

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF INTEGRATED HEALTHCARE
NEW CHOICES WAIVER PROGRAM

SELF-ADMINISTERED SERVICES
PARTICIPANT LETTER OF AGREEMENT

Self-Administered Services (SAS) Definition:

Waiver services provided by non-agency-based individual employees hired by the participant/designee. Available services include Attendant Care, Homemaker Services, and Respite Care.

Purpose:

To define the responsibilities of the participant/designee when the utilizing Self-Administered Services.

Eligibility:

To be eligible for Self-Administered Services the individual must be an active participant of the New Choices Waiver program and reside in a private residence (i.e., personal home).

The participant or designee must:

1. Understand that self-administered services are services offered as a part of the New Choices Waiver program.
2. Be able to provide management of the employee, individuals eighteen (18) or more years of age to include recruitment, scheduling, supervision, discipline, and termination, if needed.
3. Be willing and capable of training and directing the employee.
4. Follow-up with the employee about first aid training/certification and provide documentation of such to the case management agency.
 - a) Only required upon initiating SAS employment.
5. Ensure that the employee completes all required documentation and employment forms. The participant/designee will forward all original forms to the case manager prior to the date the employee is hired.
6. Ensure that all employees read, understand, and sign the New Choices Waiver Employee Code of Conduct form and submit a copy to the case manager.
7. Verify the accuracy of hours billed by the employee, not to exceed the agreed upon and approved number of units on the approved care plan.
8. Ensure all employees follows requirements for reporting time via the Electronic Visit Verification (EVV).

9. Complete, maintain, and file with the FMS agency all necessary tax information required by the U.S. Internal Revenue Service.
10. Train all employees in the areas of confidentiality and services to be provided related to the individual's care plan. If additional training is needed, the participant or designee will discuss this with the case management agency.
11. Actively participate with the case manager in the monitoring and revision of the participant's care plan. All areas of Self-Administered Services (SAS) section of the PCCP Addendum must be completed.
12. Provide periodic feedback to the case management agency about the quality and effectiveness of services being provided by the employee.
13. Immediately report to the case manager any abuse, neglect, or exploitation of the participant by any employee.
14. Notify the case manager when the participant's needs change in order to modify the care plan as appropriate.
15. Obtain prior authorization for services from the State Medicaid Agency/designee and understand that no services may be provided before authorization is obtained.
16. Provide requested copies of all documents related to employment or services that are collected by the participant/designee to the State Medicaid Agency/designee.
17. Report issues of non-compliance, participant/designee and employee(s) conflict, and/or other significant occurrences to the State Medicaid Agency/designee.

The case manager will determine the individual's ability to understand the risks, rights, and responsibilities of receiving waiver services through the Self-Administered Services method. In the event it is determined there are health and/or safety issues or the participant/designee lacks the ability to participate, the participant will not receive authorization to participate in Self-Administered Services. If authorization is not granted, the participant/designee will receive a written notice and will be given the opportunity to appeal the decision following established appeal procedures.

Participant Designee:

A participant may choose a designee in the event that they are unable or unwilling to self-administer their own services. The designee may be a legal representative, guardian, holder of a power of attorney for health care, or a decision-maker as named in a participant's living will. The designee may also be a family member, attorney, social worker, or any other person chosen by the participant or a court, to act on the individual's behalf. The designee should demonstrate a strong personal commitment to the participant, be at least 18 years of age, and be able to demonstrate the same knowledge as would be required of the participant. **The designee cannot be paid to provide any services to the participant.**

Person Centered Care Planning:

Care planning is a collaborative effort between the participant/designee, caregiver, family, and the Case Manager. The care plan is a mutually agreed upon arrangement of services that meets the needs of the participant. Once developed, the care plan must be approved by the State Medicaid Agency prior to implementation. Services that consist entirely of supervision or companionship will not be authorized. In the event any services are denied or reduced, the participant/designee will receive a written notice and will be given the opportunity to appeal the decision following established appeal procedures.

The Self-Administered Services care planning process:

1. Once a participant/designee has requested self-administered service and has been determined to have the ability to direct services, the case manager works with the participant/designee to determine the units of service appropriate to meet the identified service needs and discusses the care plan and service limits.
2. Once developed, the case manager will submit the care plan to the State Medicaid Agency/designee for approval.
3. Upon obtaining approval, the participant/designee can begin negotiating a wage and work schedule with their hired self-administered services employee(s) for each of the approved services. **SAS may not begin until an official start date is provided by the Financial Management Services (FMS) agency.**

Case Manager's Role:

The case manager will:

- Assist the participant/participant designee in selecting an FMS agency to complete payroll and other employer-related functions for services delivered through the self-administered services method.
- Explain to the participant/designee fiscal activities, hiring/firing employee(s), consumer rights and responsibilities, and supervision of employees.
- Monitor the safety and well-being of the participant and the quality and effectiveness of the self-administered services that are delivered. The case manager will also monitor the ongoing relationship between the participant and the employee(s) and have ongoing contact with the participant/participant designee and the employee(s). These contacts will occur in the following ways:
 1. An initial face-to-face visit with the participant/participant designee and employee within two (2) weeks of start-up of the service. Additional face-to-face visits with the participant and employee may be required as determined by the case manager.
 2. Monthly contacts, either by telephone or face-to-face, as determined by the case manager.
 3. Quarterly face-to-face visit and completion of the Health and Safety Checklist.
 4. An annual reassessment of the care plan by the State Medicaid Agency/designee to determine changes in condition, re-evaluate and adjust the Care Plan, and offer additional training to the participant and/or employee(s).

5. Event-based contacts either by telephone or face-to-face visits, as warranted.

During each contact the case manager will continually assess the participant to assure that the participant's needs are met and to ensure quality of the self-directed services.

Financial Management Services Agency:

The participant/designee will receive information regarding the FMS agency's role and processes.

The participant/designee will be provided with information regarding the requirements, including required forms, for the selected FMS agency. The case manager will assist in submitting the required forms to the FMS. Additionally, the FMS agency will conduct any necessary follow-up regarding FMS required forms with the participant/designee and notify the case manager when the forms are complete.

The FMS agency will complete all necessary payroll functions assuring compliance with all applicable state and federal payroll laws.

The employee will be paid by the FMS agency on agreed upon dates, as long as time has been reported according to the requirements of the FMS agency. **The FMS agency will not reimburse for units of service that are over those approved on the care plan.**

Reasons for Potential Discontinuation of the Self-Administered Services:

Following are some reasons that the case manager or State Medicaid Agency may suspend or discontinue authorization for Self-Administered Services:

1. **Hospitalization or short-term placement.** A participant that is hospitalized or placed in a nursing or rehabilitation facility will have services suspended during the stay in the facility.
2. **Voluntary withdrawal.** A participant may discontinue participation in self-administered services at any time. The case manager will engage in a discussion with the participant expressing an interest in discontinuation of Self-Administered Services to discern if there are any issues or areas of concern that could avoid discontinuation if that is what is needed to allow the participant to continue with the Self-Administered Services.
3. **Change in condition.** If a participant/designee's ability to direct services declines to the point that they can no longer manage the services authorized in the care plan, and if a participant designee is not available, Self-Administered Services will no longer be authorized. The case manager will work with the participant to revise the care plan to request services from the array of New Choices Waiver services provided by agency-based providers to meet the needs of the participant.
4. **Failure to provide required agreements or comply with requirements.** In the event a participant/designee fails to provide the required documentation or

refuses to follow the service descriptions agreed upon in the care plan for Self-Administered Services, these services will no longer be authorized. The case manager will work with the participant to determine the reason why the participant has not complied with requirements prior to discontinuation. The case manager will work with the participant to revise the care plan to request services from the array of New Choices Waiver services provided by agency-based providers to meet the needs of the participant.

5. **Misuse of Funds.** A determination that services are not being performed but are billed fraudulently will be cause for immediate termination of Self-Administered Services. In addition, the participant/designee and/or the employee may be subject to criminal prosecution, administrative sanctions, and liability for repayment of the misused funds.
6. **Report of a participant being abused, neglected, or exploited by the employee or participant designee.** The case manager will make a referral to the State of Utah Adult Protective Services in these situations as per legal requirements and submit a critical incident report to the New Choices Waiver program.
7. **The participant fails to maintain Medicaid waiver eligibility.**
8. **The participant/participant designee fails to cooperate with the agreed upon care plan.**

Prior to discontinuing services provided by the Self-Administered Services method, the case manager will discuss with the participant the discontinuation of services and will notify the State Medicaid Agency/designee. The State Medicaid Agency/designee will communicate the approval or denial of the request to discontinue services. The participant/designee will be given written notice and will be given the opportunity to appeal the decision following established appeal procedures. **Denial of Self-Administered Services will not affect continued participation in the New Choices Waiver program.**

By the signature on this page, the undersigned participant/participant designee acknowledges understanding and agreeing to abide by all the above procedures and responsibilities related to being a participant/designee in the Self-Administered Services provided through the New Choices Waiver program.

Participant or Designee Name (printed)

Participant or Designee Signature

Date