

## Biography

**Paul Caulfield** became principal owner of the Dering Consulting Group (DCG) in 1999. Since joining the firm in 1993, Paul has been responsible for program design, group facilitation, and classroom instruction. In the design of training, Paul's work emphasizes the role of adult learning principles and innovative instruction. A group process facilitator for 25 years, Paul conducts strategic planning, decision-making, and consensus-building sessions for groups of every size. In the classroom, Paul specializes in communications, instructor development, and facilitation skills.



Since 1986, the Dering Consulting Group (DCG) has worked to improve the performance of individuals, teams, and entire organizations. Specifically, we design and deliver expert group facilitation and customized training solutions. Our clients include major corporations and small private firms, not-for-profit institutions and trade associations, as well as federal, state, and local governments.

Our customized training services are built from the ground up to meet client-specific needs. DCG teams with recognized subject matter experts to develop course content, and follows a proven model for translating content into learning.

DCG's facilitation service allows groups to work together effectively to reach decisions, set direction, generate ideas, leverage technology, and build commitment. Our facilitation team charts the course for each session and then leads the group to its desired outcomes.

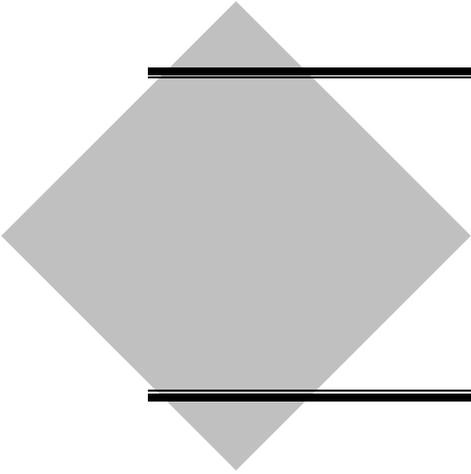
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## Table of Contents

Introduction.....	1
Session Overview .....	2
Three Service Delivery Models .....	4
Services My Way (SMW) Overview .....	6
Self-Direction.....	7
SMW Service Model .....	9
The Two Primary Service Roles.....	10
Introduction of SMW Service Model to Consumers .....	13
Basic Process for SMW .....	14
Information to Communicate to Consumers about Selecting the SMW Service Model ....	15
Initial Forms for Consumers Selecting the SMW Service Model .....	16
Development of the Spending Plan.....	23
Review of Individual Service Plan and Service Costs.....	24
Participant-Directed Goods and Services .....	27
Developing the Spending Plan.....	32
Implementation of the Spending Plan.....	41
Engaging Financial Management Services (FMS).....	42
Ensuring Employees Meet SMW Qualifications and Standards .....	50
Monitoring the Individual Budget .....	53
Disenrollment.....	58
Conclusion .....	60
Summary of Key Learning .....	61

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# **Introduction**



## Session Overview

### Session Outcomes

At the conclusion of this workshop, course participants will be able to:

- Explain Services My Way (SMW) service model.
- Describe the roles and responsibilities of the participant, care manager/service coordinator (CM/SC), and fiscal/employer agent (F/EA).
- Describe allowable and unallowable SMW goods, services, and supports.
- Assist participants with writing the spending plan, including the development of a back-up plan.
- Describe the guidelines for spending plan review and revision.
- Assist participants in implementing the spending plan.

## Topical Outline

### I. Introduction

- A. Participants and Presenters
- B. Session Overview
- C. Three Service Delivery Models

### II. Services My Way (SMW) Overview

- A. Self-Direction
- B. SMW Service Model
- C. The Two Primary Service Roles

### III. Introduction of SMW Service Model to Consumers

- A. Basic Process for SMW
- B. Information to Communicate to Consumers about Selecting the SMW Service Model
- C. Initial Forms for Consumers Selecting the SMW Service Model

### IV. Development of the Spending Plan

- A. Review of Individual Service Plan and Service Costs
- B. Participant Directed Goods and Services
- C. Developing the Spending Plan

### V. Implementation of the Spending Plan

- A. Engaging Financial Management Services (FMS)
- B. Ensuring Employees Meet SMW Qualifications and Standards
- C. Monitoring the Participant's Individual Budget
- D. Disenrollment

### VI. Conclusion

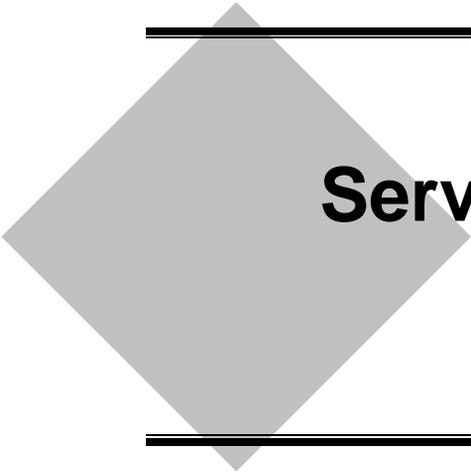
- A. Summary of Key Learning
- B. Evaluation
- C. Adjourn

## Three Service Delivery Models

Agency Model	Consumer-Directed Personal Assistance Services (PAS)	Consumer-Employer (CE)	Services My Way (SMW)
Applies to Aging Waiver and Attendant Care Waiver	Applies to Aging Waiver	Applies to Attendant Care Waiver	Applies to Aging Waiver and Attendant Care Waiver
<p>The care manager/service coordinator (CM/SC) and participant develop the service plan and order appropriate services. The participant does not recruit, hire, or train workers. All support service workers are hired by the agency and their work hours are scheduled by the agency.</p>	<p>The CM/SC and participant develop the service plan and order appropriate services. The participant may recruit, hire, and train support service workers who may be friends, neighbors, and relatives. The participant directs the work of the support service workers based upon the assessed needs according to the service plan. The work schedules of workers are determined by the participant. The participant is the employer of his or her personal assistance employee.</p>	<p>The CM/SC and participant develop the service plan and order appropriate services. The participant may recruit, hire, and train support service workers who may be friends, neighbors, and relatives. The participant directs the work of the support service workers based upon the assessed needs according to the service plan. The work schedules of workers are determined by the participant. The participant is the employer of his or her personal assistance employee.</p>	<p>The CM/SC and participant will develop the individual service plan (ISP) under the traditional models. The CM/SC determines the value of the individual budget under the SMW model. The participant will determine how the individual budget will be spent (budget authority); i.e., develop the spending plan. The fiscal/employer agent (F/EA) will process and make all payments for goods and services according to the participant's approved spending plan.</p>

Services	
<b>Services Common Across All Aging Waiver Service Models</b>	
<ul style="list-style-type: none"> <li>• Personal Assistance Service</li> <li>• Transportation</li> <li>• Respite</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Medical Supplies and Equipment</li> <li>• Home Modifications</li> <li>• Personal Care</li> <li>• Home Support</li> </ul>	<ul style="list-style-type: none"> <li>• Home Delivered Meals</li> <li>• Adult Day Services</li> <li>• Financial Management Services</li> <li>• Home Health</li> <li>• Community Transition Services</li> <li>• Companion Services</li> <li>• Counseling</li> <li>• TeleCare</li> </ul>
<b>Services Common Across All Attendant Care Waiver Service Models</b>	
<ul style="list-style-type: none"> <li>• Personal Assistance Services</li> <li>• Service Coordination</li> <li>• Personal Emergency Response Systems</li> <li>• Community Transition Services</li> <li>• Financial Management Services</li> </ul>	

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# **Services My Way (SMW) Overview**

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### Self-Direction



**Self-direction** (also referred to as participant-direction), as defined by the Centers for Medicare and Medicaid (CMS), is when a waiver participant exercises choice and control in identifying, accessing, and managing waiver services and other supports in accordance with their needs and personal preferences.



**Participant** is an individual who has met waiver entrance requirements, chooses to receive waiver services, enters the waiver, and subsequently receives waiver services authorized in a service plan. Also referred to as “consumer” and “individual.”



**Self-directed service** (also referred to as participant-directed service) is a waiver service that the state specifies may be directed by the participant using employer authority, budget authority or both.

- Self-directed services emphasize that it is the participant as opposed to medical and social work professionals who knows best about his or her own needs and how to address them.
- Self-directed services do not reflect one strategy. They reflect a continuum of approaches based on participants’ abilities and the level of autonomy and control they wish to exercise.
- Although there is no single service delivery model, in general, a service can be considered self-directed if the participant is responsible for:
  - Recruiting and hiring the support service worker,
  - Orienting and training the support service worker,
  - Determining the support service worker’s duties and work schedule,
  - Supervising the support service worker’s daily activities,
  - Managing the support service worker’s payroll (or having an entity perform the payroll task on the individual’s behalf),
  - Reviewing performance of the support service worker, or
  - Discharging the support service worker when necessary.



**Support service worker** is an individual who meets the requirements as described in waiver or program standards and is employed by the participant to provide assistance and support to the participant. Also referred to as “direct care worker” and “employee.”



- Representative** is a person who may act on behalf of another and the term only applies in the Aging waiver. In the Aging waiver, services may be directed by a non-legal representative freely chosen by the participant but in many circumstances is not required. For the Services My Way service model only, a representative may be:
- a) A legal guardian or other legally appointed personal representative;
  - b) A representative payee;
  - c) A family member or friend;
  - d) Any other person identified by the participant designated in writing by the participant on the Services My Way Designation for Authorized Representative form.
- In the Aging waiver, a personal representative will be required for any individual who has impaired judgment as identified on the level of care assessment (LOCA) and is unable to:
    - Understand his/her own personal care needs
    - Make decisions about his/her own care
    - Understand how to recruit, hire, train, and supervise providers of care
    - Understand the impact of his/her decisions and assume responsibility for the results
  - The personal representative must be willing and able to fulfill the responsibilities as designated in writing by the participant on the Representative Screening Questionnaire:
    - Demonstrate a strong personal commitment to the participant
    - Show knowledge of the participant's preferences
    - Agree to predetermined frequency of contact with the participant
    - Be willing and capable of complying with all criteria and responsibilities
    - Be at least 18 years of age
    - Be able to be immediately available to provide or obtain back up services when a support service worker does not show
  - The participant, care manager, OLTL, or F/EA may request a personal representative be appointed. The care manager may request a personal representative be appointed when circumstances indicate a change in the participant's ability to self-direct or when the participant demonstrates misuse of funds, consistent non-adherence to program policy, or an ongoing health and welfare risk.
  - A representative may not be paid for this service nor be a paid support service worker for the participant, or be paid from the participant's individual budget for any other reason. Each personal representative will be required to complete and sign a Designation for Authorized Representative form.

### SMW Service Model

- The SMW service model reflects the Cash and Counseling principles.
  - SMW promotes true participant control by offering alternatives to traditional services in which participants can manage their own flexible allowances to design and purchase disability-related goods and services.
  - The SMW model will allow participants to choose the goods and services they want, to direct as many of those services as they want, and to be the driving decision maker in ways that maximize their quality of life.
- Based on their individualized budget, participants will develop their flexible spending plan to purchase goods and services that will assist them in meeting their needs and goals.
- The flexible spending plan will allow participants to allocate money to hire their workers and to purchase goods and services.
- SMW will provide a system of supports to assist participants in using self-directed services and provide protections and safeguards for both participants and state program agencies. Two types of supports are:
  - **Information and Assistance (I&A) in Support of Self Direction** – These services assist participants in developing and managing their self-directed support services (e.g., assistance with developing and implementing a service plan and budget, accessing services and workers). They are often referred to as supports brokers, consultants, or service coordinators. The Office of Long Term Living (OLTL) refers to them as care managers for Aging waivers and service coordinators for Attendant Care waivers.
  - **Financial Management Services (FMS)** – These services are provided to (a) prepare and distribute payroll and address federal, state, and local employment tax, labor, and workers' compensation insurance rules and other requirements that apply when the participant functions as the employer of his or her workers; (b) make financial transactions on behalf of the participant; and (c) generate reports for participants and state program agencies. In some models, FMS can act as a neutral "bank" for the management of participants' public benefit funds.

### The Two Primary Service Roles

#### Care Manager/Service Coordinator (CM/SC)

In the Aging waiver, every participant receives support from a care manager. In the Attendant Care waiver, every participant receives support from a service coordinator. These support functions do not change when a consumer elects the SMW service model. The following activities are some of the functions performed by a CM/SC:

1. Provide participants with information regarding the SMW model on an ongoing basis, including information about responsibilities, rights, and concepts of self-direction.
2. Assist the participant with development, management, and implementation of the individual service plan.
3. Determine the value of the individual budget under the SMW model.
4. Assist the participant in developing the individual spending plan if requested to do so.
5. Assist the participant to identify risks and develop an individual back-up plan. This may include arranging for the provision of back-up services if necessary.
6. Collaborate with the F/EA, who has primary responsibility, in providing employer skills training to the participant, including but not limited to training in recruiting, interviewing, hiring, managing, evaluating, and dismissing employees.
7. Assist the participant to develop job descriptions for support service workers to be employed by the participant. Job descriptions should be consistent with the individual service plan.
8. Work with the participant to facilitate training of employees who deliver services that would require a degree of technical skill, and would require the guidance and instruction from a health care professional such as a Registered Nurse (RN).
9. Ensure that allowable expenditures for goods and services are made using the participant's individual budget.
10. Counsel the participant on the budget and other issues as necessary.
11. Assist the participant with service plan modifications within the limits of the individual budget.
12. Work with the F/EA and the participant as necessary to ensure all employment paperwork is completed and sent to the F/EA.
13. Assist the participant in communicating with the F/EA as needed.
14. Notify the F/EA regarding changes to the individual budget and spending plan.
15. Support the participant in problem-solving, decision-making, and recognizing and reporting critical events.

### Fiscal/Employer Agent (F/EA)



**Financial Management Services (FMS)** is a service that assists participants to:

- Manage and direct the disbursement of public funds contained in the individual budget and the spending plan;
- Facilitate the employment of staff by the participant by performing as the participant's employer agent such employer responsibilities as processing human resource forms and payroll, withholding federal, state, and local taxes and making tax payments to the appropriate tax authorities, brokering and processing the payment for workers' compensation and other available insurances; and
- Perform fiscal/accounting tasks such as processing and paying invoices for approved goods and services and generating expenditure reports for the participant, the CM/SC, and the OLTL.



**Government Fiscal/Employer Agent (F/EA)** is a state or local government entity that may apply for and receive approval from the Internal Revenue Service (IRS) to be an employer agent on behalf of participants, performing all that is required of an employer for wages paid on their behalf and all that is required of the payer for requirements of back-up withholding, as applicable. A government F/EA operates under section 3504 of the IRS code, IRS Rev. Proc. 80-4, 1980-1 C.B. 581 and as modified by IRS Proposed Notice 2003-70 without being considered the common law employer of the participant's workers.



**Vendor Fiscal/Employer Agent (F/EA)** is a private or public vendor entity that may apply for and be approved by the IRS to act as an employer agent on behalf of participants. A vendor F/EA FMS operates under section 3504 of the IRS code and IRS Rev. Proc. 70-6, 1970-1 C.B. 420 without being considered the common law employer of the participant's workers.

The role of the government or vendor F/EA in SMW is to:

1. Receive, disburse, and track public funds on behalf of participants; assist with completing participant enrollment and worker employment forms; conduct criminal background checks of prospective workers; and verify workers' citizenship status.
2. Provide employer skills training to participants, including but not limited to training in recruiting, interviewing, hiring, managing, evaluating and dismissing employees.
3. Prepare and distribute workers' payroll including withholding, filing, and depositing of federal and state income tax withholding and employment taxes and locality taxes.
4. Process and pay vendor invoices for approved goods and services.
5. Submit invoices to the DPW for direct care service provided to participants and for any FMS fee.
6. Broker workers' compensation and other insurance as required.
7. Prepare and submit required reports to participants, CMs/SCs, and OLTL in an accurate, complete, and timely manner.

The OLTL holds the following principles and requires that all providers apply these principles to their business with the OLTL and its participants:

1. As citizens of the Commonwealth, people with disabilities and older adults have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.
2. Participants of public funding are in the best position to determine their own needs and goals, and to plan for the future.
3. Families, friends and personal networks are the foundations of a rich and valued life in the community.
4. People with disabilities, older adults, and their families have the natural authority and are best placed to be their most powerful and enduring leaders, decision-makers and advocates.
5. Access to timely and accurate information enables people to make appropriate decisions and to gain more control over their lives.
6. Communities are enriched by the inclusion and participation of people of disabilities and older adults, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities, older adults and their families.
7. The lives of people with disabilities, older adults, and their families are enhanced when they can determine their preferred supports and services and control the required resources, to the extent they desire.
8. Services by the Commonwealth and community agencies complement and support the primary role of family caregivers and communities in achieving a good life for participants of public services.
9. Partnerships between individuals, families, communities, governments, service providers and the private business sector are vital in meeting the needs of people with disabilities and older adults.
10. People with disabilities and older adults have a life-long capacity for learning, development and contribution.
11. In support of the independence, choice and control of the participant and independent living philosophy, the F/EA FMS functions as a neutral bank and fiscal service entity to reduce the employer-related burden and enhance choice and control for participant-employers. To that end, the F/EA FMS recognizes the rights of participant-employers. F/EA FMS providers are required to remain neutral with regard to employment decisions reserved for participant-employers. Employment decisions made by participant-employers include, but are not limited to, independently hiring, training, directing, managing, supervising and dismissing employees.

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# **Introduction of SMW Service Model to Consumers**

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### Basic Process for SMW

- Consumers enter the system as they always do, utilizing the established process for assessing level of care and developing the service plan.
- A dollar value is assigned to the service plan.
- Unbiased information is provided to consumers so they may make an informed decision on how they would like their service delivered.
- The Commonwealth makes a promise to participants choosing the SMW model that they are not on their own by providing supportive services to participants such as case management and financial management services.
- Those individuals who choose SMW must develop a plan for how they will use the dollar value of their service plan to meet their identified needs.

## Information to Communicate to Consumers about Selecting the SMW Service Model



### Participant Responsibilities

*Instructions:* Review the Enrollment Form and the Participant-Care Manager/Service Coordinator Agreement form on pages 17-20 and respond to the questions below.

### Opportunities and Benefits



What are some general opportunities and benefits of the SMW service model that you would want to communicate to a consumer?

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### Potential Drawbacks/Liabilities



What are some general potential drawbacks/liabilities of the SMW service model that you would want the consumer to be aware of?

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## Initial Forms for Consumers Selecting the SMW Service Model

### Services My Way Enrollment Form

Name of Participant: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Enrollment/start of budget: \_\_\_\_\_

Name of Representative (If Necessary): \_\_\_\_\_

If participant selects a representative, SMW Designation for Authorized Representative form must be completed

I understand that I have the freedom to choose the Services My Way (SMW) service model for some or all of my waiver services. This has been explained to me and I choose to direct my own services. In making this decision, I understand the following terms of the service model:

**I understand that I may:**

- Train or arrange training for my employees
- Ask for a change in my individual service plan, budget or spending plan if I feel my needs have changed
- Select a representative to help me with decisions about my services
- Appeal any decision made if I have problems with my services
- Voluntarily withdraw from Services My Way at any time and receive my services through the traditional waiver program

**I understand that I shall:**

- Be treated with dignity, courtesy, consideration and respect at all times
- Have my privacy respected at all times
- Treat all of my employees with dignity, courtesy, consideration and respect at all times
- Develop a service plan to meet my needs within the Services My Way guidelines and my individual budget
- Manage my employees
  - Decide whom to hire
  - Decide what special knowledge or skills my employee must possess
  - Replace workers who do not meet my needs
- Act as an employer
  - Determine employee wages and work schedules
  - Review and submit timesheets
  - Complete all the necessary paperwork required for my employees
  - Follow all tax and labor laws
- Participate in the development of my service plan, individual budget and individual spending plan
- Keep all my scheduled appointments

# Introduction of SMW Service Model to Consumers

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Date traditional services end and SMW begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Care Manager/Service Coordinator Signature

\_\_\_\_\_  
Date

### **Services My Way Participant-Care Manager/Service Coordinator Agreement**

The purpose of this agreement is to clarify the responsibilities of participants, care managers and service coordinators, and make sure everyone understands those responsibilities.

#### **Participant (or Representative) Responsibilities:**

1. Make decisions about the best way to meet your needs, receive and use goods and services and then judge how those goods and services worked for you making changes as needed
2. Collaborate with your care manager/service coordinator to develop your individual service plan based on your medical, social, functional and educational needs and goals
3. Determine how your individual budget will be spent by developing your spending plan
4. Use your individual budget responsibly; your spending plan must reflect your assessed service needs identified in your service plan
5. Recruit, hire, manage and dismiss support service workers
6. Train your support service workers and schedule their work hours to meet your needs
7. Decide how much to pay your support service workers and authorize their paychecks by reviewing and signing timesheets
8. Provide your support service workers with feedback to let them know if they are doing things the way you want
9. Submit all approved purchases, invoices and timesheets to your Fiscal/Employer Agent
10. Send employment forms package to your Fiscal/Employer Agent
11. Demonstrate the required skills and abilities needed to self-direct support service workers without jeopardizing your health and safety, or designate a representative to assist you
12. Develop and implement a Back-up Plan
13. Contact your care manager/service coordinator to request a new assessment or to change your spending plan as your needs or goals change
14. Review and ask questions on all information provided to you regarding Services My Way

#### **Care Manager/Service Coordinator Responsibilities:**

1. Provide participant with necessary information to make a fully informed choice of which service model he or she will receive services
2. Inform participant of his/her rights, responsibilities and liabilities under each service model
3. Collaborate with participant to develop his or her individual service plan based on their medical, social, functional and educational needs and goals

## Introduction of SMW Service Model to Consumers

4. Determine the value of the individual budget
5. Facilitate and assist the participant as necessary with the development of the spending plan
6. Monitor and assist with revisions to the individual service plan, individual budget and spending plan
7. Assist the participant selecting traditional providers as necessary
8. Assist in recruiting, screening, hiring, training, scheduling, monitoring and paying support service workers
9. Facilitate community access and inclusion (i.e., locating or developing opportunities, providing information and resources, etc.)
10. Monitor provision of services including such things as interviews or monitoring visits with the participant or service providers
11. Provide training that is specific to the participant's individual service plan
12. Review monthly budget reports from your Fiscal/Employer Agent
13. Assist participant in developing and implementing back-up plan as necessary
14. Inform you of peer support opportunities and other available community resources

I understand and accept the responsibilities listed in this agreement.

\_\_\_\_\_  
(Participant or Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Care Manager/Service Coordinator)

\_\_\_\_\_  
(Date)

**Services My Way  
Representative Screening Questionnaire for the Aging Waiver**

Name of Participant: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Name of Proposed Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If you are not a family member, please describe your relationship, how long you have known the participant and how often you have contact with the participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive money from the participant or anyone else to care for the participant?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please identify the source and purpose of the funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After reading the attached description that outlines the responsibilities of the representative, do you understand your functions and are you willing to volunteer to serve as the participant's representative? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you willing to sign a designation form stating that you will serve in this capacity?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you understand that you cannot pay yourself for this role and cannot become a paid caregiver? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **SERVICES MY WAY REPRESENTATIVE REQUIREMENTS**

#### **DEFINITION:**

**A Services My Way Representative may be a Pennsylvania Aging Waiver participant's legal guardian or other legally appointed personal representative, an income payee, a family member, friend, or any other person identified by the participant in consultation with the Services My Way staff. The Services My Way Representative will manage the participant's Spending Plan when the participant is not otherwise able to do so without assistance.**

#### **The Services My Way Representative WILL:**

- **Be willing and able to meet all participant requirements under the waiver**
- **Be willing and able to meet all responsibilities listed in the Services My Way Representative Agreement**
- **Show a strong personal commitment to the participant**
- **Be able to be immediately available to provide or obtain back-up services when a worker does not show**
- **Show knowledge about the participant's preferences**
- **Agree to a visit the participant at least weekly**
- **Be at least 18 years old**

#### **The Services My Way Representative CANNOT:**

- **Be paid for this service**
- **Be hired by the participant**

**Services My Way  
Designation for Authorized Representative**

Name of Participant: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

➤ I hereby designate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

...to serve as my representative in Services My Way. My representative will complete and sign all forms and agrees to meet all documentation requirements of this service model. My representative will collaborate with my care manager and fiscal employer/agent (F/EA) to assure that I receive the goods and services that are listed on my spending plan, and that providers of such goods and services are paid in accordance with established procedures.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

➤ I hereby agree to serve as the representative for the above named participant and understand my responsibilities and duties under the Services My Way service model.

\_\_\_\_\_  
Authorized Representative's Signature

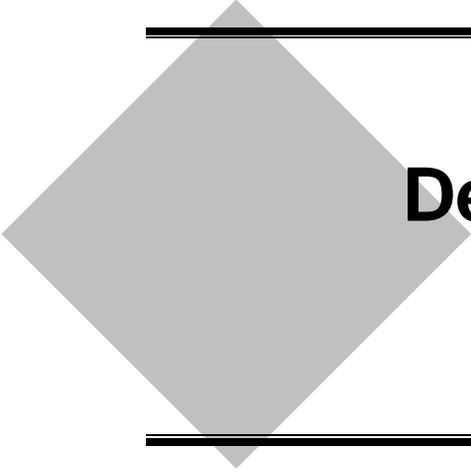
\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

(Required if either the Participant or Representative signs with a mark.)

\_\_\_\_\_  
Date

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# **Development of the Spending Plan**

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## Review of Individual Service Plan and Service Costs

### Definitions



**Individual Service Plan (ISP)** – The plan that details the services a participant needs and wants and the provision of these services. The ISP is developed by the CM/SC and the participant.



**Individual Budget** – The calculated value of the individual service plan. The individual budget is what the participant may spend on goods and services that assist the individual to meet his or her needs and enhance his or her ability to live in the community. The participant may use the individualized budget to choose and directly hire support workers to provide the services. The participant may use the individualized budget to purchase goods, supplies, or items to meet community support needs. A flexible individual budget means the participant has significant choice in the allocation of his or her funds between hiring support workers and making other purchases.

### Identify Services that Make Up the Individual Budget and then Calculate the Budget

- Participants may choose to self-direct any or all of the following services:

Aging Waiver	Attendant Care Waiver
Personal Care PAS Home Support Companion Respite	PAS

- Once the participant determines if they wish to self-direct, the number of assessed units is multiplied by the average regional agency personal assistance rate (Procedure Code W1793=\$4.46), which will be applied across all phase-in counties. This monetized amount represents the participant's individual budget amount.
- The cost of the monthly F/EA service fee (Procedure Code W7341 for the consumer-employer service model and W7341 with a U2 modifier for the SMW service model) is deducted from the individual budget amount and is not reflected in the participant's spending plan.



**Case Studies**

**Case 1: SMW Budget Calculation Example for the Attendant Care Waiver**

LuLu is a 47 year old female who receives services through the Attendant Care Waiver. LuLu needs assistance with bathing, dressing, meal preparation, grocery shopping and laundry. LuLu lives in her own apartment and has a personal emergency response system (PERS). LuLu also has a daughter and two friends that are available for support.

LuLu is eligible for 6 hours of personal assistance services (PAS) per day and a PERS. LuLu selects the SMW service model and decides to cash out her 672 monthly units of PAS. Here is an example of what LuLu’s ISP would look like in HCSIS:

Select	Service Name	Service Unit Cost	Provider Name	Total Annual Units	Total Annual Cost	Service Start Date	Service End Date	Authorization Status
<input type="checkbox"/>	Supports Coordination - Attendant Care	\$114.00/1 month	SC Provider	12	\$1,368.00	07/01/2009	06/30/2010	Authorized
<input type="checkbox"/>	Financial Management Services - Attendant Care	\$75.00/1 month	FMS Provider	12	\$900.00	07/01/2009	06/30/2010	Authorized
<input type="checkbox"/>	Pers. Emerg. Response Sys. (Maint.) - Attendant Care	\$25.00/1 month	PERS Provider	12	\$300.00	07/01/2009	06/30/2010	Authorized
<input type="checkbox"/>	Participant Directed Community Supports - Attendant Care (W1900)	\$4.46/15 min.	FMS Provider	8,064	\$36,145.44	07/01/2009	06/30/2010	Authorized

**Plan Budget Annual Total:** \$38,713.44

**Supports Coordination:** \$ 1,368.00 (minus)

**FMS Fee:** \$ 900.00 (minus)

**PERS:** \$ 300.00 (minus)

**SMW Individual Budget:** \$36,145.44 (Annual)

**SMW Individual Budget:** \$ 3,012.12 (Monthly)

**Case 2: SMW Budget Calculation Example for the Aging Waiver**

Cortney is an 84 year old female who receives services through the Aging Waiver. Cortney needs assistance with bathing, dressing, grooming, ambulating, range of motion (ROM) exercises and transfers. Cortney lives with her daughter who works full time, but assists with other needs in the evening and on the weekends.

Cortney is eligible for 4 hours of personal assistance services (PAS) per day, 3 hours of home support per week, and Adult Day Care (ADC) Monday thru Friday and one Saturday per month. Cortney also has a personal emergency response system (PERS). Cortney selects the SMW service model and decides to cash out her 448 monthly units of PAS and 48 monthly units of Home Support. Below is an example of what Cortney’s ISP would look like:

AAA Care Plan <i>Paid by PDA Waiver</i>	Unit Cost	# Units/MONTH Proposed	Cost per Month
Financial Management Services Monthly Fee	\$117.40	1	\$117.40
Participant Directed Community Supports (PAS) (W1900)	\$4.46	448	\$1,998.08
Home Support	\$4.46	48	\$214.08
PERS	\$25.00/month	1	\$25.00
Adult Day Care	\$56.22/month	21.50	\$1,208.73
<b>"Across 6 mos" Units Cheat Sheet:</b>		<b>One Month Cost:</b>	\$3,563.29
1 unit across 6 mos =	0.166667	<b>Six Month Cost:</b>	\$21,379.74
2 units across 6 mos =	0.333333		
4 units across 6 mos =	0.666667	<b>Daily Cost:</b>	\$117.15
5 units across 6 mos =	0.833333	<b>NF Daily Per Diem</b>	\$155.12
		<b>% of NF Cost</b>	76%

**Plan Budget Six Month Total:** \$21,379.74  
**FMS Fee:** \$ 704.40 (minus)  
**PERS:** \$ 150.00 (minus)  
**Adult Day Care:** \$ 7,252.38 (minus)  
**SMW Individual Budget:** \$13,272.96 (Six Months)  
**SMW Individual Budget:** \$ 2,212.16 (Monthly)

# Participant-Directed Goods and Services

## Definitions and Assurances



**Participant-Directed Community Supports (Procedure Code W1900)** – Participant-Directed Community Supports will be offered to participants choosing budget authority under the Services My Way model. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired and managed by the participant. Services include assisting the participant with the following:

- Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring, and other activities of daily living;
- Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care, and range of motion activities;
- Improving and maintaining mobility and physical functioning;
- Maintaining health and personal safety;
- Carrying out household chores such as shopping, laundry, cleaning, and seasonal chores;
- Preparation of meals and snacks;
- Accessing and using transportation (If providing transportation, the support service worker must have a valid driver's license and liability coverage as verified by the F/EA);
- Participating in community experiences and activities;
- Relieving unpaid caregivers and providing supervision of participants at times which are in the best interest of the participant or caregiver.

Supports will be available to assist the participant in performing employer-related duties and responsibilities through the F/EA and CM/SC.



**Participant-Directed Goods and Services (Procedure Code W1901)**– Services, equipment, supplies or goods not otherwise provided through the Aging or Attendant Care waiver, or through the Medicaid State Plan or other third party payers. These items must address an identified need in the participant’s ISP (including improving and maintaining the individual’s opportunities for full participation in the community) and meet at least one of the following participant outcomes. The item or service would:

- Decrease the need for other Medicaid services;
- Promote or maintain inclusion in the community;
- Promote the independence of the participant;
- Increase the individual’s health and safety in the home environment;
- Develop or maintain personal, social, physical, or work-related skills;
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or
- Fulfill a medical, social or functional need as identified in the participant’s individual service plan.

Participant-directed goods and services are purchased from the participant’s spending plan. As a Medicaid funded service, this definition will not cover experimental goods and services.



**Experimental Goods and Services** – A drug or product currently being investigated under licensure by the FDA to determine its safety and effectiveness, or a medical procedure, including an investigational procedure that deviates from customary standards of medical practice, not routinely used in the medical or surgical treatment of a specific illness or condition or is not of proven medical value.

### Allowable Goods and Services

Goods, services, and supports that a participant may use his or her individual budget for include:

1. Employment of support service workers, including family members, to provide personal assistance
2. Help with cleaning, laundry, meal preparation, and other household chores
3. Assistance with personal care like bathing, hair washing, bladder and bowel care, and care of participant's teeth
4. Purchase of services from home care provider or temporary help agencies
5. Chores services, including outside chores that provide for a safe environment and access in and out of the home
6. Home modifications and/or equipment not currently paid for by other program resources
7. Supplies and equipment that promote or enhance independence that are not currently paid for by other program resources
8. Repairs to adaptive equipment
9. Savings for participant's back-up plan
10. Savings for a special purchase which the participant cannot afford to make from one monthly budget
11. Services or purchases which support the participant's ability to live as independently as possible and avoid the need for admission to a long-term care facility

### Unallowable Goods and Services

Goods, services, and supports that a participant may NOT use his or her individual budget for include:

1. Services covered by the State Plan, Medicare, other third-parties, including education, home-based schooling, and vocational services
2. Services, goods, or supports provided to or benefiting persons other than the individual participant
3. Personal items and services not related to the disability
4. Experimental treatments
5. Vacation expenses
6. Gifts for workers, family or friends
7. Loans to your workers
8. Rent or mortgage payments
9. Payments to someone to be your representative
10. Clothing
11. Groceries (with the exception of special foods required to maintain nutritional status)
12. Lottery tickets
13. Alcoholic beverages
14. Entertainment activities
15. Televisions, stereos, radios, or VCRs
16. Utility payments (electric, gas, sewer, garbage services)
17. Tobacco products
18. Pets and their related costs (with the exception of training and certified service animals and their related costs)
19. Home delivered meals



### Case Studies

*Instructions:* Now that you have reviewed the Participant Outcomes, Allowable Goods and Services, and Unallowable Goods and Services, brainstorm a list of goods and services that the participant from your assigned case (LuLu or Cortney) might request.

# Developing the Spending Plan

## Overview

Prior to receiving services in the SMW service model, the participant must develop a spending plan, in consultation with his or her CM/SC. The spending plan allows for customization of the delivery of specified services contained in the ISP, as long as health and welfare is maintained.



**Spending Plan** – The detailed budget that describes what, how much, and from whom the participant will obtain goods and services that meet his or her needs as identified in the individual service plan. The spending plan will be developed by the participant. The spending plan is initially approved by the CM/SC. The F/EA must pay the invoices in accordance with the spending plan as authorized by the participant.

## Parameters for the Individual Budget and Spending Plan

1. The individual budget is a monthly allocation.
2. Spending plan savings must be spent by the end of the fiscal year.
3. Monitoring oversight of the spending plan is the dual responsibility of the CM/SC and F/EA. The F/EA will provide written financial reports to the participant and CM/SC on a monthly and quarterly basis, and as requested by the participant, CM/SC, and OLTL.
4. The participant is responsible for developing a monthly spending plan, which will be approved and authorized by the CM/SC and will be utilized to track over and under expenditures.
5. The F/EA will monitor expenditures, highlight significant budget variances, and ensure that the purchase of goods and services and submitted timesheets match the participant's spending plan. The F/EA will not reimburse services not documented or authorized in the spending plan.
6. The CM/SC will track underutilization and over-utilization and contact the participant to resolve potential service delivery problems.

## **Development of the Spending Plan**

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7. Federal, state, and local taxes and workers compensation insurance must be considered in calculating the wages of support service workers.
8. Costs of unused planned services may be added to the participant's funds available to purchase goods and services.
9. If a participant's needs or goals change, the participant must meet with the CM/SC to amend his or her individual service plan, budget, and spending plan. In addition, the participant may request a review of the individual budget at any time.
10. The participant has the opportunity to request a Fair Hearing when his or her request for an adjustment to the individual budget is denied or the amount of the budget is decreased.



Case Studies

Case 1

On LuLu’s current service plan, there are 4 hours per week allotted for laundry. The nearest Laundromat is located in town, about 10 miles away. LuLu decides she wants to save 3 hours a month to purchase a washer and dryer. Here is an example of what LuLu’s spending plan would look like in HCSIS:

Select	Service Name	Service Unit Cost	Provider Name	Total Annual Units	Total Annual Cost	Service Start Date	Service End Date	Authorization Status
	Supports Coordination - Attendant Care	\$114.00/1 month	SC Provider	12	\$1,368.00	07/01/2009	06/30/2010	Authorized
	Financial Management Services - Attendant Care	\$75.00/1 month	FMS Provider	12	\$900.00	07/01/2009	06/30/2010	Authorized
	Pers. Emerg. Response Sys. (Maint.) - Attendant Care	\$25.00/1 month	PERS Provider	12	\$300.00	07/01/2009	06/30/2010	Authorized
	Participant Directed Community Supports - Attendant Care (W1900)	\$4.46/15 min.	FMS Provider	8,064	\$35,145.44	07/01/2009	06/30/2010	Authorized
	Cash & Counseling Goods & Services – Attendant Care (W1901)	N/A	FMS Provider	N/A	\$1,000.00	07/01/2009	06/30/2010	Authorized

**Plan Budget Annual Total:** \$38,713.44  
**Supports Coordination:** \$ 1,368.00 (minus)  
**FMS Fee:** \$ 900.00 (minus)  
**PERS:** \$ 300.00 (minus)  
**SMW Individual Budget:** \$36,145.44 (Annual)  
**SMW Individual Budget:** \$ 3,012.12 (Monthly)

**SMW Individual Budget:** \$3,012.12  
**PAS Employees:** \$2,541.50  
**Savings:** \$ 200.00  
**Total Monthly Cost:** \$2,741.50  
**Monthly Remainder:** \$ 270.62

**Case 2**

Cortney participates in in-home physical therapy 3 times per week. This service is paid for through Medicare. Her physical therapist has recommended that an exercise bike would be beneficial to her health and progress as it relates to her therapy. Her income through social security does not allow her to purchase the bike independently and this equipment is not covered under Medicare; therefore, she has opted to reduce her Home Support by 1 hour per week. Here is an example of what Cortney’s spending plan would look like:

<b>AAA Care Plan Paid by PDA Waiver</b>	<b>Unit Cost</b>	<b># Units/MONTH Proposed</b>	<b>Cost per Month</b>
Financial Management Services Monthly Fee	\$117.40	1	\$117.40
Participant Directed Community Supports (PAS) (W1900)	\$4.46	448	\$1,998.08
Cash & Counseling Goods & Services (W1901)	\$300.00	16	\$71.36
Home Support	\$4.46	32	<b>\$142.72</b>
PERS	\$25.00/month	1	\$25.00
Adult Day Care	\$56.22/month	21.50	\$1,208.73
<b>"Across 6 mos" Units Cheat Sheet:</b>		<b>One Month Cost:</b>	\$3,563.29
1 unit across 6 mos =	0.166667	<b>Six Month Cost:</b>	\$21,379.74
2 units across 6 mos =	0.333333		
4 units across 6 mos =	0.666667	<b>Daily Cost:</b>	\$117.15
5 units across 6 mos =	0.833333	<b>NF Daily Per Diem</b>	\$155.12
		<b>% of NF Cost</b>	76%

**Plan Budget Six Mo. Total:** \$21,379.74  
**FMS Fee:** \$ 704.40 (minus)  
**PERS:** \$ 150.00 (minus)  
**Adult Day Care:** \$ 7,252.38 (minus)  
**SMW Individual Budget:** \$13,272.96 (Six Months)  
**SMW Individual Budget:** \$ 2,212.16 (Monthly)

**SMW Individual Budget:** \$2,212.16  
**PAS Employees:** \$1,738.80  
**Savings:** \$ 71.36  
**Total Monthly Cost:** \$1,952.88  
**Monthly Remainder:** \$ 259.28

### Assisting the Participant in Developing a Back-Up Plan

All participants in the Aging and Attendant Care waivers must have a back-up plan.

1. The use of family, friends, and neighbors should be encouraged since these sources are dependable and usually available on short notice.
2. A SMW Backup Support Service Worker Designation form describing the participant's arrangement of back-up services must be completed when a participant enrolls in SMW and maintained with the individual service plan.
3. In the event the participant's back-up plan fails, the Area Agency on Aging (AAA) or Service Coordination Agency will be responsible to coordinate immediate, non-routine basic services to the participant until the regular support service worker or back-up worker returns.
4. The back-up plan will be responsive to the needs and goals of the participant as specified in the individual service plan.

**Services My Way  
Backup Support Service Worker  
Designation Form**

Name of Participant: \_\_\_\_\_

Name of Representative (If Necessary): \_\_\_\_\_

I understand that as a Participant I am responsible for maintaining a Backup Worker to assist me in the event that my Worker may not be able to work for me.

- My Worker is an informal Worker and requests no payment:
- My Backup Worker will work for payment. I have sent the New Hire Packet in. I understand that my worker cannot be paid until I have sent the New Hire Packet.

**Backup Support Service Worker Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of Times Available and Services To Be Provided:



### Service Plan Modifications

#### ***Examples of Modifications that Do NOT Require Contacting the CM/SC***

1. Participant wants to change an employee's start time.
2. Participant wants to distribute work hours more evenly by assigning more hours to one employee, and this change will not exceed the budget limit.
3. Participant wants to change how an employee will do assigned tasks.
4. Participant wants to reschedule an employee from one day to the next.
5. Participant needs to use the back-up plan.

#### ***Examples of Modifications that DO Require Contacting the CM/SC***

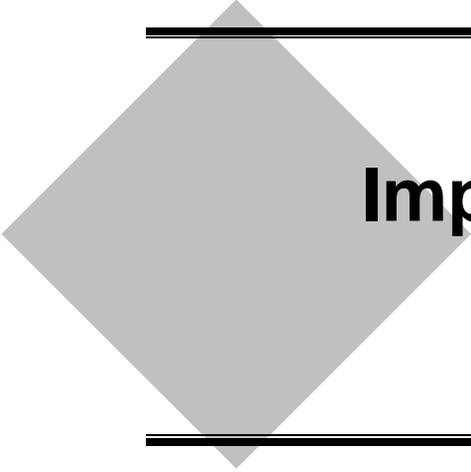
1. There is a change in the participant's personal circumstances that require a reassessment.
2. The participant is hospitalized.
3. Participant wants to pay the employee more.
4. Participant wants to modify the individual budget.
5. Participant wants to change the purpose for what savings may be used for.
6. The representative is hospitalized.
7. The absence of the representative.
8. Participant wants to change the individual service plan, budget, or spending plan.
9. Participant used his or her savings to make a special purchase and now wants to continue saving for another item which will support independence.

**Discussion**



What might be some additional examples of when a participant would and would not need to contact the CM/SC?

<b>Would</b>	<b>Would Not</b>



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# **Implementation of the Spending Plan**

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# Engaging Financial Management Services (FMS)

## Roles and Responsibilities Pertaining to FMS

### *Roles and Responsibilities of F/EA*

Waiver participants that select the SMW service model must pick an F/EA. The F/EA will provide FMS to the participant. Depending on the participant's individual budget, the F/EA pays the bills, withholds the taxes, and pays workers compensation. The F/EA is involved with activities that relate only to the individual budget. The following are tasks that F/EAs perform:

1. Pay requests and invoices per the participant's authorization.
2. Pay providers according to the individual budget.
3. Pay participant's employees according to timesheets approved by the participant.
4. Report and pay state, federal, and local income taxes, FICA, Medicare, and state and federal unemployment taxes.
5. Issue monthly reports of individual budget balances to participant and CM/SC.
6. Execute Medicaid provider agreements on behalf of OLTL with any direct care worker who will be reimbursed with waiver funding as specified by policy.
7. Modify the individual budget based on changes made by participant and approved by CM/SC.
8. Secure and renew workers' compensation insurance policies, pay premiums, provide wage information to insurers to determine benefits, facilitate/participate in audits, and collect/maintain data on participants' policies, wages paid, claims filed, and benefits paid.
9. Must recognize and report critical incidents, fraud, and abuse.
10. Ensures compliance with state and federal labor requirements.
11. Provide participant with effective training techniques on creating job descriptions and interview questions, developing strategies for evaluating candidates, and informing candidates of selection or non-selection.
12. Review workplace safety issues and strategies for effective management of workplace injuries.
13. Implement and maintain an effective customer service system that communicates with participants, employees, CMs/SCs, vendors, and agencies, and addresses participant issues and complaints effectively.

### ***Roles and Responsibilities of Participant***

Under the SMW service model, the participant is the common law employer of his or her employees.

1. File all employment related paperwork in a timely manner, with the assistance of the F/EA.
2. Recruit, hire, manage, and dismiss support service workers.
3. Direct the services outlined in the individual service plan.
4. Develop and manage the spending plan, with the assistance of the CM/SC and F/EA as necessary.
5. Submit all required employee paperwork in a timely, complete, and accurate manner to the F/EA and/or CM/SC.
6. Report all changes in a timely manner to the F/EA and CM/SC as appropriate.

### ***Roles and Responsibilities of Care Manager/Service Coordinator***

1. Allow participant to choose the F/EA from a list of FMS providers if more than one is available.
2. Make the participant's referral to the F/EA.
3. Assist the participant in communicating with the F/EA as needed.
4. Collaborate with the F/EA, in providing employer skills training to the participant, including but not limited to training in recruiting, interviewing, hiring, managing, evaluating, and dismissing employees.
5. Collaborate with the F/EA and the participant as necessary to ensure all employment paperwork is completed and sent to the F/EA.
6. Monitor the effectiveness of the F/EA as with any provider.
7. Advise and assist participant in monitoring expenditures and assist with modifications of the individual budget.
8. Notify the F/EA in a timely manner regarding changes to the individual budget and any other changes as appropriate.

## Communication and Coordination Between the Care Manager/Service Coordinator and F/EA



What will the CM/SC and F/EA need to communicate and coordinate on?

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What systems could be put in place to ensure appropriate communication and coordination takes place between the CM/SC and F/EA?

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### Employee Forms the Care Manager/Service Coordinator Should Be Familiar With:

#### SERVICES MY WAY CHECKLIST FOR PARTICIPANT-EMPLOYER EMPLOYEE PACKET

- \_\_\_\_ Employee Application – Employee completes and submits to participant, who retains it on file
- \_\_\_\_ Job Description – Given to the employee by participant
- \_\_\_\_ Purpose of Services My Way – Given to the employee by participant
- \_\_\_\_ Form W-4 – Employee completes and submits to the F/EA
- \_\_\_\_ I-9 Form – Employee completes Section 1 and Section 2, the participant signs below section 2 and the form is kept in the participant's employee file
- \_\_\_\_ Employee Training Log – Employee and participant complete and keep in the participant's employee file
- \_\_\_\_ Agreement Between Participant and Employee – Participant and Employee read and sign and mail to participant's supports coordinator who will copy and return for participant's employee file
- \_\_\_\_ Employee Status Form – Keep in participant's file and use if/and when needed
- \_\_\_\_ Notice of Discontinued Employment – Participant and/or employee completes if employee is fired or quits and mail the notice to supports coordinator and F/EA
- \_\_\_\_ New Hire Reporting Form – Employee completes employee information box and submits to participant, who forwards to supports coordinator and F/EA
- \_\_\_\_ OPT Form – Employee completes and submits to participant, who forwards to F/EA. Proof of payment must be provided or OPT will be deducted
- \_\_\_\_ Employee Information Sheet – Employee completes and submits to participant, who forwards to supports coordinator and F/EA
- \_\_\_\_ Sexual Harassment Policy – Participant and employee read and keep in participant's employee file

11/17/2008

## Services My Way Employment Agreement

### EMPLOYER-EMPLOYEE AGREEMENT

#### Parties to Agreement

This employment agreement is made between \_\_\_\_\_, (hereafter referred to as "participant") and \_\_\_\_\_, (hereafter referred to as "direct care worker"). The purpose of this agreement is to establish the responsibilities of the parties to each other.

#### Duration of Agreement

This agreement will be effective when it is signed by both parties. The agreement will be in effect until it is terminated by either party with 5 calendar days of notice to the other, which may be provided orally or in writing.

#### Direct Care Worker Qualifications

The direct care worker attests that he/she meets the minimum qualifications for employment in the in the Office of Long Term Living (OLTL) Aging or Attendant Care Waiver:

1. Direct care worker is 18 years of age or older;
2. Direct care worker has the required skills to perform personal assistance services as specified in the participant's service plan;
3. Direct care worker possesses a valid Social Security number;
4. Direct care worker **must** submit to a criminal record check and child abuse clearances (child abuse clearances are required for all direct care workers providing services in homes where children under the age of 18 reside);
  - a. An FBI check is required for a direct care worker that has been a resident of Pennsylvania for less than two years
  - b. Effective July 1, 2008, criminal history background checks are required for all individuals performing personal assistance services. Participants choosing to self-direct their services have the right to employ a worker regardless of the outcome of the background check. Participants using the Consumer Employer model of service may choose to have a criminal background check completed on individuals who were hired before the date of July 1, 2008.
5. When required by the participant, the direct care worker must be able to demonstrate the capability to perform personal assistance services as specified in the participant's service plan, or receive necessary training.

#### Direct Care Worker Responsibilities:

1. Direct care worker understands that he/she is employed by the participant and not by the Fiscal/Employer Agent (F/EA), the Area Agency on Aging (AAA) or its staff/agent, or the Commonwealth of Pennsylvania.
2. Direct care worker agrees to assist the participant by providing the services and performing the activities specified in the participant's service plan.
3. Direct care worker agrees to protect the health and welfare of the participant by providing authorized services in accordance with the policies and standards applicable to the OLTL Aging or Attendant Care waiver.

4. Direct care worker agrees to provide personal assistance services as specified in the participant's service plan on a schedule mutually agreed upon between the participant and the direct care worker. On an exception basis, occasional variations in the tasks and in the schedule will occur, based on mutual agreement of the parties.
5. In the event of illness, emergency or incident preventing the direct care worker from providing scheduled personal assistance service to the participant, the direct care worker agrees to notify the participant as soon as possible so that the participant may obtain assistance from someone else.
6. Direct care worker agrees to participate in training in providing services, including training in performing any personal assistance services, as required by the participant and/or as specified in the participant's service plan.
7. Direct care worker agrees to maintain the participant's confidentiality and respect the participant's privacy.
8. Direct care worker agrees to pay all required federal, state and/or local wage and/or income taxes levied against his/her wages. Direct care worker agrees to cooperate with the participant and the participant's F/EA in providing information needed to comply with all income and unemployment laws and regulations.
9. Direct care worker understands that this agreement does not guarantee employment.

### **Participant Responsibilities:**

1. Participant agrees to orient, train and direct the worker in providing the services that are described and authorized by the participant's service plan or that are requested by the participant.
2. Participant agrees to establish a mutually agreeable schedule for the direct care worker's services, either orally or in writing.
3. Participant agrees to provide adequate notice of changes in the direct care worker's work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.
4. In consideration of the direct care worker's satisfactory job performance, participant agrees to authorize completed direct care worker's time sheets and to pay the direct care worker net wages on a regular and timely basis according to predetermined payroll schedule. Net wages will include gross earnings calculated according to the direct care worker's pay rate minus payroll deductions for federal income taxes, the direct care worker's share of FICA, state income tax, and other deductions as appropriate. Participant agrees to provide the direct care worker with a record of payments and deductions made from gross earnings.
5. Participant agrees to pay all income and unemployment taxes and make regular payments of workers' compensation insurance premiums on behalf of the direct care worker.

### **Modification and Termination of Agreement**

This agreement can be modified by agreement of both parties. This agreement can be terminated immediately by either of the parties for cause. This agreement may be terminated without cause with 5 days notice of one party to the other orally or in writing.

### **Mutual Responsibilities**

The parties agree to follow the policies and procedures applicable to the Services My Way service model in the OLTL Aging or Attendant Care Waiver. The participant and direct care worker agree to hold harmless, release and forever discharge the Commonwealth of Pennsylvania and their agents from any claims and/or damages that might arise out of any action or omissions by the participant or the direct care worker.

# Implementation of the Spending Plan

**PA DEPARTMENT OF PUBLIC WELFARE  
Office of Long Term Living  
SERVICES TO BE PROVIDED**

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	DATE
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BASIC SERVICES	DAYS SERVICES NEEDED										COMMENTS	
	C	A	O	SUN	MON	TUE	WED	THU	FRI	SAT		
<b>TRANSFER:</b>												
<b>BATHING:</b>												
<b>TOILETING:</b>												
<b>HAIR CARE:</b>												
<b>ORAL CARE:</b>												
<b>SHAVING:</b>												
<b>COSMETICS:</b>												
<b>DRESS/UNDRESS A.M.</b>												
<b>DRESS/UNDRESS P.M.</b>												
<b>BRACES, PROSTHESIS:</b>												
<b>HEALTH MAINTENANCE:</b>												
<b>Wound Care:</b>												
<b>R. O. M.</b>												
<b>Bowel Program</b>												
<b>Bladder Program Catheter Care</b>												
<b>MEAL PREP:</b>												
Breakfast												
Lunch												
Dinner												
<b>ASSISTANCE WITH EATING</b>												
<b>OTHER: (List)</b>												
<b>TOTAL BASIC HOURS</b>												

\*P - PARTICIPANT    \*D - DIRECT CARE WORKER    \*O - OTHER

# Implementation of the Spending Plan

**PA DEPARTMENT OF PUBLIC WELFARE**  
**Office of Long Term Living**  
**SERVICES TO BE PROVIDED**

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	DATE
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ANCILLARY SERVICES	DAYS SERVICES NEEDED							COMMENTS			
	C	A	O	SUN	MON	TUE	WED		THU	FRI	SAT
<b>HOUSEKEEPING:</b>											
KITCHEN:											
Meal Cleanup:											
LIVING:											
BEDROOM:											
BATHROOM:											
OTHER (LIST)											
LAUNDRY:											
<b>MISCELLANEOUS:</b>											
ERRANDS (Bank, Pharmacy)											
SHOPPING											
READING/WRITING											
OTHER: (LIST)											
<b>TOTAL ANCILLARY HOURS</b>											
<b>TOTAL BASIC HOURS</b>											
<b>TOTAL SERVICE HOURS PER WEEK</b>											

\*P - PARTICIPANT    \*D - DIRECT CARE WORKER    \*O - OTHER

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# Ensuring Employees Meet SMW Qualifications and Standards

### Conditions of Employment

1. The participant's representative, legally authorized guardian or power of attorney cannot provide services to the participant that is paid for by the Aging or Attendant Care waiver including fiscal management services.
2. The participant's spouse or minor child (under the age of 18) may not be a paid employee.
3. Employees must meet the qualifications and standards of a Medicaid service provider for that classification of Waiver service. (See below for specific qualifications.)

### Employee Qualifications

To qualify as an employee an individual must:

1. Be 18 years of age or older.
2. Have the required skills to perform community support services as specified in the participant's service plan.
3. Possess the ability to communicate effectively with the participant.
4. Possess a valid Social Security number.
5. Have a criminal history background check performed.
6. Demonstrate to the participant competencies necessary to perform paid tasks specified in the participant's service plan or be willing to receive such training.
7. Not be the designated representative or legally authorized guardian or power of attorney of the participant.

### Background Checks of Employees

1. Participants who choose to be the employers of their support service workers will be required to have criminal history background checks performed on the workers that they hire.
2. Participants will be informed about their responsibilities as an employer for their own personal health and safety in their own homes.
3. The participant will be informed of the results of the criminal history background check.
4. The participant may still choose to hire a support service worker even if a worker is found to have a criminal history.

**Pennsylvania Office of Long-Term Living  
Criminal History Background Check  
Consumer Verification of Acceptance of Responsibility**

Consumers who choose to be the employers of their support service workers will be required to have criminal history background checks performed on their workers that they hire. The consumer will be informed about his or her responsibilities as an employer for their own personal health and safety in their own homes. The consumer will be informed of the results of the criminal history background check. The consumer may still choose to hire a support service worker even if a worker is found to have a criminal history.

Criminal history background checks will be performed at no cost to the consumer. Performance of the criminal history background check and its cost will be the responsibility of the Fiscal/Employer Agent.

Criminal history background checks are mandatory but a consumer may still choose to hire a support service worker even if a worker is found to have a criminal history.

**Consumer Selection of Criminal History Background Check Option**

- I have read the above policy and I understand that a criminal history background record check on all support service workers is mandatory. I also understand that I may choose to employ a support service worker even if that worker is found to have a criminal history.
- I have been informed about my responsibilities as an employer for my own personal health and safety in my own home and I accept responsibility for my decision should I choose to hire a support service worker with a criminal history.

**Consumer/Employer Acceptance of Responsibility for Employment**

As the employer, I have the right to choose to hire a support service worker with a criminal record. In doing so, I accept responsibility for my decision and potential consequences of my decision.

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Care Manager/Service Coordinator

\_\_\_\_\_  
Date

## Monitoring the Individual Budget

The CM/SC must review the spending plan to assure that expenditures remain consistent with the individual budget. The CM/SC should ask the participant questions to get a better understanding of his or her plans.

### Things to Look For in the Monthly Financial Report

The following are suggestions for areas to review on the financial report:

- **Under spending:** Participant spends less than 50% of what was authorized for the month, unless there was hospitalization or another reason for low spending.
- **Uneven spending:** Participant's employee hours are disproportionately being used, e.g., the first 2 weeks at 75% and the last 2 weeks at 25%.
- **Additional hours:** Participant's employee(s) is(are) being paid additional hours.
- **Turnover:** High turnover of employees—this may need to be checked over a series of months.
- **Excessive use of agency services** for gap filling purposes instead of using back-up services.

### Following Up with the Participant



If after reviewing the participant's monthly financial report, you determine that follow-up with the participant is necessary, how might you handle this?

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Spending Plan Example 1

<b>Aging Waiver</b>		<b>Mike's F/EA</b>		<b>Spending Plan</b>	
		<b>555 Walnut Street Harrisburg, PA 17105</b>			
		<b>(111)222-3333</b>			
Participant Name	Cortney Parks	Budget Period:	Monthly		
Participant Address	102 Kicker Way	Budget Amount:	\$ 2,212.16		
	Bradford, Pennsylvania 17899	Budget Effective Date:	07/01/2009		
		Budget End Date:	06/30/2010		
Medicaid Number:	3214569877	Spending Plan Start Date:	07/01/2009		
Participant File Status:	Active	Spending Plan End Date:	12/31/2009		
		Days in Spending Plan:	184		
		Spending Plan Version	1		

**Participant Directed Community Supports (W1900)**

Worker or Agency	Start Date	End Date	Employee	Gross Hourly Wage	Estim Hours per week	Estim Employer Taxes per Hour	Hourly Wage & Tax Sum	Estim Hours in Plan	Total Cost
Worker	07/01/2009		Roxanne	\$12.50	20	\$1.88	\$14.38	80.00	\$1150.00
Worker	07/01/2009		Gail	\$16.00	8	\$2.40	\$18.40	32.00	\$588.80
						\$0.00	\$0.00	0.00	\$0.00
						\$0.00	\$0.00	0.00	\$0.00
						\$0.00	\$0.00	0.00	\$0.00
						\$0.00	\$0.00	0.00	\$0.00
<b>Total Participant Directed Community Supports (W1900):</b>									<b>\$1738.80</b>

**Back-up Plan for Personal Care (W1900)**

Back-up Worker or Agency	Start Date	End Date	Paid (Y/N)	Additional Cost	Total Back Up Cost
Amy (Friend)			N	\$0.00	\$0.00
Kim (Friend)			N	\$0.00	\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>Total Back-up Plan for Personal Care (W1900):</b>					<b>\$0.00</b>

**Participant Directed Goods and Services (W1901)**

Description of Goods/Services	Start Date	End Date	Vendor or Individual	Purchase Amount	Service Code	Item Code	Total Cost
Home Support (Cleaning Services)	07/01/2009		Mr. T's Cleaning Service	\$100.00			\$100.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
<b>Total Participant Directed Goods and Services (W1901):</b>							<b>\$100.00</b>

## Implementation of the Spending Plan

### Savings for Purchases (W1901)

Description of Item/Good	Start Date	End Date	Goal #	One Time Purchase	Vendor	Proposed Date of Purchase	Estimated Cost	Est. plan periods to save	Purchase Amount	Item Code	Item Code Comments	Savings in Plan
Exercise Bike	07/01/2009	12/31/2009		Y	The Boss's Bikes	12/31/2009	\$300.00	3				\$100.00
<b>Total Savings for Purchases (W1901):</b>												\$100.00

**Monthly Worker's Compensation Premium (W1900):** \$52.38

### Summary of Spending Plan

Participant Directed Community Supports (W1900)	<b>\$1738.80</b>
Back-up Plan for Personal Care (W1900)	<b>\$0.00</b>
Participant Directed Goods and Services (W1901)	<b>\$100.00</b>
Savings for Purchases (W1901)	<b>\$100.00</b>
Monthly Worker's Compensation Premium (W1900)	<b>\$52.38</b>
<b>Total Cost:</b>	<b>\$1991.18</b>
<b>Amount Remaining*:</b>	<b>\$220.98</b>

\* Budget Amount - Total Monthly Costs = Amount Remaining

Spending Plan Example 2

<b>Attendant Care Waiver</b>		<b>Mike's F/EA</b> 555 Walnut Street Harrisburg, PA 17105 (111)222-3333		<b>Spending Plan</b>	
Participant Name	LuLu Brown	Budget Period:	Monthly		
Participant Address	100 Kicker Way Bradford, Pennsylvania 17899	Budget Amount:	\$ 3,012.12		
Medicaid Number:	3214569877	Budget Effective Date:	07/01/2009		
Participant File Status:	Active	Budget End Date:	06/30/2010		
		Spending Plan Start Date:	07/01/2009		
		Spending Plan End Date:	12/31/2009		
		Days in Spending Plan:	184		
		Spending Plan Version	1		

**Participant Directed Community Supports (W1900)**

Worker or Agency	Start Date	End Date	Employee	Gross Hourly Wage	Estim Hours per week	Estim Employer Taxes per Hour	Hourly Wage & Tax Sum	Estim Hours in Plan	Total Cost
Worker	07/01/2009		Susan	\$12.50	25	\$1.88	\$14.38	100.00	\$1437.50
Worker	07/01/2009		Amy	\$16.00	13	\$2.40	\$18.40	52.00	\$956.80
Worker	07/01/2009		Nicole	\$8.00	4	\$1.20	\$9.20	16.00	\$147.20
						\$0.00	\$0.00	0.00	\$0.00
						\$0.00	\$0.00	0.00	\$0.00
						\$0.00	\$0.00	0.00	\$0.00
<b>Total Participant Directed Community Supports (W1900):</b>									<b>\$2541.50</b>

**Back-up Plan for Personal Care (W1900)**

Back-up Worker or Agency	Start Date	End Date	Paid (Y/N)	Additional Cost	Total Back Up Cost
Marilyn (Friend)			N	\$0.00	\$0.00
Gail (Friend)			N	\$0.00	\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>Total Back-up Plan for Personal Care (W1900):</b>					<b>\$0.00</b>

**Participant Directed Goods and Services (W1901)**

Description of Goods/Services	Start Date	End Date	Vendor or Individual	Purchase Amount	Service Code	Item Code	Total Cost
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
<b>Total Participant Directed Goods and Services (W1901):</b>							<b>\$0.00</b>

## Implementation of the Spending Plan

### Savings for Purchases (W1901)

Description of Item/Good	Start Date	End Date	Goal #	One Time Purchase	Vendor	Proposed Date of Purchase	Estimated Cost	Est. plan periods to save	Purchase Amount	Item Code	Item Code Comments	Savings in Plan
Washer	07/01/2009	12/31/2009		Y	Paul's Appliances	12/31/2009	\$500.00	5				\$100.00
Dryer	07/01/2009	12/31/2009		Y	Paul's Appliances	12/31/2009	\$500.00	5				\$100.00
<b>Total Savings for Purchases (W1901):</b>												\$200.00

**Monthly Worker's Compensation Premium (W1900):** \$49.80

### Summary of Spending Plan

Participant Directed Community Supports (W1900)	\$2541.50
Back-up Plan for Personal Care (W1900)	\$0.00
Participant Directed Goods and Services (W1901)	\$0.00
Savings for Purchases (W1901)	\$200.00
Monthly Worker's Compensation Premium (W1900)	\$49.80
<b>Total Cost:</b>	<b>\$2791.30</b>
<b>Amount Remaining*:</b>	<b>\$220.82</b>

\* Budget Amount - Total Monthly Costs = Amount Remaining



## Disenrollment

Voluntary	Involuntary
<p>An Aging or Attendant Care Waiver participant may discontinue participation in the Service My Way service model at any time and choose another model of service without an interruption in services. If the participant decides he or she wants to return to the Services My Way model, he or she may contact his or her CM/SC to discuss re-enrollment.</p>	<p>Involuntary termination may result due to the following:</p> <ul style="list-style-type: none"><li>• Serious health and welfare issues are identified and cannot be resolved between the CM/SC and the participant</li><li>• Participant not managing the individual budget according to his or her individual service plan</li><li>• Participant utilizes funds inappropriately</li><li>• Consistent non-adherence to program policy</li></ul>

**Services My Way  
Disenrollment Form**

Name of Participant: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Representative (If Necessary): \_\_\_\_\_

**For voluntary or involuntary termination of SMW, attach a revised service plan**

Voluntary Termination of SMW

I, \_\_\_\_\_  
am voluntarily discontinuing my participation in the Services My Way service model. I understand that I will return to traditional agency provided services at this time, but if I decide I want to return to Services My Way at any time, I may contact my Care Manager/Supports Coordinator to discuss my re-enrollment.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Care Manager/Supports Coordinator Signature

\_\_\_\_\_  
Date

Involuntary Termination of SMW

Reason for involuntary termination:

- Health and Safety Concerns
- Not Managing the Individual Budget according to Service Plan
- Inappropriate Utilization of Funds
- Consistent Non-Adherence to Program Policy
- Other (Describe) \_\_\_\_\_

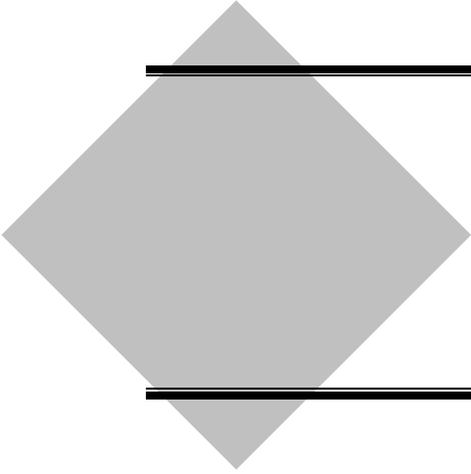
**To Be Completed by the Care Manager/Supports Coordinator**

Reason for Disenrollment: \_\_\_\_\_

What referrals have been made to assure that personal care needs are met for this individual?

\_\_\_\_\_  
Care Manager/Supports Coordinator Signature

\_\_\_\_\_  
Date



# **Conclusion**

**Summary of Key Learning**

