canes
- Forearm platform attachments for walkers and motorized/electric wheelchairs
- Prosthetic devices
- Orthotic devices
- Orthopedic shoes and other prescribed footwear

- Walking belts and physical fitness aids
- Toilet seat reducer rings
- Hand-held shower sprays
- Shower chairs
- Electric razors
- Water piks
- Electric or battery toothbrushes
- Helmets
- Safety restraints
- Count-a-dose medication systems

Diagnostic/Monitoring Equipment

- Stethoscopes, blood pressure monitors and thermometers for home use.
- Blood glucose monitors.

Feeding Devices And Equipment

- Electric self-feeders
- Food processor and blender
- Shaped, bent and built-up utensils
- Over bed tray tables
- Specialized or modified appliances for children with muscular weakness in upper body or who lack manual dexterity and are unable to use manual conventional kitchen appliances.
- Long-handled equipment
- Addition of friction covering
- Coated feeding equipment

Positioning Devices

- Standing boards, frames and customized seating systems
- Electric or manual hospital bed, tilt frame bed and necessary accessories
- Egg crate mattresses, sheepskin and other medically related padding
- Trapeze bars
- Lift recliners
- Acquisition and care of a service dog, including veterinary bills, harnesses, food, harnesses.

Modifications/Additions to Primary Transportation Vehicles

- Brake/accelerator hand controls
- Dimmer relays/switches
- Horn buttons
- Wrist supports
- Hand extensions
- Left-foot gas pedals.
- Right turn levers
- Gearshift levers
- Steering spinners
- Removal or placement of seats to accommodate a wheelchair
- Van lifts
- Installation, adjustment or placement of mirrors to overcome visual obstruction of a wheelchair in a vehicle
- Raising the roof of a vehicle to accommodate a child riding in a wheelchair
- Installation of frames, carriers or lifts for transporting mobility aids
- Medically necessary heating and cooling equipment, excluding central air conditioning and heating, for children who have:
 - inability to regulate temperature
 - medical conditions affected by temperature

Sensory Adaptations

- Eyeglasses and accessories
- Hearing aid supplies
- Auditory adaptations to mobility devices.
- Visual alert systems.
- Magnifiers.
- Enlarged electronic displays.
- Medically necessary heating and cooling equipment, excluding central air conditioning and heating, for children who have:
 - respiratory or cardiac problems
 - inability to regulate temperature
 - medical conditions affected by temperature

 **Note:** An air conditioner or heating unit can only be purchased for the child's principal living area. If the principal living area already has an air conditioner or heating unit, it would not be possible to purchase another unit to cool or heat another part of the house.

Communication Aids: as recommended by an SLP

Augmentative Communication Devices

- Direct selection communicators
- Alphanumeric communicators
- Scanning communicators
- Encoding communicators

Control Switches/Pneumatic Switches and Devices

- Sip and puff controls
- Adaptive switches/devices

- Speaker and cordless phones for children who cannot use conventional telephones
- Speech amplifiers, aids and assistive devices
 - Interpreters
 - Telebraille devices
 - Typewriters
 - Closed captioning devices
- Repair, maintenance and batteries for aids

Skilled Nursing

- Part-time or intermittent nursing services provided by a licensed nurse within the scope of the Idaho Nurse Practice Act. Nursing services may only be approved for those children in need of services that can only be provided by an LPN (Licensed Practical Nurse) or RN (Registered Nurse).
 - tracheotomy care
 - catheterization
 - decubitus care
 - respirator/ventilator care
 - ostomy care
 - urinary incontinent supplies
- Assistance with medications, including filling a medi-set

Miscellaneous

- Families and legal guardians can utilize the services of an out-of-state Support Broker; however, the Support Broker must have:
 - completed the certification process to be a currently qualified Support Broker in Idaho;
 - signed the all required paperwork; and
 - attended the Support Broker training.
- Families and legal guardians can utilize the services of an out-of-state Community Support Worker; however, the Community Support Worker must have met Idaho's criteria to be a Community Support Worker; and have signed the all required paperwork.
- Payment to Community Service Workers must be an hourly rate and be below or equal to market rate for that service.

FDS Non-Allowable Expenses

- Can not supplant parental responsibility.
- Education-related services (i.e., school).
- Recreational activities, as this supplants parental responsibility. Funds can be used to pay a CSW to provide necessary, pre-defined supports during the activity as written on the SSP.
- Adaptive recreation classes or fees.
- Waiver services delivered through the traditional service model.
- Any costs for service incurred by the child or parent related to the FDS program (e.g., attorney fees, bank overdraft fees).
- Room and board payments (e.g., food, rent, mortgage).
- Placement in a Nursing Home or Intermediate Care Facility for Intellectually Disabled.
- Membership costs or dues, unless the service or support obtained through membership related to a therapeutic need directly related to the disability and recommended by a licensed physician, PT, OT, SLP or psychologist and address goals on the SSP.
- Animals and their related costs, except for medically necessary service dogs (as defined by ADA).
- Household chores and duties such as cleaning, cooking, house and lawn maintenance.
- Tickets and related costs to attend sporting or other recreational events.
- Services, goods, or supports provided to or benefiting persons other than the child.
- Experimental treatment and methods. Experimental or investigational treatment and methods are defined as treatment which:
 - has not received the required final approval from appropriate government bodies;
 - peer-reviewed literature has not made conclusions concerning its consistent effect on health outcomes;
 - is not demonstrated to be as beneficial as established alternatives; and
 - has not been demonstrated to improve the net health outcomes.
- Traditional Waiver or State Plan services (e.g., Habilitative Intervention, Family Training).
- Insurance payments to cover liability directly related to the FDS program with the exception of Workers' Compensation Insurance and Home Owner and Renter Insurance Riders.
- Items or services not related to the child's disability (for example, toys, clothes, swimming lessons, music lessons, riding lessons).
- Home modifications for a residence other than the primary residence of the child or the child's non-paid family member(s) if the child is residing with the non-paid family member(s).
- Expenses for travel, lodging or meals related to training the child, or paid/unpaid caregivers.
- Vacation expenses other than the cost of direct services required during the vacation.
- Costs related to internet access.
- Material and supplies necessary for participation in recreational therapeutic activities.
- Vehicle maintenance.
- Therapeutic goods, unless recommended in writing by a licensed physician, PT, OT, SLP or psychologist and address goals on the SSP.

ATTACHMENT I

Community Developmental Disability Services - Family Directed Services Durable Medical Equipment Policy Process

This policy pertains to children who have been determined to have a developmental disability by the Idaho Center for Disability Evaluations (ICDE) and have enrolled in the Family Directed Service (FDS) pathway to community developmental disability services.

To optimize a child's FDS budget, all requests for durable equipment goods costing over \$100.00 will be routed through the DHW Medicaid Durable Medical Equipment (DME) Unit prior to being considered for FDS funding. The exception to this would be goods not typically covered by DME listed in Addendum A.

To obtain a good through DME follow the steps below:

1. Obtain a prescription for the good from the child's physician.
2. The parents, legal guardian or their Support Broker will locate a Medicaid DME vendor for the desired good. A child's physician's office may be able to provide a list of local DME vendors.
3. The vendor will complete a DME request by following the existing DME Unit procedure.
 - If approved by the DME unit, the good will be funded following the Unit's typical procedure.
 - If denied by the DME Unit, the request will be routed back to the Regional FDS Case Coordinator, who will make a decision whether the good is fundable through FDS

EQUIPMENT AND SUPPLIES NOT TYPICALLY COVERED BY MEDICAID DME UNIT

The following are not typically covered under the DME program:

- Home Modifications
- Services, procedures, treatment, devices, drugs that are considered investigative or experimental
- More costly good or service when a less costly, equally effective service or equipment is available
- Any service specifically excluded by statute or administrative code
- Non-medical equipment and supplies and related services
- Items for comfort, convenience, or cosmetic purposes (e.g., wipes, exercise or recreational equip.)

ADAPTIVE EQUIPMENT FOR RECREATION AND LEISURE	
adaptive or recumbent tricycles	adaptive musical instruments or equipment
tandem bicycles	adaptive toys
adaptive playground equipment	adaptive sports equipment
NON-MEDICAL EQUIPMENT AND AIDS FOR USE IN THERAPY OR TO ENHANCE DEVELOPMENT	
therapeutic swings	balancing equipment
cds for auditory or sensory processing	sensory/tactile equipment and toys
mats	computer applications and software
fine motor manipulatives	exercise or strengthening equipment
Nintendo Wii or similar	exercise balls
weighted vests or blankets	developmental toys
trampolines	service dogs, service dog supplies and vet bills
MISCELLANEOUS	
home alarms, bracelets, video monitoring systems or other location alert devices	disposable wipes
iPad for uses other than augmentative communication	fences
traditional infant formulas	cosmetic or convenience devices

Below is a list of items that DME has funded in the past. DME makes funding decisions based on a child's medical needs; the list below is not a guarantee of funding.

hand held showers	crutches and canes	IPPB machine and nebulizers
bath chairs/benches	dialysis equipment	decubitus care and supplies
grab bars adjacent to the toilet and bathtub	glucose testing devices without voice synthesizer)	intravenous infusion, gastric and nasal gastric feeding pumps
hospital bed, mattresses, trapeze bars, and side rails	pressure reducing support surfaces (mattress overlay)	peripheral component interconnect device (pci)
lift devices	portable wheelchair ramps	hearing aids
bed rails	respirator/ventilator care supplies	eyeglasses
catheter supplies, including catheters, drainage tubes, collection bags and other incidental supplies	augmentative communication devices for augmentative communication, when recommend by a medical practitioner and a SLP following an augmentative communication evaluation.	infusing pumps, external ambulatory infusion and implantable
enlarged electronic displays	canopy beds	visual alert systems
apnea monitors	toothettes	precursors
bilirubin lights	negative pressure wound therapy	pneumatic compression device
g-tube supplies	transcutaneous electric nerve stimulators	oxygen (gas or liquid) for participant-owned systems
cough assist inexasufflator	orthotics	power operated vehicles
defibrillator (ambulatory)	osteogenesis stimulator	specialized car seats
heating pads	oximeters & probes	prosthetics
insulin pumps	oxygen concentrators and tangs	neuromuscular electric stimulators
ventilators	wheelchairs: need eval from PT or OT	peak flow meter
walkers with hand brakes	wheelchair repair	therapy balls and mats
prone stander	gait trainer	specialized toilet seat
lift mechanism for a chair, excludes devices attached to motor vehicles and wall-mounted chairs that lift person's up and down stairs	disposable supplies required to operate approved medical equipment such as suction catheters, syringes, saline solution, etc.	injectable supplies, including normal saline and heparin, but excluding all other prescription drug items
cervical collars	disposable drug delivery system.	ostomy care
tracheotomy care supplies	disposable under pads	disposable drug delivery system
colostomy and urostomy supplies.	adaptive utensils	page turners
disposable liners, shields,guards and pads - undergarments	incontinent supplies: diapers, pull ups, and briefs	continuous positive airway pressure device (cpap) and bi-pap supplies

Below are items in which DME will consider. All DME funding decisions are made on a case-to-case basis based on individual circumstances.

Electric toothbrushes and Waterpics

ATTACHMENT 2

Therapeutic Services

Recreational activities or lessons (e.g., gymnastics, swimming, horseback riding) cannot be funded with FDS funds, as this supplants parental responsibility. This includes adaptive recreational classes. Funds can be used to pay a Community Support Worker to provide necessary, defined supports during recreational activities as written on the SSP.

These supports can be:

- supervision for safety or
- physical assist to help with physical needs (e.g., wheel chair transfer, toileting) or
- physical assistance with the activity

Documentation must be provided through activity literature showing the goal of the activity is therapy, as opposed to recreation.

Services that require a certification, license or other qualification cannot be funded or provided by anyone other than the qualified provider.

Therapeutic Activities Checklist

All of the below must be "yes" for the activity to be authorized.

- ___ Is the activity a safe and effective treatment that meets acceptable standards of medical practice?
- ___ Is the activity needed to optimize the health, safety and welfare of the child?
- ___ Is the activity the least costly alternative that reasonably meets the child's need?
- ___ Is the activity for the sole benefit of the child?
- ___ Is the activity's typical historic purpose to deliver therapy? Do we have literature from the activity operators about the therapeutic nature of the activity?
- ___ Has the activity been recommended by a physician, pt, ot, slp or licensed psychologist for delivery through community-based therapy?
- ___ Does the activity meet a goal on the SSP?
- ___ does the activity meet the criteria for active treatment?



APPENDIX M: Children's DD Services Application Update

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Date to IAP: _____

CHILDREN'S DEVELOPMENTAL DISABILITIES SERVICES APPLICATION UPDATE R 1_1_2015

Date: _____

Child's Name: _____ Date of Birth: _____

Is the child currently enrolled in Medicaid? Yes No MID# _____

Parent(s)/Legal Guardian Name(s): _____

Primary language spoken in household: _____ Do you need a translator? _____

Physical Address: _____

Mailing address if different: _____

Telephone (1): _____ Telephone (2): _____

Email: _____

Physician Name: _____ Telephone: _____

Physician Address: _____

Diagnosis _____

Name of School, if applicable: _____ Name of Primary Teacher: _____

By signing this application update, your signature provides consent for the Department to gather, use and disclose information as needed for the individual to receive Department benefits or services.

Parent/Legal Guardian Signature: _____ Relationship to Applicant: _____

16.05.01.050. When individuals, legal representatives or informal representatives sign an application, they consent for the Department to gather, use and disclose information as needed for an individual to receive Department benefits or services. If none of these individuals provides a consent on an application, service may be denied. An informal representative may only consent to the disclosure of confidential information when permitted by these rules.

APPENDIX N: Children's System Redesign FDS FAQs

Last Update 6/7/12

CHILDREN'S SYSTEM REDESIGN FAMILY-DIRECTED SERVICES FREQUENTLY ASKED QUESTIONS

Question	Answer
What are family-directed services?	Family-directed services is a program for children with developmental disabilities which allows families to use their child's individualized Medicaid budget (based on their child's strengths and assessed needs) to purchase and direct the services and supports their child will receive.
What are the advantages of family-directed services?	By choosing family-directed services, families can: <ul data-bbox="680 683 1913 938" style="list-style-type: none">• Choose who they hire and the qualifications they will require• Supervise and direct their children's support workers• Decide when and where they get the services and supports that meet the needs of their children• Decide the type and amount of services and supports they will purchase• Manage an individualized budget based on their children's assessed needs
Is the budget for the family-directed service's program the same as what would be awarded in the traditional model?	Yes, a child's budget will be the same regardless of which model they choose – family-directed service's model or the traditional model.
Are there informational sessions scheduled to provide parents additional details the program?	Yes, Parent Information Meetings will be scheduled upon demand. Parents interested in family-directed services should contact their local regional office. A list of regional contacts can be found at www.familydirected.dhw.idaho.gov

Question	Answer
<p>Are there guidelines available of what type of goods and services can be funded by the program?</p>	<p>Yes, please contact the case coordinator in your area for a copy of the "Guide to Family-Directed Service's Allowable Expenses" for detailed information of fundable and non-fundable goods and services. A list of regional contacts can be found at www.familydirected.dhw.idaho.gov</p>
<p>Can family-directed service's funds be used to pay for recreational activities or materials for a recreational activity?</p>	<p>No, family-directed service's funds cannot pay for recreational activities or materials required, as this supplants parental responsibility. Funds can be used to pay for a community support worker to provide the necessary, defined supports during the activity as written on the Support and Spending Plan.</p>
<p>Can family-directed service's funds be used to pay for a therapeutic activity recommended by a Physical Therapist, Occupational Therapist, Speech-Language Pathologist, physician or licensed psychologist?</p>	<p>Yes, in many cases family-directed service's funds can be used to pay for a therapeutic activity. The activity must be a well-established, evidenced-based practice designed to help with a specific treatment need.</p> <p>These activities could be considered if:</p> <ul style="list-style-type: none"> • they are recommended, in writing, by a PT, OT, SLP, physician or licensed psychologist for delivery through this community-based activity, • address goals identified on the Support and Spending Plan, and • meet the criteria for active treatment. <p>Examples of such activities include music therapy and therapeutic horseback riding. Providers of the therapeutic activity must meet the professional requirements of their discipline.</p>
<p>Can family-directed service's funds be used to purchase and train a service animal?</p>	<p>Yes, under certain circumstances family-directed service's funds could be used to purchase a service animal. If interested in using your family-directed services in this manner, contact your local case coordinator for further details.</p> <p>A list of regional contacts can be found at www.familydirected.dhw.idaho.gov</p>

Question	Answer
<p>Can family-directed service's funds be used to pay for transportation?</p>	<p>Under certain circumstances funds can be used to pay for transportation. Family-directed services funds can pay for time in which a community support worker is transporting a child to activities in which the community support worker will be providing support for them. Transportation can be funded to other medical appointments; however, a family is encouraged to go through an established Medicaid vendor to obtain transportation outside of their family-directed service's budget. Transportation to other activities cannot be reimbursed as this supplants a parent's responsibility.</p>
<p>Can family-directed service's funds purchase items such as an IPAD?</p>	<p>If the purchase of an IPAD or an IPAD application meets all the funding criteria of the family-directed services program, it could be funded. The IPAD or application must be the most cost effective means of meeting the need when compared to reasonable alternatives. For example, an IPAD braille application has equal functionality of some braille electronic devices and is less costly; in this case the IPAD and braille application would likely be allowable.</p>
<p>Is the family liable for making payments to community support staff?</p>	<p>No, the "fiscal employer agent", is responsible for billing and payroll functions, including paying your hired staff. The family is not held responsible for making payments and is not liable for those dollars.</p>
<p>Do family-directed service's funds have to be reported to the IRS on the family's annual personal income tax returns?</p>	<p>Family-directed service's funds do not have to be reported on annual income taxes returns. The family-directed service's program is set up as a type of "business" - a "non-income generating home health business". There is no tax ramifications associated with this for the participants or the parents in the family-directed services program. Because the family-directed service's budget money is non-taxable and is never in the family's possession, the budget money does not have to be reported on the parent's taxes.</p>

Question	Answer
How does a family keep track of billing for the purchase of goods or services?	Families are mailed an “explanation of benefits” each month. The current fiscal employer agent provider also has a web portal for managing payroll and the family’s budget. Both the family and support broker have access to the web portal.
Can there be a support broker agency?	No, IDAPA 16.03.13 rules specifically require that the support broker act independent of an agency.
Can criminal history background checks for parents acting as unpaid support brokers be waived?	No, parents acting as unpaid support brokers must comply with all the support broker requirements. Additionally, parents acting as unpaid support brokers are responsible for all minimal duties listed in IDAPA 16.03.13.
Are parents held to the coursework and training qualification requirements to become a support broker?	Yes, parents are held to the same standards. All individuals acting as support brokers need to have the skills and knowledge typically gained by completing college courses, community classes or workshops in the human services field, and at least two years verifiable experience with individuals with developmental disabilities. A parent of a child with a developmental disability may count their parenting experience towards the experience criteria.
Does the maximum support broker rate of \$18.72 include taxes?	No, taxes need to be added to the hourly rate for community support workers. This is currently about 10%, so the rate that will count towards the budget will be approximately \$20.59 with taxes.
Can the support worker be paid in a lump sum as opposed to an hourly rate?	No, a community support worker can only be reimbursed in dollars/hour or dollars/miles driven.

Question	Answer
<p>Can a community support worker or support broker from another region or state be hired?</p>	<p>Yes, a community support worker or support broker that resides in another region or state can be hired to serve eligible children in Idaho. An out-of-state community support worker and support broker must be certified and meet all the qualifications and criteria in the Idaho family-directed service program.</p>
<p>Can family-directed service's funds be used to purchase goods that are gently used?</p>	<p>The used item would need to be authorized by the Department case coordinator when approving the Support and Spending Plan. The case coordinator must make sure that the good assures the health, safety and welfare of the child and reasonably meets the child's needs. Also, vendor payment guidelines would apply.</p>
<p>Can children who are enrolled in the family-directed services option access therapeutic consultation and crisis services?</p>	<p>No, therapeutic consultation and crisis services are traditional waiver services and are not Medicaid reimbursable under the family-direction program.</p> <p>If the child is expected to or is experiencing a crisis, it will most likely be determined that family-directed services may not be a fit for the family. In these cases, the Department would work with the family to move into traditional services.</p> <p>In any case, a crisis team is available for families regardless of their program enrollment.</p>
<p>If goods are purchased within one month's time does the fiscal employer agent still have to be paid monthly for the remainder of the year?</p>	<p>Families choosing family-directed services are required to use the fiscal employer agent in order to purchase goods. The fiscal employer agent only bills Medicaid for a month when services are provided or goods are purchased.</p>

Question	Answer
<p>Can PCS home providers participate in the family-directed service program?</p>	<p>If the child's PCS home provider is the child's legal guardian, they can participate in the family-direction program. Otherwise, the child needs to enroll in the traditional services option.</p>
<p>Can a child's family-directed service's budget purchase goods or services from a business who is not a Medicaid approved vendor?</p>	<p>Yes, checks are made directly from the fiscal employer agent to the vendor and the goods/service must be approved on the child's Support and Spending Plan prior to the purchase.</p> <p>You can review the vendor agreement and instructions at: http://www.consumerdirectonline.net/idaho (under Idaho FEA (fiscal employer agent) forms on right hand side)</p> <p>Families are encouraged to use their family-directed budgets only for items they are not able to purchase through their medical card. For example, durable medical equipment is not required to come out of a child's family-directed budget and can still be acquired with their medical card.</p> <p>In the training for the family-directed service's m Model (The Guide Training), parents will be taught the process of working through the fiscal employer agent to obtain reimbursement for goods.</p>
<p>If a family enrolls in the family-directed services program, and doesn't like it, do they have to ride out the plan year before switching back to the Traditional Model?</p>	<p>No, a transition back into the traditional model can be made.</p>

APPENDIX O: FDS Support and Spending Plan Checklist

FDS SUPPORT AND SPENDING PLAN CHECKLIST

The following criteria are required components of a *Support and Spending Plan (SSP)* packet. Depending on individual circumstances, they may not be the only components required. Typically, the Case Coordinator will review the *SSP* and *Plan Changes* in 10 working days once a complete packet has been submitted. Packets are reviewed in the order that they were received. The Case Coordinator cannot backdate.

- To avoid a lapse in services, submit typed *SSP* 45 days prior to the expiration of the current plan to DDFamilyDirectedProg@DHW.Idaho.Gov
- Verify Medicaid and Children's DD Program eligibility and annual budget
- Verify the Support Broker's (SB) qualification is up-to-date. (renewed annually)
- Verify the following documents are completed in detail and included:
 - Application Update Form*
 - My Voice, My Choice Workbook* - including detailed *Health and Safety Plan*
 - SSP Cover Sheet*
 - SSP Support Plans* - with a separate goals sheet for each need identified
 - Back-up Plans* - detailed, action-based instructions
 - Spending Plan Worksheet*
 - Spending Plan Summary*
 - SSP Authorization*
 - Signed and dated *Choice and Informed Consent Authorization*
 - Recommendation Forms for Goods and Services* signed by licensed physician, SLP, PT, OT or psychologist for service or good, as needed. A separate form for each service and good is required.
 - Current Health & Physical*
 - Attach license and/or certification of CSW to *SSP* when necessary

Initials *SSPs* only:

- Family Direction Service Option Guide Attendance Certificate* (gathered after Guide Training)
- Signed *Rights and Responsibilities Certificate* (gathered after Guide Training)
- If child has a legal guardian, copy of court-order appointing guardian
- Include all services and supports the child received are on the *SSP*, including natural supports, services paid with Medicaid card, private insurance or private pay
- All goods or services must meet the following criteria:
 - A safe and effective treatment that meets acceptable standards of medical practice
 - Not educational, vocational, or recreational related activity or good
 - Does not supplant the role or responsibility of the parent
 - Needed to optimize the health, safety and welfare of the child
 - The least costly alternative that reasonably meets the child's need
 - For the sole benefit of the child
 - To maintain the ability to remain in the community, enhance community inclusion and family involvement
 - Decrease dependency on formal support services and thus increase independence of the child
- Ensure every item on the *SSP Authorization* pages relates directly to a goal on the plan
- Ensure *SSP* includes documentation to request payment for '2 CSWs at the Same Time' when applicable
- Include Support Broker's name and address and signature on the *Plan Authorization Sheet*
- Ensure all goods and services meet program guidelines, including CSWs paid no more than market rate
- Ensure the *SSP* addresses how goods and services:
 - Increase independence or substitute human assistance
 - Show a decrease in the need for other Medicaid services
 - Do not include a request for 'goods and services' as a substitute for human assistance and request the same type of assistance from a person
 - Do not include request for human assistance when there was a previous approval for 'goods and services' as a substitute for human assistance, unless justified

FAMILY-DIRECTED SERVICES Support and Spending Plan Instructions



version: 5/1/2015



IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEVELOPING THE CHILD'S SUPPORT AND SPENDING PLAN

Be sure you are using the most recent version of the forms available on the FDS website www.familydirected.dhw.idaho.gov. All *Support and Spending Plans (SSP)* must be typed, although the *My Voice, My Choice Workbook* may be handwritten as long as it's legible. The SSP must be signed. Only parents and court appoint legal guardians are eligible to participate in FDS when the child is living at home with them.

Before writing the *SSP*, you should have already completed the child's *My Voice, My Choice Workbook*, as this is considered the child's "Needs Assessment". Have the child's *Workbook* available before you begin writing the child's *SSP*. Each goal, service and good should relate back to a goal or need identified in the *Workbook*.

The *SSP* should reflect the goals the parents or legal guardian have for the child as well as the goals the child would like to accomplish during the plan year. Also the child's service and support needs required to live safely and independently as possible in the community should be included. The goals and needs have to be related directly to the child's developmental disability. Below are instructions on each step in completing this process.

STEP 1: SUPPORT AND SPENDING PLAN COVER SHEET INSTRUCTIONS

1. Type the SSP
2. Check either the *Initial Plan* or *Annual Plan* box. Only check the *Initial Plan* box if this is the child's first Family-Directed *SSP* in the program.
3. Complete all sections. If not applicable, please indicate "n/a".
4. List the names of all individuals who were involved in helping develop the *SSP*. This list should also include those individuals who may not have attended the family-centered planning meeting(s), but were involved in helping develop your plan. Designate your Support Broker's name, address and all contact numbers.

STEP 2: SUPPORT PLAN INSTRUCTIONS

To create the child's *Support Plan* pages, you will need to refer back to the worksheets in the *My Voice, My Choice Workbook*. The worksheets will help you decide on goals that will allow you to get the things you need for the child. To address a deficit in socialization skills, a goal can be written as broadly as "increase his socialization skills" or as specifically as "learn to participate with other children during reading hour at the library".

- Each specific goal must be written on a separate *Support Plan* page. Please don't combine goals.
 - The child's *Support Plan* will also identify whether someone will be providing support to the child at no cost (natural supports) or whether Medicaid will be paying for the support. In many cases, you may be able to do things yourselves to accomplish a goal or it may be possible for you to get help from community organizations and/or natural supports at no cost. The more support you can find at no cost to you, the more money you will have available to put towards developing the child's goals or to save for additional services, supports or goods that may become necessary. Remember, the funds cannot be carried over to the next plan year.
1. **Goal or Need** - List the goal or need to achieve or be accomplished in the upcoming plan year. Each goal or need is listed on a separate goal sheet.
 2. **Activities** - List what and how often the child is able to do the activities on their own in respect to that goal or need.
 3. **Natural Supports** - Identify people you would not need to pay that would help you reach this goal. Identify how often these natural supports will be able to provide this help.

4. **Medicaid Paid Supports** - List the service, task or good needed to reach the child's goals and needs. In the type of support section, indicate the type of support being provided by using the included key. All supports must address a documented deficit in the child's skills or behavior. Use the following definitions of the support categories to determine what type of support best describes the service, task or good being purchased.

Support Categories:

- **PERSONAL:** Helps the child maintain health, safety, and basic quality of life.
- **JOB:** Helps the child secure and maintain volunteer or paid employment or attain job advancement by providing support in activities of daily living while on the job.
- **TRANSPORTATION:** Helps your Community Support Worker help the child accomplish identified goals through gaining access to community services, activities and resources.
- **LEARNING:** Helps the child learn new skills or improve existing skills that relate to identified goals.
- **RELATIONSHIP:** Helps the child learn and practice ways to recognize and minimize interfering behaviors in order to establish and maintain positive relationships.
- **EMOTIONAL:** Helps the child learn and practice behaviors consistent with goals and wishes, while minimizing interfering behaviors.
- **ADAPTIVE EQUIPMENT:** Equipment that meets a medical or accessibility need and promotes the child's increased independence.
- **SKILLED NURSING:** Intermittent or private duty nursing services which are within the scope of the Nurse Practice Act, and are provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

STEP 3: BACK-UP PLAN INSTRUCTIONS

1. If problem or at-risk behaviors were identified in the *Workbook* that could jeopardize the health or safety of the child or others, to ensure the child's and other's safety a back-up plan must be developed for that support to direct the CSW supporting the child, or
2. If there are other medical, health and safety issues that could arise while a CSW is providing supports, to ensure the child's safety a back-up plan must be developed for that support to direct the CSW supervising the child.
3. For any supports identified that require a back-up plan, first list the *Goal* or *Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways to obtain the help or support. Please enter this information in the spaces provided. A list of phone numbers to contact if a situation arises is not an adequate back-up plan.

For example, if the child has issues breathing at times and carries medication to open their airway when necessary, who could administer the medication if the primary staff person was temporarily unavailable. (Perhaps the staff person is using the restroom.) In these types of situations, someone in the immediate environment must be aware of the medication need and the administration protocol.

Another scenario could arise in which the respiratory medication didn't work properly. In this case is there an emergency protocol the CSW should follow? If the child has a seizure disorder, what should the CSW do in situations in which the child has a seizure?

STEP 4: SUPPORT AND SPENDING PLAN AUTHORIZATION INSTRUCTIONS

The *Support and Spending Plan Authorization* page lists the total amount of money you are going to spend for services, tasks, or goods broken down by support category.

1. For each service, task, or good listed under the *Paid Support* section of your *Support Plan*, list that service, task or good in the corresponding support category (*Personal, Emotional, Learning...*).
2. Enter the name of the *person, agency or vendor who will be providing the identified service, task or good*. If the CSW has not been determined, it will be necessary to send in a copy of the *Employment Agreement* when you have selected and hired this staff.
3. Enter the *number of hours (or number of items) needed* for the upcoming year.
4. List the *cost per hour* or *cost per item*.

If you are hiring staff to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay them before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the federal government as an employer under the Family-Directed Service option. Please contact the Fiscal Employer Agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.

5. To calculate the *Annual Cost* you must multiply the *total number of hours (or item)* by the *cost per hour (or item)*. This is the total cost that will be deducted from the budget for this plan year.
6. Add the total for each type of support and list in the *Total Annual Supports and Services* section (A).
7. Under the name of each CSW, write the qualifications required to provide the needed support they would be providing. This should include skills, experience, education and training.

STEP 5: SUPPORT BROKER AUTHORIZATION INSTRUCTIONS

The next step is to complete the *Support Broker Authorization* section. Remember, you can pay your Support Broker different rates for different job duties. If you are acting as the child's unpaid Support Broker, enter zeros in this section. You will transfer the *Support Broker Total* from this page to the child's *Spending Plan Summary*.

1. Review each of the *Required Job Duties* listed and list the maximum number of *hours per year* you would like your Support Broker to spend on that job duty.
2. You may want your Support Broker to assist you with additional tasks associated with your family-directed services. List each of these duties separately in *Other Requested Job Duties* and list the maximum amount of hours for each duty for the year.
3. Enter the base hourly rate you will pay your Support Broker during the upcoming plan year for each of their job duties into the *cost per hour* column. The base hourly rate cannot exceed \$18.72/hour. Support brokers can receive different hourly rates of pay for different job duties.
4. If you are hiring a person to provide hourly services, you will need to add an additional amount to the hourly wage you want to pay your service provider before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the federal government, as an employer under the Family-Directed Services option. Please contact the Fiscal Employer Agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.
5. To calculate the *annual cost* for each duty, multiply the number of *hours per year* needed by the *cost per hour*.

6. Calculate the *Required Job Duties Subtotal* by adding all of the required annual costs.
7. Calculate the *Other Requested Job Duties Subtotal* by adding all of the annual costs.
8. Add the *Required Job Duties Sub Total* and the *Other Requested Job Duties Subtotal* to get the *Support Broker Total*. This will be amount (B).

Note: The Center for Medicaid and Medicare Services (CMS) has recently clarified that it is a requirement for all service providers to receive a copy of the Support and Spending Plan. This includes all CSWs.

STEP 6: FISCAL EMPLOYER AGENT AUTHORIZATION INSTRUCTIONS

In order to remain on the Family-Directed Services option you must utilize the services of a Fiscal Employer Agent (FEA). Currently, the FEA fees are \$108.00 a month. The fees will be charged for every month you purchase goods or services. The total FEA fees will be \$108.00 x (the number of months you will use their services). This will be amount (C).

STEP 7: ANNUAL PLAN AUTHORIZATION INSTRUCTIONS

In this step, you will combine all the spending on supports and services, support broker, and FEA services.

1. Enter the *Annual Supports and Services Total*. This total is Amount (A).
2. Enter the *Support Broker Total*. This total is Amount (B).
4. Enter the *Fiscal Employer Agent Total*. This total is Amount (C).
5. Calculate the *Annual Plan Grand Total Amount* (D), by adding Amounts (A), (B), and (C).

NO SERVICES OR GOODS CAN BE SPENT UNTIL THE SSP HAS BEEN AUTHORIZED BY THE CASE COORDINATOR REGARDLESS OF THE ANNUAL PLAN DATES.

STEP 8: CHOICE AND INFORMED CONSENT STATEMENTS INSTRUCTIONS

Read, sign, and date the *Choice and Informed Consent Statements*. This form states you agree with the SSP you are submitting, accept your responsibilities under the Family-Directed Services option and choose waiver services over institutional placement for the child.

When complete send the Workbook, SSP and all required associated paperwork to:
DDFamilyDirectedProg@DHW.Idaho.Gov

In the subject line please write the child's name in this format:
Last Name, First Name (topic) For example: Doe, John (Annual SSP)

FAMILY-DIRECTED SERVICES

My Voice, My Choice Workbook





CHILD'S NAME:

MID#:

HOW TO USE THE FDS MY VOICE, MY CHOICE WORKBOOK

This workbook will help you:

- Identify family and community supports that will help your child when necessary.
- Decide what your child needs and wants from the people who support him or her.
- Identify people, habits, and activities in your child's life that lend support.
- Develop a plan that you, your child, and your child's Circle of Support can use to make decisions - now and in the future.

As you go through this workbook, remember to ask your child's Circle of Support for advice. They can help you decide what you want and what you need. They can also help you decide what aspects of your child's life need to be added, changed, or left the same. During this family-centered planning process, you and your child's Circle of Support can use this workbook as a tool to plan a future that is focused on your child. No single person has all of the answers - sharing your and your child's ideas and opinions, and listening to theirs, will help you develop a solid plan so your child can be healthy, independent, and successful.

As you do each page of the workbook you can:

- Work directly on the blank pages provided.
- Use whiteboards or flipcharts.
- Make more than one copy of a page if you need additional writing room (you must attach the additional pages to the workbook when you are finished).
- Use pictures, photographs, or other things that represent your ideas.
- Complete your child's workbook pages on a computer and print them out (you must attach additional pages to the workbook when you are finished).

There is no one right way to do this, but it is important to remember that the decisions made during the family-centered planning process must be written in the My Voice, My Choice Workbook and submitted along with your child's Support and Spending Plan.

We do recommend that you:

- Take your time. Family-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your child's Circle of Support several times for one to two hours at a time. Don't do so little at any one time that you lose your excitement and commitment.
- Keep track of when you talk about different ideas by writing the date you complete a page at the bottom of that page.

One final note, the questions listed in the left hand columns of the workbook pages are only suggestions for questions to think about when completing that page. If you and your child's Circle of Support think a question doesn't apply, or you have other questions, feel free to include them. Good luck!



CHILD'S NAME:

MID#:

WHO DO I WANT TO HELP ME DEVELOP MY CHILD'S PLAN?

Identify those people who can help you with planning your child's future. As you decide who to include in your child's planning team, think about:

- * Who listens when you talk about what is important to your child?
- * Who do you trust?
- * Who knows about your child's health and safety needs?
- * Who know what intervention your child needs to increase independence?
- * Who best understands what your child's life is like?
- * Who asks you questions about your child's future plans?
- * Who is likely to help your child achieve their dreams?

Remember, even just one other person helping you is better than trying to plan your child's future alone.

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

WHAT IS IMPORTANT TO MY CHILD?

Identify those things that your child finds exciting, inspiring, or interesting. For example:

- * What activities and hobbies does your child currently enjoy?
- * Do you want your child to be more active or have more time to relax?
- * What activities or hobbies do you want to be part of your child's life?
- * If you could change one thing in your child's life, what would it be?
- * What are the three most important things in your child's life?
- * What parts of your child's home life do you want to remain the same?
- * Does your child want to work or volunteer?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME: _____

MID#: _____

WHO WOULD MY CHILD LIKE TO SPEND TIME WITH?

Strengthening your child's connections with people is an important part of moving forward.

As you complete this page, think about what you and your child's planning team can do to:

- * Improve your child's current relationships with family and friends.
- * Encourage new relationships or restore some lost relationships.

Ask yourself the following:

- * Who would be a good friend for my child to invite for dinner, to go to a movie with, have a play date with, or go to the park with?
- * Are there any relationships in my child's life that I am uncomfortable with and might want to change?
- * Who is my child closely connected to through work, school, church, or other parts of their community?
- * Who could my child call if they didn't feel well and needed help when I was not available?

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

MY CHILD'S WEEK

Things I want my child to do during the week:

What are your child's favorite things to do during the week? Who would they enjoy doing them with? What kinds of work, volunteer, or social activities would your child want to be doing?

Things I don't want my child to do during the week:

What are your child's least favorite things to do during the week? What make them mad, sad, bored, annoyed, or frustrated? What activities or people do you want to make sure are not part of your child's week?

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

MY CHILD'S WEEKEND

Things I want my child to do on the weekend:

What are your child's favorite activities to do on the weekend? Who would they enjoy doing them with? What kinds of work, volunteer, or social activities would your child want to be doing on the weekends?

Things I don't want my child to do on the weekend:

What are your child's least favorite activities on the weekend? What make them mad, sad, bored, annoyed, or frustrated? What activities or people do you want to make sure are not part of your child's weekend?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

WHAT HELP WILL MY CHILD NEED DURING THE WEEK?

What help does your child need during the week to do things that are important to you and your child's well-being? How can your child work towards more responsibility and independence?

Think about things like personal care needs (e.g., bathing, dressing, mealtime), doing chores, taking their medications, accessing transportation, keeping a schedule, maintaining a safe environment and other daily routines.

* Do they need help taking care of these things?

This list should also include the support(s) your child will need to live successfully and safely in the community. These supports might consist of:

- * Respite services, if they require another person to be immediately available to provide assistance, guidance, and/or instruction.
- * Unpaid support from friends and family.
- * Adaptive equipment.
- * A lifeline response system.
- * Adaptive equipment.
- * Support to integrate into community activities (see page 10)

Also include skill-building activities to make your child more independent, such as intervention services.

This is also a good time to think about how many hours you need someone around to help your child. This information will be necessary when you get ready to develop your child's plan.

Morning:

Daytime:

Evening:

Night:

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

WHAT HELP WILL MY CHILD NEED DURING THE WEEKEND?

What help does your child need on the weekend to do things that are important to you and your child's well-being? How can your child work towards more responsibility and independence?

Think about things like personal care needs (e.g., bathing, dressing, mealtime), doing chores, taking their medications, accessing transportation, keeping a schedule, maintaining a safe environment and other daily routines.

This list should also include the support(s) your child will need to live successfully and safely in the community. These supports might consist of:

- * Respite services, if they require another person to be immediately available to provide assistance, guidance, and/or instruction.
- * Unpaid support from friends and family.
- * Adaptive equipment.
- * A lifeline response system.
- * Adaptive equipment.
- * Support to integrate into community activities (see page 10)

Also include skill-building activities to make your child more independent, such as intervention services.

This is also a good time to think about how many hours you need someone around to help your child. This information will be needed when you get ready to develop your child's plan.

Morning:

Daytime:

Evening:

Night:

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME: _____

MID#: _____

WHAT DOES MY CHILD WANT TO DO IN THE COMMUNITY?

Having the opportunity for your child to be involved in community activities that interest and inspire them is an important part of living a full and satisfying life.

This page provides you with the opportunity to identify ways you would like your child to interact with their community.

When completing this page you might want to think about the following:

- * What type of community activities does your child enjoy?
- * Is your child interested in volunteer work?
- * What type of organizations would your child like to get involved with?
- * Would your child like to attend certain community events and attractions (e.g., parades, concerts, movies, museums)?
- * Would your child like to become more involved with friends?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME: _____

MID#: _____

DOES MY CHILD HAVE PROBLEM BEHAVIORS?

Think about things your child does that causes them to feel bad about themselves or creates problems when they are with other people. These behaviors might include things such as:

- * Taking things that don't belong to them.
- * Yelling loudly at others.
- * Using illegal drugs.
- * Running away.
- * Refusing medication.
- * Physically hurting themselves or someone else.

If you believe your child may be doing something that causes others to feel sad, mad, angry or hurt, list these things in the top box.

Now think about which of these things you would like your child to work on changing. List these things in the bottom box.

Does my child do things to make themselves or others feel sad or angry?

What can my child do differently?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

IS MY CHILD READY FOR MORE RESPONSIBILITY AND INDEPENDENCE?

This page can help identify supports your child needs to become more independent.

Increased Responsibility

Below are examples of areas of life in which your child may be able to take on more responsibility:

- * Managing their schedule with less help.
- * Doing chores with less supervision.

Increased Independence

Think about things like personal care needs (e.g., bathing, dressing, mealtime), doing chores and other daily routines, taking their medication, accessing transportation, keeping a schedule, maintaining a safe environment.

Money Management

Being able to buy items such as food and clothing is an important step towards independence.

Some things to think about are, Does your child need help in:

- * developing and sticking to a budget?
- * learning about the concept of money and how to purchase an item?
- * learning how to use a debit or Quest card or write a check?
- * learning how to keep others from taking advantage of them financially?

<p>This page can help identify supports your child needs to become more independent.</p> <p>Increased Responsibility</p> <p>Below are examples of areas of life in which your child may be able to take on more responsibility:</p> <ul style="list-style-type: none"> * Managing their schedule with less help. * Doing chores with less supervision. <p>Increased Independence</p> <p>Think about things like personal care needs (e.g., bathing, dressing, mealtime), doing chores and other daily routines, taking their medication, accessing transportation, keeping a schedule, maintaining a safe environment.</p> <p>Money Management</p> <p>Being able to buy items such as food and clothing is an important step towards independence.</p> <p>Some things to think about are, Does your child need help in:</p> <ul style="list-style-type: none"> * developing and sticking to a budget? * learning about the concept of money and how to purchase an item? * learning how to use a debit or Quest card or write a check? * learning how to keep others from taking advantage of them financially? 	
--	--

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

ADAPTIVE EQUIPMENT AND MEDICAL SUPPLIES

There may be some equipment or supplies that are not covered by your child's Medical card that you may want to include in your child's plan and budget.

For example, does your child need:

- * An electronic device to aid in communicating with others (e.g., Dynavox)?
- * A service animal?
- * A safety device such as a lifejacket, locks, motion devices, or alarm systems?
- * Nutritional supplements?

IMPORTANT REMINDER: A doctor's prescription may be required before their budget can fund medical supplies or nutritional supplements. If you don't know if you need a prescription, contact your child's doctor for assistance.

Always check to make sure an item isn't covered by your child's Medical card before purchasing through your Family-Directed budget!

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

WHAT HELP WILL MY CHILD NEED TO GO TO WORK?

(Complete if child is 16 or older and wants to work)

<p>Whether your child already has a job or would like to get one in the next year, this page can help you identify what kinds of support your child might need to get or keep a job.</p> <p>Some things to think about:</p> <ul style="list-style-type: none"> * How many hours does your child want to work? * What skills will they need to learn in order to do the job? * Will your child need someone to help them on the job? * Will your child need transportation to get to a job? * Will working change your child's need for other supports during the day? * Will your child need certain clothes or equipment to do the job? 	<p>Morning:</p>
	<p>Daytime:</p>
	<p>Evening:</p>
	<p>Night:</p>

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

MY CHILD'S HEALTH AND SAFETY PLAN

<p>Are there health or safety issues that others need to pay attention to while your child is at home? If so, describe in detail they need to know to keep your child and others healthy and safe. Use additional pages if necessary. This section should include information that can't be overlooked such as:</p> <ul style="list-style-type: none"> • Allergies. • Administration of medications. • Nursing oversight or therapies. • Conditions or illnesses which need to be monitored (e.g., seizures, diabetes, chronic constipation, sensory needs). • Concerns related to eating or drinking (e.g., choking, over eating, etc.) • Circumstances in which your child needs more supervision (e.g., criminal behavior, falls, community safety issues, etc.) • Emergency procedures during a crisis- what to do, who to call. • Concerns related to your child hurting themselves or others (e.g., illegal conduct, pica, self-mutilation, etc.) 	<p>Issues at home</p>	<p>What others need to know to keep my child safe and healthy</p>	<p>Plan to keep my child safe:</p>	<p>Who will monitor this plan?</p>	<p>How often?</p>
<p>The <u>Risk Identification Tool</u> (Family Guide: Appendix A) can be useful for identifying health and safety concerns.</p>	<p>Who will be responsible for training and assuring the provider qualifications of the support person? (check all that apply)</p> <p> <input type="checkbox"/> Parent <input type="checkbox"/> Support Broker <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Agency employing CSW staff <input type="checkbox"/> Other(s) (indicate who): _____ </p>				

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

<p>Are there health or safety issues that other people need to pay attention to while your child is in the community? If so, describe in detail what people need to know to keep your child and others healthy and safe. Use additional pages if necessary. This section should include information that can't be overlooked such as:</p> <ul style="list-style-type: none"> • Allergies. • Administration of medications. • Nursing oversight or therapies. • Conditions or illnesses which need to be monitored (e.g., seizures, diabetes, chronic constipation, etc.). • Concerns related to eating or drinking. • Circumstances in which your child needs more supervision. • Emergency procedures during a crisis- what to do, who to call. • Concerns related to your child hurting themselves or others (e.g., illegal conduct, pica, self-mutilation, etc.). <p>If you are not sure where to begin, the Risk Identification Tool (Family Guide: Appendix A) can be useful for identifying health and safety concerns.</p>	<p>Issues in Community</p>	<p>What others need to know to keep my child safe and healthy</p>	<p>Plan to keep my child safe:</p>	<p>Who will monitor this plan?</p>	<p>How often?</p>
<p>Who will be responsible for training and assuring the provider qualifications of the support person? (check all that apply)</p> <p> <input type="checkbox"/> Parent <input type="checkbox"/> Support Broker <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Agency employing CSW staff <input type="checkbox"/> Other(s) (indicate who): _____ </p>					

Put a (★) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



CHILD'S NAME:

MID#:

TRANSITION TO ADULTHOOD

Many changes occur when your child turns 18 and is legally an adult. The "Moving on - Idaho Transition Binder" has been developed to help families and children with the transition to adulthood. The binder is available for download at the Idaho Training Clearinghouse website at: <http://itcnew/idahotc.com/DNN/>

In reaching adulthood, two of the biggest areas in which children are impacted are in making choices about where they would like to live and work. The following is designed to help guide your child's decisions in those areas.

Where does my child want to live?

When a child turns 18 they may choose to live on their own. It is important for them to like where they live and who they live with. Use this page to identify the kind of home your child wants to live in and the kind of person they want to live with.

What kind of residence would your child prefer to live in?

- Your child's own home or apartment *without* assistance
- Your child's own home or apartment *with* assistance
- In the family home paying rent
- Assisted Living Facility
- Someone else's home or apartment
- Other: _____

Does your child want roommates? If yes, how many? What qualities do you think a good roommate should have?

If your child wants to move out of your home, what will they need to do before they are able to move?



CHILD'S NAME:

MID#:

WHERE WILL MY CHILD WANT TO WORK?

Prior to getting a job, your child will have to make decisions whether they will pursue a job immediately or get some type of postsecondary training or education.

Does your child need help:

- * Deciding on the type of job they are interested in?
- * Writing a resume or cover letter?
- * Gathering lists of references and letters of recommendation?
- * Practice interviewing?

Use this page to plan for your child's future job or career. Some points covered on page 15 "What Help Will My Child Need to Go to Work?" may be helpful for this section as well.



CHILD'S NAME:

MID#:

APPLYING FOR ADULT SERVICES

Use this section to list information you will need when you are applying for or using adult services. There are many choices to be made such as:

- * Will your child stay on a Consumer-Directed Pathway or move to the Traditional model of Medicaid Service Delivery?
- * What types of support and services will my child need as an adult?

Some agencies you may want to contact include:

- * Social Security
- * Medicaid Adult Services to apply for adult developmental disability services.
- * Vocational Rehabilitation

Contact information is available in the Guide to Family-Direction.

FAMILY-DIRECTED SERVICES Support and Spending Plan



version: 5/1/2015



IDAHO DEPARTMENT OF
HEALTH & WELFARE

SUPPORT AND SPENDING PLAN COVER SHEET

SSP must be completed in detail, leaving no blank spaces. If not applicable, please, indicate so with "n/a"

Initial Plan Annual Plan

PERSONAL INFORMATION

Community Living Arrangement: **at home with parents** Date of Birth: **1-5-2004** Gender: **F**
 Address: **123 Home St.** City: Home Base State: ID Zip Code: 83111
 Telephone Number(s): Home: **(208) 123-5678** Cellular: **(208) 876-5432** Other: ()

Parent(s) Name: **Sue and Sam Sample** Email: **SSSample@smail.com**
 May the FDS program contact you and send you copies of material via this email address? Yes No
 Address: **same as above** City: State: Zip Code:
 Telephone Number(s): Home: () Cellular: () Other: ()

Legal Guardian (if not Parent) Name: **n/a** Email:
 May the FDS program contact you and send you copies of material via this email address? Yes No
 Address: City: State: Zip Code:
 Telephone Number(s): Home: () Cellular: () Other: ()

Primary Care Provider: **Dr. Payne** Fax Number: **(208) 234-5678**
 Specialist(s): **Dr. Noetow** Dentist: **Dr. Mohler**
Dr. Femur, Bone specialist
Salt Lake Developmental Clinic
 School Attending: **Columbia Elementary** Is child currently on IEP: Yes No

PEOPLE WHO HELPED CREATE THIS PLAN

Printed Name: Sue Sample Signature: <i>Susan Sample</i>	<input checked="" type="checkbox"/> Parent or Legal Guardian (pls. circle)
Printed Name: Sam Sample Signature: <i>Sam Sample</i>	<input checked="" type="checkbox"/> Parent or Legal Guardian (pls. circle)
Printed Name: Leticia Sample Signature: <i>Leticia Sample</i>	Relationship to Child: Paternal Aunt
Printed Name: Nora Neighbor Signature: <i>Nora Neighbor</i>	Relationship to Child: Neighbor
Printed Name: Gillian Jones Address: 123 Storybrook Ln Boise, ID Phone(s): (208) 867-5430 Signature: <i>Gillian Jones</i>	Qualified Support Broker

Goal or Need: Suzanne needs to develop self-care skills so she can be more independent.

Activities What activities will my child be able to do themselves to reach goal or meet need?	How Often?
Suzanne will do as much as she can for each life skill and let others know when she needs help. For example, she can pick out her own clothes, make simple snacks, make her bed, put her dirty clothes in the laundry.	daily
Once developed, Suzanne can follow the life skill chart	daily
Suzanne can let others know in an appropriate matter if she thinks something can be done better in a different way	as needed

Natural Supports Who could help my child reach goal or meet need that wouldn't have to be paid?	How Often?
Mom and Dad can help her with life skills when necessary	daily
Mom and Dad can remind her to use the life skill chart	daily
Friends and neighbors can help as well	as appropriate

Medicaid Paid Supports Service, Task, or Good Needed this Plan Year	Type of Support KEY →	One per Service, Task, or Good PS: Personal ES: Emotional JS: Job RS: Relationship LS: Learning AE: Adaptive Equipment SN: Skilled Nursing TS: Transportation
CSW will provide instruction on self-care tasks to help me develop independence. Instruction will include a reinforcement schedule, task analysis and a predetermined schedule to increase independence when Suzanne demonstrates she's mastered tasks.	LS	
CSW will create a chart breaking down the steps of each targeted self-care task which will give Suzanne a visual reminder of the steps.	LS	
CSW will work with Suzanne on the importance of responsibility and self-initiative.	LS	
Steps to Independence: What can be done to develop more independence? Gradually Suzanne will take on more responsibility for each self-care item. This will be reflected on the task analysis and the chart.		

Goal or Need: Suzanne needs to continue to work on her communication skills in collaboration with her Speech/Language Therapist.

Activities	How Often?
What activities will my child be able to do themselves to reach goal or meet need?	
Suzanne will practice her home programing activities.	as prescribed

Natural Supports	How Often?
Who could help my child reach goal or meet need that wouldn't have to be paid?	
Mom and Dad can remind Suzanne to do her home program and give her positive reinforcement when she does.	as appropriate
Mom and Dad will ensure that collaboration occurs regularly between the SLP and the CSW	as needed

Medicaid Paid Supports	Type of Support KEY →	One per Service, Task, or Good PS: Personal ES: Emotional JS: Job RS: Relationship LS: Learning AE: Adaptive Equipment SN: Skilled Nursing TS: Transportation
Service, Task, or Good Needed this Plan Year		
CSW will collaborate with the SLP on a regular basis. The CSW will attend the SLP sessions on a frequency determined by the SLP and agreed to by the parents.	as determined	
CSW will assist Suzanne with the assigned SLP home program	as appropriate	
Steps to Independence: What can be done to develop more independence? Suzanne can use her new skills in her Every day communication.		

Goal or Need: Suzanne needs support in order for her to participate and integrate into several of her favorite community activities.

Activities What activities will my child be able to do themselves to reach goal or meet need?	How Often?
Suzanne will identify which activities she would like to participate in.	monthly
Suzanne will put the activities on the family calendar.	monthly
Suzanne will remind her parents of the activities.	weekly

Natural Supports Who could help my child reach goal or meet need that wouldn't have to be paid?	How Often?
Mom and Dad will put all of Suzanne's activities on the family calendar and take care of all other responsibilities regarding the activity.	as needed
The activity leaders can give parent's feedback regarding any needs that seem apparent. For example, the Girl Scout Troop leader can call the parent's to let them know how things are going.	as needed

Medicaid Paid Supports Service, Task, or Good Needed this Plan Year	Type of Support KEY →→→	One per Service, Task, or Good
CSW will provide the support necessary to help Suzanne integrate into her chosen community activities.	RS	PS: Personal ES: Emotional JS: Job RS: Relationship LS: Learning AE: Adaptive Equipment SN: Skilled Nursing TS: Transportation
CSW will provide transportation to the activities for which she will be providing support.	TS	
Steps to Independence: What can be done to develop more independence? The CSW will provide less support at the chosen activity as Suzanne develops skill and independence.		

Goal or Need: Suzanne needs large "training wheels" for her bike so she can safely go bike riding with her family on evenings and weekends.

Activities What activities will my child be able to do themselves to reach goal or meet need?	How Often?
Suzanne will ride her bike with the training wheels on.	

Natural Supports Who could help my child reach goal or meet need that wouldn't have to be paid?	How Often?
Mom and Dad will install the training wheels.	One time

Medicaid Paid Supports Service, Task, or Good Needed this Plan Year	Type of Support KEY ---->	One per Service, Task, or Good
Large size (24' - 27") FATWHEELS training wheels (Picture from website showing cost attached to plan)	AE	PS: Personal ES: Emotional JS: Job RS: Relationship
		LS: Learning
		AE: Adaptive Equipment
		SN: Skilled Nursing
		TS: Transportation
Steps to Independence: What can be done to develop more independence? When Suzanne has better balance the training wheels will come off.		

Goal or Need: Suzanne needs to develop better safety awareness.

Activities	How Often?
What activities will my child be able to do themselves to reach goal or meet need?	
Suzanne will read her safety awareness books and watch the videos and ask questions as necessary.	3x/week
Suzanne will participate in the safety awareness role playing activities with the CSW and other family members	3x/week

Natural Supports	How Often?
Who could help my child reach goal or meet need that wouldn't have to be paid?	
Mom and Dad will ask Suzanne questions and role play safety scenarios throughout the week.	weekly
Activity leaders can give parent's feedback regarding safety issues that may arise during activities.	as needed

Medicaid Paid Supports	Type of Support	One per Service, Task, or Good
Service, Task, or Good Needed this Plan Year	KEY →	
CSW will provide education to Suzanne regarding community safety. This will include learning to be cautious with those you know and with strangers, not disclosing personal information, how to recognize and handle potentially dangerous situations.	LS	PS: Personal ES: Emotional JS: Job RS: Relationship LS: Learning AE: Adaptive Equipment SN: Skilled Nursing TS: Transportation
CSW will teach Suzanne necessary demographic information for safety purposes.	LS	
CSW will teach her important number to dial during certain situations.	LS	
Steps to Independence: What can be done to develop more independence? As Suzanne becomes wiser about community dangers and makes better choices, she can earn more "space" while in public.		

Goal or Need: Mom and Dad would like a break from caregiving several times a month.

Activities What activities will my child be able to do themselves to reach goal or meet need?	How Often?
Suzanne will develop activities she would like to do with the respite provider.	2x/month

Natural Supports Who could help my child reach goal or meet need that wouldn't have to be paid?	How Often?
Mom and Dad can find a respite provider that Suzanne is comfortable with and then plan their date night.	2x/month

Medicaid Paid Supports Service, Task, or Good Needed this Plan Year	Type of Support KEY ---->	One per Service, Task, or Good PS: Personal ES: Emotional JS: Job RS: Relationship LS: Learning AE: Adaptive Equipment SN: Skilled Nursing TS: Transportation
CSW will provide supervision and support for safety to Suzanne as necessary in the family home. Mom and Dad do not want the CSW taking Suzanne out to the community during respite.	PS	
Steps to Independence: What can be done to develop more independence? The CSW will provide less support at the chosen activity as Suzanne develops skill and independence.		

OTHER SUPPORTS AND SERVICES

Private Clinic Therapy Services (PT, OT, SLP, psychology)	How Often?
PT - Juli Strong: Strong PT Services	2x/wk
SLP - Jacki Smoore: TalkMoore Clinic	3x/wk

Services in the school (skill building or behavioral)	How Often?
IEP services, resource room for Math and English. Pull-out services for PT, OT and SLP each 3 times a week for 20 minutes.	School days

Medical Services and Clinics	How Often?
Dr. Noetowl, Developmental Pediatrician	3x/yr
Salt Lake Developmental Clinic	1x/year
Dr. Femur, Bone specialist	Every other year

Miscellaneous (transportation, etc...)	How Often?
Medicaid transportation through ARM for therapy and medical appointments	as needed
Medicaid Durable Medical Equipment (DME)	As needed

BACK-UP PLAN

If problem or at-risk behaviors were identified in the *Workbook* that jeopardize the health or safety of the child or others, or if there are other health and safety issues that others need to know of while supervising the child to ensure the child's safety, a back-up plan must be developed for that support to direct the CSW supervising the child.

For any supports identified that require a back-up plan, first list the *Goal* or *Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways to obtain the help. Please enter this information in the spaces provided below. A list of phone numbers to contact if a situation arises in not an adequate back-up plan.

Goal or Need: Suzanne doesn't have good safety awareness and would leave with a stranger without notifying anyone.

Support that needs to be provided: Line of site supervision at all times, keeping within at least 5 feet.

Back-Up Plan:

1. If she talks with a stranger, walk closer and introduce yourself.
2. If she starts wandering off with a stranger, stop them immediately. Alert authorities immediately, if necessary.
3. Remind her about how to keep herself safe from strangers by reviewing the 'stranger danger' protocol.

Goal or Need: Suzanne doesn't have good safety awareness and would talk to anyone disclosing confidential personal information.

Support that needs to be provided: Line of site supervision at all times, keeping within at least 5 feet.

Back-Up Plan:

1. If she starts disclosing confidential personal information with a friend, politely interrupt her, then redirect her.
2. If she starts disclosing confidential personal information with a stranger, politely interrupt her, and lead her away.
3. Review appropriate conversational topics and why it's not safe to disclose certain facts.

Goal or Need:

Support that needs to be provided:

Back-Up Plan:

- 1.
- 2.
- 3.

ANNUAL SUPPORT AND SPENDING PLAN AUTHORIZATION

Service, Task, or Good this Plan Year	Name of Person, Agency, or Vendor Providing the Support	Hours/ Items Needed Per Year		Cost Per Hour/ Item With Taxes		Annual Cost
Personal Support: To maintain health, safety and basic quality of life.						
CSW to provide respite.	Cindi S. Worker	96	x	9.00	=	\$864.00
Qualifications required to provide needed support. CSW will have experience with similar aged children. Caregiving Supervision class through local YMCA. First Aid and CPR certified. Clean Criminal History.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$		
Emotional Support: To learn and practice behaviors consistent with goals while minimizing interfering behaviors.						
			x		=	
Qualifications required to provide needed support.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$		
Learning Support: To learn new skills or improve existing skills that relate to identified goals.						
CSW will teach Suzanne necessary safety skills	Carly S. Walker	295	x	17.00	=	\$5015.00
Qualifications required to provide needed support. CSW will have experience in working with developmentally disabled children and developing skill development programs. First Aid and CPR certified. Clean Criminal History.						
CSW will teach Suzanne necessary safety skills	Carly S. Walker	295	x	17.00	=	\$5015.00
Qualifications required to provide needed support. CSW will have experience in working with developmentally disabled children and developing skill development programs. First Aid and CPR certified. Clean Criminal History.						
				Total = \$		
Relationship Support: To establish and maintain positive relationships with immediate family members, friends, or others in order to build a natural support network and community.						
CSW will support Suzanne in community activities	Candace S. Wallace	100	x	12.00	=	\$1200.00
Qualifications required to provide needed support. CSW will have experience in working with developmentally disabled children and developing skill development programs. First Aid and CPR certified. Clean Criminal History.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$12094.00		

				PAGE 1 TOTAL: \$12094.00		
Service, Task, or Good this Plan Year	Name of Person, Agency, or Vendor Providing the Support	Hours/Items Needed Per Year		Cost Per Hour/Item With Taxes	=	Annual Cost
Adaptive Equipment: Equipment that meets a medical or accessibility need and promotes increased independence.						
FATWHEELS Training Wheels (24'-27') (see attached Recommendation Form)	BikeSaftyRUS	1	x	124.95	=	124.95
	Shipping	1	x	35.00	=	35.00
			x		=	
				Total = \$159.95		
Transportation Support: To accomplish identified goals through gaining access to community services, activities, and resources.						
CSW will transport Suzanne to community activities in which she is providing active support. While transporting she will bill .50 a mile.	Candace S. Wallace	100 miles	x	.50	=	\$50.00
Qualifications required to provide needed support. Valid driver's license, clean driving record, auto insurance that includes described activities.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$50.00		
Job Support: To provide support to secure and maintain employment or attain job advancement.						
			x		=	
Qualifications required to provide needed support.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$		
Skilled Nursing Support: Intermittent or private duty nursing services within the scope of the Nurse Practice Act provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.						
			x		=	
Qualifications required to provide needed support.						
				Total = \$		
				TOTAL PAGE 1: \$ 12094.00		
				TOTAL PAGE 2: \$ 209.95		
TOTAL PAGE 1 + TOTAL PAGE 2 = TOTAL ANNUAL SUPPORTS AND SERVICES: \$ _12303.95_ (A)						

SUPPORT BROKER AUTHORIZATION

REQUIRED JOB DUTIES THIS PLAN YEAR	Hours Per Year		Cost Per Hour		Annual Cost
Participate in the family-centered planning process.	4	x	17.50	=	70.00
Develop a written <u>Support and Spending Plan</u> , including the development of 3 back-up plans for every identified risk.	4	x	17.50	=	70.00
Assist the parent to monitor and review the budget.	3	x	17.50	=	52.50
Submit documentation to the Department, as requested, regarding satisfaction with services.	1	x	17.50	=	17.50
Participate in Department Quality Assurance measures, as requested.	1	x	17.50	=	17.50
Assist the parent to complete annual re-determination process as needed.	1	x	17.50	=	17.50
Assist the parent to complete the responsibilities of the programs and meet the child's health and safety needs.	2	x	17.50	=	35.00
Complete the Department approved <u>Criminal History Check Waiver Form</u> for CSWs as requested by the parent and provide counseling to the parent regarding the risks of waiving the Criminal History and Background Check.	.5	x	17.50	=	8.75
REQUIRED JOB DUTIES SUBTOTAL \$ <u>288.75</u>					
OTHER REQUESTED JOB DUTIES	Hours Per Year		Cost Per Hour		Annual Cost
Help monitor CSWs	20	x	17.50	=	350.00
		x		=	
		x		=	
		x		=	
		x		=	
OTHER REQUESTED JOB DUTIES SUBTOTAL \$ <u>350.00</u>					
REQUIRED JOB DUTIES + OTHER REQUESTED JOB DUTIES = SUPPORT BROKER TOTAL \$ <u>638.75</u> (B)					

CHOICE AND INFORMED CONSENT STATEMENT

Instructions: Read, sign, and date the *Choice and Informed Consent Statements* below.

I have reviewed the services contained in this Annual Support and Spending Plan, and I choose to accept this plan and understand my responsibilities under the Family-Directed Services option.

By signing this page, I acknowledge that as the parent or legal guardian of this child, I am agreeing that services will be delivered according to the provisions outlined in this plan. It is my responsibility to assure that services do not exceed the parameters and cost of the plan. If modifications are necessary to type, amount, or frequency of service, I will contact my Support Broker to complete an addendum that will authorize the changes.

I also understand and acknowledge by signing below, that this plan of service, and the annual budget on which it is based, include community developmental disabilities services which are intended to cover a one year time period.

_____ Susan Sample _____
Parent or Legal Guardian Signature

_____ 8-15-15 _____
Date

Complete if funded by the DD Waiver Informed Consent Statement for Family-Directed Community Services Option:

I have been informed of and understand my choice of waiver services. I choose to receive Family - Directed Community Supports, rather than to accept placement for my child (or ward) in an Intermediate Care Facility for the Intellectually Disabled. I understand that I may, at any time, choose facility admission for my child.

_____ Susan Sample _____
Parent or Legal Guardian Signature

_____ 8-15-15 _____
Date

If you are not using your child's budget in less than 12 months, the paragraph below does not apply.

I am choosing to use all my child's annual budget in a shortened time period (less than 12 months) within this plan year. By using my child's budget this way, I understand that he/she will not have any remaining budget for children's DD services for the remainder of the year. I agree that using the budget in this way meets my child's needs. The following supports will be in place to assure their needs can be met without community based services during this time:

Parent or Legal Guardian Signature

Date

APPENDIX S: FDS Support and Spending Plan Change

CHILD'S NAME: [Type text]

MID #: [Type text]

DATE: [Type text]

FDS SSP - PLAN CHANGE REQUEST # _____					
Service, Task or Good	Vendor/Provider	+/-	Change	New Authorized Amount	
Personal Support: Maintain health, safety and basic quality of life.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					
Emotional Support: Learn and practice behaviors consistent with goals while minimizing interfering behaviors.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					
Learning Support: Learn new skills or improve existing skills that relate to identified goals.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					
Relationship Support: Establish and maintain positive relationships with family members, friends, spouse or others in order to build a natural support network and community.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					
Job Support: Secure and maintain employment or attain job advancement.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					
Adaptive Equipment: Equipment that meets a medical or accessibility need and promotes increased independence.					
		Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:					

CHILD'S NAME: [Type text]

MID #: [Type text]

DATE: [Type text]

Service, Task or Good	Vendor/Provider	+/-	Change	New Authorized Amount
Transportation Support: Accomplish identified goals by gaining access to community services, activities and resources.				
	Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:				
Skilled Nursing Support				
	Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:				
Support Broker Services				
	Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:				
Fiscal Employer Agent				
	Beginning Authorized Amount	+/-	Net Change	Ending Authorized Amount
Net Change:				

SUMMARY OF PLAN CHANGES	
+ ADD TOTAL: \$	
- DELETE TOTAL: \$	
- REDUCE TOTAL: \$	
NET CHANGE: \$	
PLAN TOTAL COST AFTER CHANGE: \$	

Please make the changes described to the Support and Spending Plan:

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

SUPPORT BROKER SIGNATURE

DATE

PHONE: _____

PHONE: _____

FACS STAFF ONLY

PLAN DATES FROM _____ TO _____

TOTAL ANNUAL MEDICAID BUDGET: \$ _____

NET CHANGE: \$ _____

PLAN COST AFTER CHANGE: \$ _____

FACS CASE COORDINATOR AUTHORIZING

DATE

APPENDIX T: FDS Participant-Support Broker Employment Agreement



IDAHO DEPARTMENT OF
HEALTH & WELFARE

PARTICIPANT-SUPPORT BROKER EMPLOYMENT AGREEMENT

This agreement is hereby made between _____ a participant of the Family-Directed Community Supports (FDCS) Option, a Medicaid option administered by the Department of Health and Welfare (Department), and _____, a support broker.

The participant's parent or court-appointed legal guardian wants to hire the support broker for services under the FDCS. In exchange, the support broker wants to be paid for the services provided to the participant. Both parties understand and agree that payment is made through a fiscal employer agent (FEA), using Medicaid monies and based on time sheets submitted by the support broker and approved by the employer, who is the participant's parent or court-appointed legal guardian.

To these mutual purposes, the parties promise and agree as follows:

1. Support broker services are to be provided in accordance with the "Participant-Support Broker Agreement", and the FDCS rules, according to the Idaho Administrative Procedures Act (IDAPA) 16.03.13, "Consumer-Directed Services."
2. The support broker is hired to help the participant, and assumes no responsibility for the participant's conduct.
3. That the support broker is an employee of the participant's parent or court-appointed legal guardian and not an employee of the FDCS or the FEA, and agree that the support broker is not entitled to, nor will make claim for any employee benefits from the FDCS or the FEA, including but not limited to, worker's compensation, disability, life insurance, or health insurance.
4. The support broker will take all actions necessary to become the employee of the participant's parent or court-appointed legal guardian, and to maintain the employment relationship by submitting necessary documents to the FEA, including:
 - A "Support Broker Letter of Approval" from the Department.
 - A Completed W-4, I-9, and other IRS required forms.
 - A completed criminal history check, including clearance in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".
 - A copy of this agreement.

- Time sheets approved by the participant’s parent or court-appointed legal guardian that record the hours the support broker worked.

5. The support broker will provide all required support broker duties outlined in Subsection 136.02 of *IDAPA* 16.03.13, “Consumer-Directed Services” and, as mutually agreed upon with the participant, the optional support broker duties outlined in Subsection 136.03 of *IDAPA* 16.03.13, “Consumer-Directed Services.”

6. The support broker’s wage is not to exceed \$18.72 per hour. It is mutually understood that any overtime hours or services not described in the participant’s “Family-Directed Community Supports Support and Spending Plan”, or described elsewhere in this agreement, are not covered by or paid through this agreement.

7. Terms and conditions of work (job duties):

Please check this box if employer is requiring the support broker to specifically document activities that support billable time in writing in a manner agreed upon between the employer and the support broker and identified in the “other” section of the agreement.

Service or Task Identify the activity that will be completed under each service or task	Service Code	Number of hours per year needed to perform this task		Wage per hour		Annual Cost
Person centered planning participation includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Developing the written Support and Spending Plan includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer to review and monitor the budget includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Submitting the employer satisfaction documentation to the department as requested includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Participating in the quality assurance process with the department includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer with the annual re-determination process includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total
Helping the employer to meet participant responsibilities includes:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$ Sub Total

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Criminal History Check Waiver Process (example: complete waiver form, education and counseling to participant and circle of support, assist with detailing rationale for waiver and identifying how health and safety will be protected).	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$
Sub Total						
Other: Give details of job duties:	<input type="checkbox"/> SBS <input type="checkbox"/> SB2 <input type="checkbox"/> SB3		X		=	\$
Sub Total						
Total Cost of Annual Support					=	\$
Total						

The support broker agrees not to provide or bill for services until:

- An authorized “Support and Spending Plan” has been submitted to the FEA.
- The signed “Employment Agreement” has been submitted to the FEA.
- The signed “Medicaid-Support Broker Agreement” has been submitted to the FEA.

Medicaid funding can only pay for services that are provided. Under the provision of this agreement, the employee cannot bill for holiday, vacation, or sick time taken. Overtime hours are not allowed.

The provisions of this agreement represent the entirety of the agreement between the parties. It may be amended only in writing with both parties consenting with their signatures. It is mutually understood that this is employment at will. Either party can terminate the relationship without cause with 30 days notice. This agreement can be terminated immediately at any time by the participant’s parent or court-appointed legal guardian due to unsatisfactory support broker performance.

Participant’s parent or court-appointed legal guardian Date

Support Broker Date

