



HOME-BASED PROGRAM  
SELF DIRECTED  
ASSISTANCE

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*Eileen Morrissey, QIDP*

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# HOME-BASED PROGRAM

- ❖ The Home-Based Program is a Medicaid Waiver Program which is funded by the Department of Human Services.
- ❖ Individuals who are selected to participate in the Home-Based Program receive a monthly allocation of \$2,382.00 which can be utilized to receive services related to their family member's disability.
- ❖ Individuals, and their family determine how to spend their allocation within the guidelines of the program.



# OVERVIEW

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- ❖ 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

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- ❖ 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

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# 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

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# 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.....

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- ❖ 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



# STILL CARING....

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- ❖ Assist families with understanding and completing paperwork and forms from various entities
- ❖ Visiting clients who are out of the home short term
- ❖ Working non traditional hours to best meet the schedules of the families
- ❖ Treating them like family and ensuring they live the best life possible



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# 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 re-determination
- ❖ Upon new intake, ISC provides SDA with client documentation



# PERSON CENTERED PLAN

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- ❖ 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

# PERSON CENTERED PLAN

- ❖ 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





# PERSON CENTERED PLAN

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- ❖ 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.

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# PERSON CENTERED PLAN

- ❖ 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



# PERSON CENTERED PLAN

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





# PERSON CENTERED PLAN

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- ❖ 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



# PERSON CENTERED PLAN

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- ❖ 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



# ONGOING MONITORING

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- ❖ 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

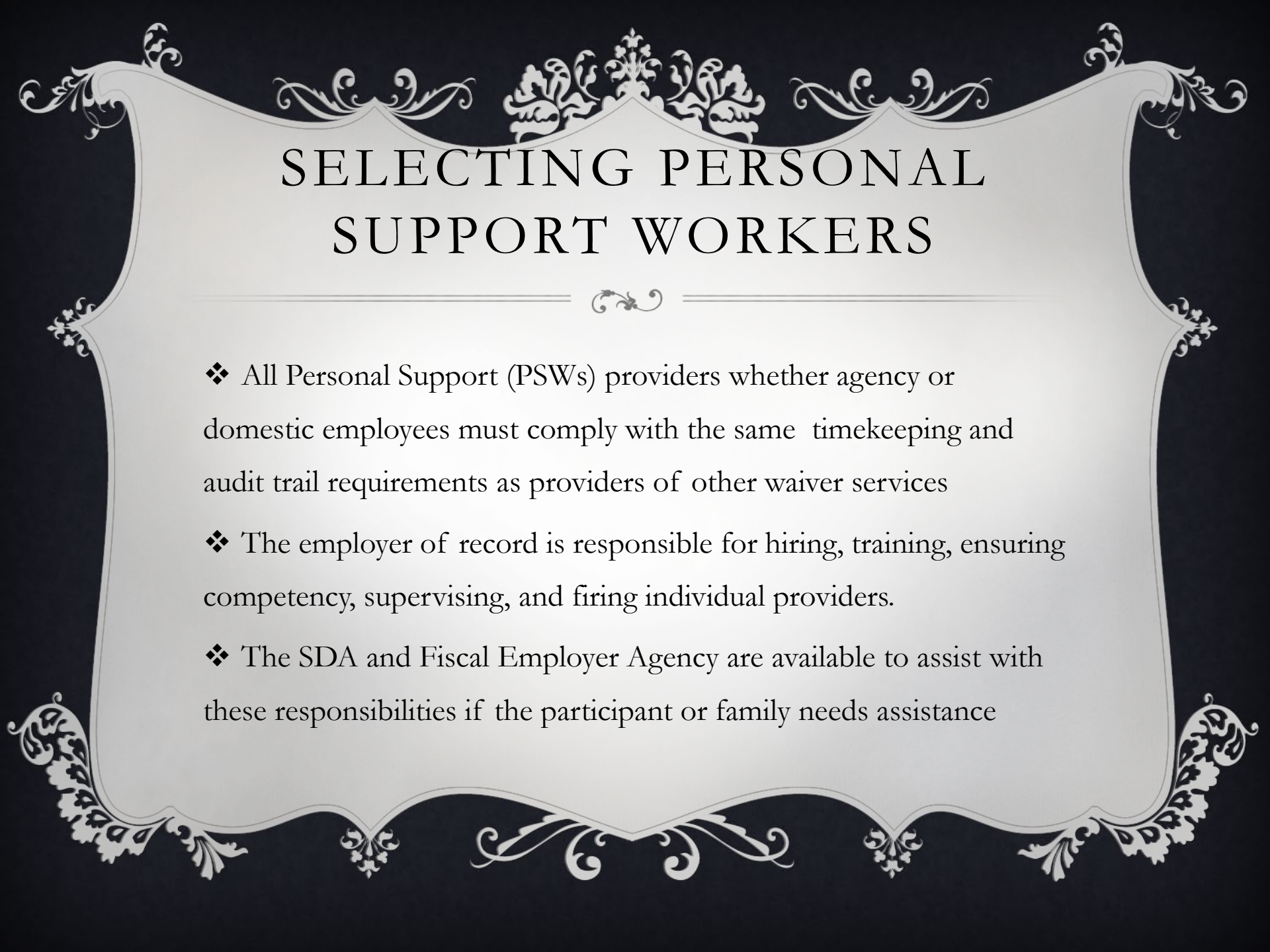




# ONGOING MONITORING

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- ❖ 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

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# SELECTING PERSONAL SUPPORT WORKERS

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- ❖ 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

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# SELECTING PERSONAL SUPPORT WORKER

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- ❖ 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

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- ❖ 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)

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