HOME-BASED PROGRAM SDA SERVICES

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OVERVIEW

Individuals must be enrolled and maintain Medicaid eligibility to be enrolled in the waiver program

The Adult DD waivers offers supports designed to prevent or delay out of home residential services for participants

✤ Federal requirements

Home Based Services- Self Direction/ Family-Directed Model Individuals and families

ROLE OF SDA

Designs an array of habilitation and support services to meet the participant's needs balanced with program requirements

Writes or updates the service agreements or service authorizations
Works with the Fiscal employer agency (ACES\$) to monitor
expenditures of funds

ROLE OF SDA

 Assist families with completion and understanding of annually legal rights within the program

 Assist with crisis funding, vehicle modification, home modification when requested by families

✤ Assist families with obtaining products and services related to the individuals disability

* Advocate for the client; day program, therapy, dentists, doctors

ROLE OF SDA

- ✤ Works with fiscal employer agency to determine that PSW are qualified and competent
- Ensures participant's health, welfare and safety
- ✤ Mandated reporters, APS, DCFS
- Documents individual's progress in QIDP notes monthly
- * Ensures that at least 3 home visits per year occur with participant-
- Pre--covid
- ✤ Maintains record of services (case file)

BECAUSE WE CARE.....

- Accompanying clients to offices such as public aid and social security when issues arise with benefits
- Sounding board for caregivers, PSW, and clients
- Overseeing and ensuring the safety and welfare of extended family of clients
- ✤ Assisting clients with financial concerns

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STILL CARING....

 Assist families with understanding and completing paperwork and forms from various entities

✤ Visiting clients who are out of the home short term

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Working non traditional hours to best meet the schedules of the families

Treating them like family and ensuring they live the best life possible

ROLE OF FISCAL EMPLOYER AGENT

- ✤ Aces\$ is a Fiscal Employer Agent that provide assistance with provider enrollment, payroll processing and billing
- Receives updates service authorizations after completion from
 SDA

Processes billing and works with SDA to correct any issues, submits waiver enrollment, handles employer and employee paperwork, issues paycheck to PSW, calculate and file taxes

ROLE OF ISC

Provided by Independent Service Coordinator agencies, also known as PAS agencies

- ✤ Responsible for developing PCP and Discovery Tool
- * Conduct semi-annual visits in the home and day program

 Determine program clinical eligibility and ongoing redetermination

Upon new intake, ISC provides SDA with client documentation

The development of a good, comprehensive PCP is key to identifying the supports and services the individual needs and wants, assisting the individual to live successfully in the community, ensuring providers understand and fulfill their roles and responsibilities, and ensuring funds are used in the best interest of individual

✤ The PCP must be updated at least annually

For every service billed, the PCP must state the participant's need for the service, as well as how much service is needed, who will provide the service, when the service will be provided and how often
The responsible case manager contacts the participant and guardian, prior to any service planning meetings to identify areas of concern, answer questions, and generally help them prepare for the meetings

The PCP is person-centered and directly involves the participant and the participant's guardian, if one has been appointed, as members of the service planning team along with the responsible case manager (QIDP/SDA), direct service providers, ISC and any other persons important to the participant, such as family members

The responsible case manager convenes the service planning meetings.
 They are responsible for ensuring that the written plan addresses the individual's needs and preferences and includes all required components.

✤ Is a single, comprehensive document that prioritizes and structures the delivery of all services and supports across environments

 Provides for supports and coordination for the participant to access school-based services (if applicable), generic resources, and Medicaid State Plan services

Includes relevant and timely assessment information, including individual preferences, abilities, and needs

- ✤ Contributes to the continuous movement of the participant toward the achievement of the participant, family or guardian's preferences
- ✤ Assist families in making choices

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- ✤ Is based on assessed needs and individual preferences, including an annual ICAP or other functional assessment tools
- ✤ Is based on principles of community inclusion and self-determination.

✤ Is designed to promote needed individual and family supports for individuals who live in a family home

 Includes functional outcomes and methods to measure progress toward those outcomes

 Identifies all services and supports to be provided, regardless of provider or funding source, including type, training methods if applicable, frequency, duration, and staff assigned

Addresses such areas as communications, maladaptive or inappropriate behaviors, mobility/ambulation issues, basic self-care skills, and vocational/self-sufficiency skills

Documents health needs and supports needed and/or provided, including doctor and dentist visits, medications, medication administration, self-medication training and oversight

✤ Identifies any specific circumstances when the individual may stay alone or access the community independently, if applicable

Documents efforts to reduce reliance on psychoactive medications
used for behavior management, unless contraindicated by clinical evidence
Includes activities to address any poor choices by the individual, either
by minimizing the potential harm or explaining why choices cannot be
honored safely

 Includes name, title, credentials, agency affiliation, and relationship to individual for all participants in service plan development

✤ Is signed by the individual and guardian, the responsible case manager or SDA, all service providers, and ISC to show their participation in the development of the plan

✤ Is completed within 30 days of service initiation and is updated at least annually by the service planning team and is reviewed and revised as needed by the responsible case manager or SDA

✤ May be produced in other formats, such as pictures, DVD, etc., to accommodate specific needs of the participant, team, or provider; however, the plan must exist in written format

ONGOING MONITORING

Visiting the individual face-to-face at least three times per year (aprox. once every four months); all three visits must be in the home for children or adults who do not attend a day program-(pre-COVID)
Family allocating a minimum of 3 hours monthly for SDA services from the budget

Providers negotiating additional hours if necessary

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ONGOING MONITORING

Completing and updating Service Authorizations
 for domestic employees (PSWs) and faxing to Aces\$

Updating Service Authorizations as needed when there are changes
 to: monthly service cost maximum, hours, pay rates, and/or tax rates

✤ Helping families submit employee timesheets if needed

ONGOING MONITORING

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If over budget, comparing bills with Service
 Agreements/Authorizations to identify which provider and contacting
 that provider to reduce the bill as necessary so that all legitimate bills
 can be paid

SELECTING PERSONAL SUPPORT WORKERS

 All Personal Support (PSWs) providers whether agency or domestic employees must comply with the same timekeeping and audit trail requirements as providers of other waiver services

The employer of record is responsible for hiring, training, ensuring competency, supervising, and firing individual providers.

* The SDA and Fiscal Employer Agency are available to assist with these responsibilities if the participant or family needs assistance

SELECTING PERSONAL SUPPORT WORKER

Employers can not be: the PSW or participants with a legal guardian

Personal Supports services include a range of training and assistance to enable participants to accomplish tasks they would normally do for themselves if they did not have a disability

GETTING STARTED

Covered services, monthly budget, service delivery, and such provider options as PSWs, SDA role, advocacy and planning, monitoring and administrative activities

The participant and family's rights, including their waiver rights, right to appeal (forms 1201 and 1202), and right to confidentiality (form 1214)

GETTING STARTED

* Requirement to obtain and maintain Medicaid enrollment

✤ May not receive services from another waiver or additional respite while authorized for HBS

✤ Services in conflicting waiver must be terminated when HBS services actually begin (not always the effective date of the HBS award letter)

GETTING STARTED

Family must notify SDA if the individual has a spend down obligation, and they may use the costs of HBS services received to meet the obligation

SDA will assist in completing the HFS-2653 to document costs of services authorized

Submit form to the DHS Family Community Resource Center

ENVISION SDA

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