



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

SELF-DIRECTED SUPPORTS
Support Broker Training

11/2019

Welcome!

- 👤 Introductions
- 👤 Who are you?
- 👤 What is your experience?
- 👤 Why are you here?



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SELF-DIRECTED SUPPORTS

Support Broker Training



Training Objectives

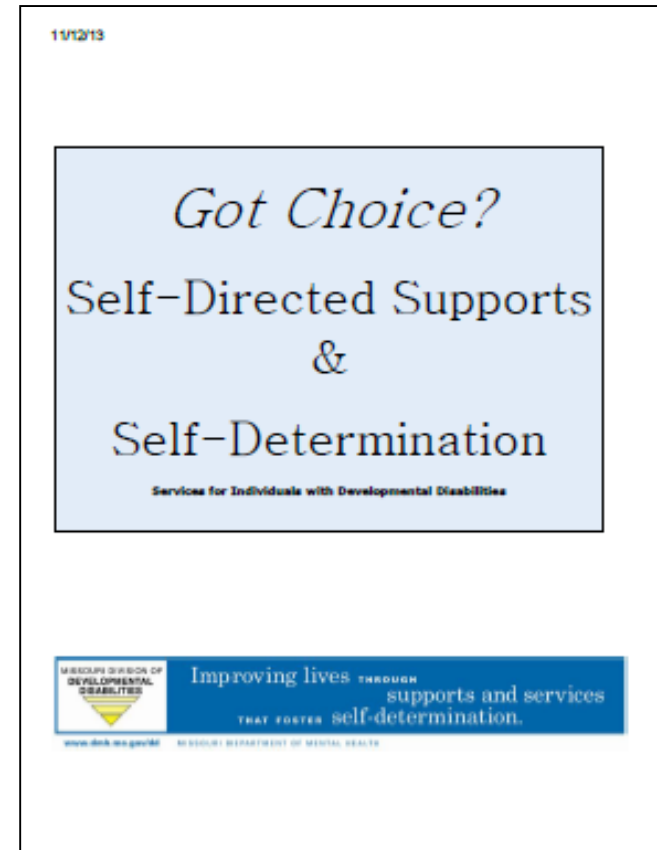


- 📍 Understanding Self-Determination and Self-Directed Supports(SDS)
- 📍 Your Role as a Support Broker Overview
- 📍 Designing SDS through the Person-Centered Planning Process (PCP)
- 📍 Creating Implementation strategies
- 📍 Service Documentation
- 📍 Creating quality and monitoring SDS
- 📍 Who can be an Employee? Training requirements
- 📍 Establishing work schedules
- 📍 Obtaining employees
- 📍 Understanding the individual budget and allocation process
- 📍 Understanding the employee Rate Setting tool & establishing pay rates
- 📍 Tools for an Individual/Designated Representative (DR) to be the Employer
- 📍 Working with the Fiscal Management Service (FMS)
 - 👤 Access to the web portal
 - 👤 4 things a successful Support Broker does each month.

What is Self-Directed Supports?



- Self-directed supports (SDS) is an option for service delivery for individuals, who live in their own private residence or that of their family member & who wish to exercise more choice, control and authority over their waiver supports. SDS is firmly grounded in the principles of self-determination.





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SDS is based on Self-Determination and the premise that the individual and their representative knows best about their needs and how to address those needs.

The individual must be empowered to make decisions about the services they receive, including having choice and control over the type of supports they receive, who provides the supports and when and where the supports are delivered.

**Although the terms
Self-determination
and
Self-directed supports
are often used interchangeably, they are
two distinct concepts.**





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What is Self-Determination at the individual level?

Individuals are the primary decision maker of their lives, pursue what is important to them and have a meaningful role in the community.



Self-Determination System Level

“If individuals and families have control of the resources, quality will go up and cost will go down.”



Freedom



Authority



Support



Responsibility



Confirmation

Self-Determination Principles



- 🕒 **Freedom:** Individuals will live a meaningful life in the community and make choices about their lives.
- 🕒 **Authority:** Individuals will have meaningful control over a set amount of dollars that can be used to build the supports that they need by purchasing only what is needed and paying for what is received.
- 🕒 **Support:** Individuals will have support to organize resources in ways that are life enhancing and assist them in reaching their dreams and goals. Individuals have a circle of supports made up of family, friends and both paid and unpaid supports.
- 🕒 **Responsibility:** Individuals assume responsibility for giving back to their community, for seeking employment, and for developing unique gifts and talents
- 🕒 **Confirmation:** Individuals are recognized for who they are and what they can contribute, having a leadership role in developing policies that affect their lives and helping other reach success

Shifting Power



From	To
Professionals planning for individuals	Individuals and families planning for themselves
Reliance on paid professions who are only temporarily part of an individuals life	Reliance on the lifelong commitment of individuals and families to manage their own lives
A view that only professional can be responsible	Respect for the fact that individuals and families have a vested interest in acting responsible on their own behalf
Service Coordination as a means to let people into existing services	Support Coordination & Support Brokerage as a means for individuals and families to create services in response to their needs and dreams



The Ballad of Self-Directed Joe... Peter Leidy

<http://peterleidy.com/>



Peter Leidy



Self-Determination Resources



Self-Determination Resources (created to complement "Self-Determination in Missouri training")

	<p>"A Guide to Understanding MoHealthNet (Medicaid) Services"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/GuideMohealthnet.pdf (Print two sided on "short end")</p> <p>Online Viewing http://en.calameo.com/read/000494321566793128006</p>
	<p>"A Guide for Individuals with Developmental Disabilities to Understanding Rights and Responsibilities"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/rightsbooklet.pdf (Print two sided on "short end")</p> <p>Online Viewing http://en.calameo.com/read/0004943218b3e602843ea</p>
	<p>"A Guide for Individuals with Developmental Disabilities to Understanding to Help Understand Housing Options"</p> <p>Coming soon to http://dmh.mo.gov/dd/Housing.htm</p>
	<p>"Charting the Life Course: A Guide for individuals, families and professionals"</p> <p>Adobe Printable http://mofamilytofamily.org/user_storage/File/f2f/LIFE%20COURSE%20V2_0.pdf</p> <p>Online viewing http://www.calameo.com/books/000494321e7c486513fd0</p>
	<p>LifeBooks Visit the MO-SDA website at http://mo-sda.org/lifebooks Or Contact your Regional Office Advocacy Specialist http://dmh.mo.gov/dd/Advocacyspecialists.htm</p>
	<p>Success in Telling Your Story Visit the National Gateway to Self-Determination website at http://nsgd.org/people-disabilities/create-your-story Or Contact your Regional Office Advocacy Specialist http://dmh.mo.gov/dd/Advocacyspecialists.htm</p>
	<p>Self-Determined Career Development Model Visit the National Gateway to Self-Determination website at http://nsgd.org/professionals/self-determined-career-development-model or Contact: George Gotto, Ph.D., UMKC Institute for Human Development, UCEDD 215 W. Pershing, 4th flr, Kansas City, MO 64108; Office: (816)235-5334 gottog@umkc.edu</p>

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Improving lives THROUGH supports and services THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

Say "NO" to Abuse and Neglect

A GUIDE FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES TO HELP PREVENT ABUSE AND NEGLECT

www.dmh.mo.gov/dd/docs/asguidesandpublications.pdf

Self-Directed Supports



Individual/Designated Representative has both **budget** and **employment authority** and must follow both Medicaid and Department of Labor regulations.

11/12/13

Got Choice?

Self-Directed Supports & Self-Determination

Services for Individuals with Developmental Disabilities

IMPROVING LIVES THROUGH SUPPORTS AND SERVICES THAT Foster self-determination.

www.dda.mo.gov/dd

PCG Public Partnerships
Public Pools, Private Solutions.

Missouri Self-Directed Supports
EMPLOYER SERVICES
AGREEMENT

The Individual / Employer / Designated Representative Services Agreement defines the roles and responsibilities of each party under the Self-Directed Supports (SDS) program. The employer/ designated representative must review the roles and responsibilities and agree to the terms and conditions described in this services agreement before receiving services through the SDS program.

INDIVIDUAL INFORMATION

Individual First Name: _____ Individual Last Name: _____

If the Individual is a minor child, the "Employer" is the parent/guardian. Please complete the below section if the Individual is a minor child.

EMPLOYER/GUARDIAN INFORMATION

Guardian First Name: _____ Guardian Last Name: _____

An Individual receiving services who is 18 years of age has the right to identify a Designated Representative for the purpose of self-directing supports. Please complete the below section a Designated Representative has been identified to serve on behalf of the Individual.

DESIGNATED REPRESENTATIVE INFORMATION

Designated Representative First Name: _____ Designated Representative Last Name: _____

PROGRAM STAKEHOLDERS

- The "Employer" is the individual who has a disability and who receives services through the Missouri Department of Mental Health, Division of Developmental Disabilities (DDSD). A Designated Representative (DR) may be indicated by the Individual/Guardian to manage day-to-day employee activities on the Individual's behalf. In the case of a minor child the "Employer" is the parent/guardian of the Individual receiving services. The Employer will be the Federal Employer Identification Number (FEIN) Holder and will employ persons to provide services to the Individual.
- Public Partnerships, LLC (PCL) is the "Fiscal Employer Agent" (FEA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the FEA will file on behalf of the Employer/FEIN Holder.
- DDSD and its agents associated with the Self-Directed Supports Program is the entity that governs services and authorizes the Individual Service Plan (ISP) and budget. The DDSD recognizes that PCL, acting as the FEA, will provide Fiscal Management Service (FMS) to the Employer/DR.

DDH-00: NEW Employer Services Agreement Page 1 of 7

Missouri Department of MENTAL HEALTH

Home | About Us | Services | Training | Support | Contact Us

Self-Directed Supports

Developmental Disabilities

Individuals and Representatives

Support Coordinators

Support Broker

News, Stories & Tip Sheets

Training Resources

mh.mo.gov/dd

PCG PUBLIC PARTNERSHIPS

Home | Programs by State | Missouri | Missouri Self-Directed Supports (SDS) Program

Missouri Self-Directed Supports (SDS) Program

Program News

Overview | Program Forms | Manuals & Publications | SDS News/Events

Find the links below to the forms that you need.
Can't find the forms you're looking for? You are always welcome to call our customer service team.

Employer Forms

- Employer Services Agreement
- Employee Termination Form
- SDS Pay Rate Calculator - **Updated 2/8/18**
- SDS Budget Usage Calculator - **NEW**
- Grievance Form - **NEW**

Employment Forms

- Employee Handbook
- New Employee Hiring Guide - **NEW**
- New Employee Application - **Updated 2/9/18**
- New Employee Sample Packet - **Updated 8/17/17**
- Post-Employment Training Verification Form - **Updated 12/2/17**

Payroll Forms

2017 Waiver Schedule - **NEW**

BetterOnline™ Web Portal Login

BetterOnline provides account-specific information, enrollment paperwork, time sheets, and real-time financial and service utilization reports to make sure you can be in control of your information 24/7.

Log In

Contact Your Customer Center

The Employer of Record

The **Employer of Record** (EIN Holder/Household employer) is the individual receiving services through a Medicaid program.

For individuals under the age of 18 the parent/guardian is the Employer of Record (EIN holder) .

Appointment of a Designated Representative (DR)



The individual or guardian may select a designated representative (DR) in the event the individual is unable to direct and manage the day to day activities of their employees.

- The Designated Representative (DR) will be the **responsible party**
- Designated Representative is unpaid
- Acts on the individual's behalf and in their best interest
- Cannot be an employee for any services

PCG Public Partnerships
Public Power. Private Results.

Missouri Self-Directed Supports
DESIGNATED REPRESENTATIVE AUTHORIZATION

An individual receiving services through the Missouri Department of Mental Health, Division of Developmental Disabilities (DMH-DD) who is 18-years of age or older has the right to identify a Designated Representative for the purpose of self-directed supports. This is an OPTIONAL form. This form is only required if an additional person other than the Employer will be performing responsibilities on behalf of the Individual.

A designated representative is responsible to:

1. Ensure, as much as possible, that decisions made would be those of the individual in the absence of their disability;
2. Accommodate the individual, to the extent necessary, so that they can participate as fully as possible in all decisions that affect him; accommodations must include, but not be limited to, communication devices, interpreters, and physical assistance;
3. Give due consideration to all information including the recommendations of other interested and involved parties; and
4. Embody the guiding principles of Self-Determination.

The following persons may serve as a designated representative, as available and willing: a) Spouse of the individual (unless a formal legal action for divorce is pending); b) Adult child of an individual; c) Parent of the individual; d) Adult brother or sister of the individual; e) Another adult relative of the individual; f) Other representative (must be an adult who can demonstrate a history of knowledge of the individual's preferences, values, needs, etc.).

INDIVIDUAL INFORMATION	
Individual Name:	Individual ID (if known):

DESIGNATED REPRESENTATIVE INFORMATION		
Designated Representative First Name:	Designated Representative Last Name:	
Address:		
City:	State:	Zip:
Phone #:	Email:	
Relationship to the Individual: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult child of the individual <input type="checkbox"/> Parent <input type="checkbox"/> Adult brother or sister <input type="checkbox"/> Another adult relative of the individual <input type="checkbox"/> Other representative with relationship:		

SIGNATURES
By signing below, I attest that I understand and agree to serve as the Individual's Designated Representative.

INDIVIDUAL/GUARDIAN SIGNATURE: _____ DATE: _____

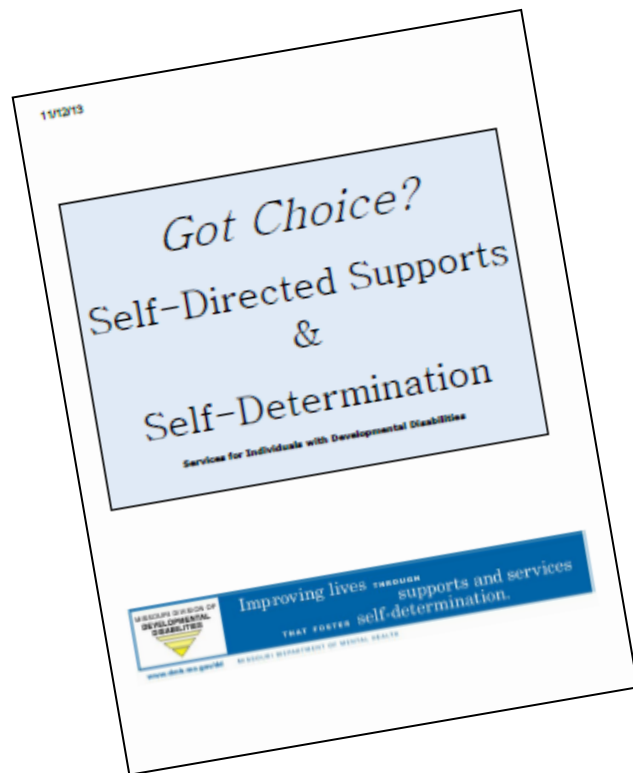
DESIGNATED REPRESENTATIVE SIGNATURE: _____ DATE: _____

DMH-DD: Designated Representative Authorization Page 1 of 1

Direct & Manage the Workers' Day to Day Activities



Got Choice Handbook



When self-directing your supports you and/or your designated representative are required to:

- Complete and submit for processing all required employer paperwork to establish the person serviced as an 'employer of record' and send to the FMS (PPL);
- Recruit your employees; interview your employees and review their references.
- Once selected, have each potential employee fill out an Employment packet found on <http://www.publicpartnerships.com/programs/missouri/GDS/program.asp> The packet is sent to FMS organization (PPL)
- Receive "Good to Go" notice from the FMS organization (PPL) that your employee candidate has passed the criminal background check before hiring him or her and allowing them to do any work for you;
- Hire your employees;
- Train your employees based on the ISP;
- Establish a work schedule for your employees. Employees working more than 40 hours per week cannot be billed to the Medicaid program. Time worked over 40 hours per week is the responsibility of the employer/Designated representative to pay and must be paid through the FMS (PPL) in order to ensure employer related taxes are withheld.
- Establish a list of tasks to be performed by your employees that is based on your ISP
- Manage your employees;
- Review your employees' performance and provide feedback either to acknowledge good performance and/or point out areas that may need improvement;
- Fire your employees when necessary and report to the FMS (PPL);
- Review, approve and submit your employees' on-line time sheets and service documentation to the FMS (PPL) organization; if you feel a time submitted does not correctly reflect the authorized hours worked, you must report any differences to the FMS organization (PPL); and work with your employees to correct any errors;
- Ensure that your employees complete all on-line Service Documentation.
- Complete the Mandatory Monthly Summary on the PPL website. This form describes the progress you have made towards achieving your ISP goals and objectives and provide an overall picture of how things are going for you.
- Make sure your employees have received and keep up with all required training and send to the FMS (PPL), who will help you track this. If trainings and certifications are not maintained, the employee will not be able to enter time, any hours worked during an expired certification are the responsibility of the employer/Designated representative to pay and must be paid through the FMS (PPL) in order to ensure employer related taxes are withheld.
- The FMS (PPL) will maintain for you a personnel file for each of your employees which contains their training records, contractual agreements, background screening and a copy of their high school diploma or GED certificate;
- Create and maintain an Emergency Back-up Plan (<http://dmh.mo.gov/dd/progs/selfdirect.html>).
- Inform the FMS (PPL) immediately when you have terminated an employee, make sure the employee has been fired in accordance with state department of labor fair firing practices. You must inform the FMS organization (PPL) of the reason for firing so it can be documented in the employee's file.

Individual/DR Responsibilities



- 👤 Must direct and manage the worker's day to day activities, making sure the services are provided as written in the ISP and provide other duties of an employer.
- 👤 Must schedule/approve all hours worked prior to submitting the time to the Fiscal Management Service (FMS)
- 👤 Must complete monthly reviews on line, and maintain required documents in the individual's home.

Direct & Manage the Workers' Day to Day activities



- 👤 Recruit, interview, hire, manage and decide whether Employees are doing a good job
- 👤 Make sure the Employee completes mandatory trainings.
- 👤 Train the Employee on the Individual's needs and preferences
- 👤 Schedule and supervise the Employee
- 👤 Review and approve weekly time sheets that are accurate and submit to the FMS
- 👤 Report any situations of potential Medicaid fraud including, but not limited to: Falsified or made-up hours, Task(s) completed that are not authorized, Forgery
- 👤 Dismiss Employees when needed.

What is Support Brokerage?

- 🕒 Provides the individual/designated representative with **information & assistance (I&A)** to secure the supports and services identified in the ISP
- 🕒 The Support Broker **does not do these tasks for the individual/designated representative**, but provides information and assistance in order for the individuals/DR to fulfill their employer related SDS responsibilities. The goal for everyone in SDS is to move towards ‘Independence’ and for individuals and families to have the support they need in order to self-direct services.
- 🕒 Some Individuals/DR may find that they do not need a Support Broker.

Support Broker (SB) Requirements



- 👤 Must be at least 18 years of age
- 👤 Must possess a high school diploma or GED
- 👤 Successfully pass a background screen
- 👤 A Support Broker may **not** be a parent, guardian or other family member.*
- 👤 SB cannot serve as a personal assistant or perform any other waived service for the individual.

**Family member is defined as a parent, step-parent, sibling, child by blood, adoption or marriage, spouse, grandparent or grandchild.*


Support Broker Education & Experience



- ability, experience and/or education to assist the individual/designated representative in the specific areas of support as described in the ISP
- competence in knowledge of DDD policies and procedures: abuse/neglect; incident reporting; human rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques
- understanding of support broker responsibilities, of advocacy, person-centered planning, and community services
- understanding of individual budgets and DDD fiscal management policies

Support Broker Requirements



 <p>Improving lives <small>THROUGH</small> supports and services THAT FOSTER self-determination.</p> <p><small>www.ddmh.mo.gov/dd</small> MISSOURI DEPARTMENT OF MENTAL HEALTH</p>		<p>MO Division of DD Support Broker Training Requirements.</p>
Agency: _____		Date: _____
The Support Broker training must cover in the following areas:		
Required Training	Training Resources	Training Completed (Date/Trainer)
Advocacy, Self-Determination	MO Div of DD Support Broker Training	
Overview of Self-Directed Supports	MO Div of DD Support Broker Training	
Person-centered planning	My Choice!: Guide for Creating your Own Individual Support Plan when Self-Directing Supports	
Working with FMS	PPL Training	
Understanding of Support Broker Responsibilities providing information and assistance to:		
Recruiting, hiring, managing, terminating workers	Hiring and Terminating of workers PPL website	
Managing and approving timesheets	PPL Training	
Organization/ maintaining documents	Employer Document Checklist	
Problem solving, conflict resolution, Filing grievances and complaints	PPL Grievance Form	
Establishing work schedules		
Understanding Service Documentation Requirements	Guide to Documentation	
Assisting with monthly Summaries/Reviews	Guide to Documentation Individuals Monthly Summary Tool User Guide	
Managing budget & employee rate setting	SDS Pay Rate Calculator SDS Budget Usage Calculator	
Seeking Supports and Community Resources		
Defining goals, needs and preferences	Implementation Strategies: Personal Assistance Implementation Strategies: Community Specialist www.lifecoursetools.com/	
Development of Emergency Backup Plan	Emergency Backup Plan	
Creating employee training		
Understanding the role of employer/DR, SC, FMS and RO	Roles and Functions within Self-Directed Supports	
Additional Training Requirements		
Incident reporting/EMT	EMT 2.0 Provider Training	
Human rights and confidentiality	Individual Rights of Persons Receiving Services	
Prevention of abuse	Say "NO" to Abuse and Neglect: A Guide for Individuals with Developmental Disabilities to Help Prevent Abuse and Neglect	
Knowledge of approved/prohibited physical management techniques		
Prevention of Fraud	Guide to Preventing Common Mistakes and Fraud	
Abuse/Neglect Training	Online Abuse and Neglect Training	

Support Broker Training Requirement

This training does not cover everything you need to know to be a Support Broker

SB Provides Information and Assistance (I&A)



- 👤 I &A to recruit, interview, hire and train employees
- 👤 I&A explore and access community resources
- 👤 I&A to establish work schedules
- 👤 I&A to help in establishing employee rate setting and manage the individual's budget using the SDS Pay rate calculator
- 👤 I&A to seek other supports or resources outlined by the individual's ISP
- 👤 I&A to communicate and problem-solve conflict resolution between employer/employee's.

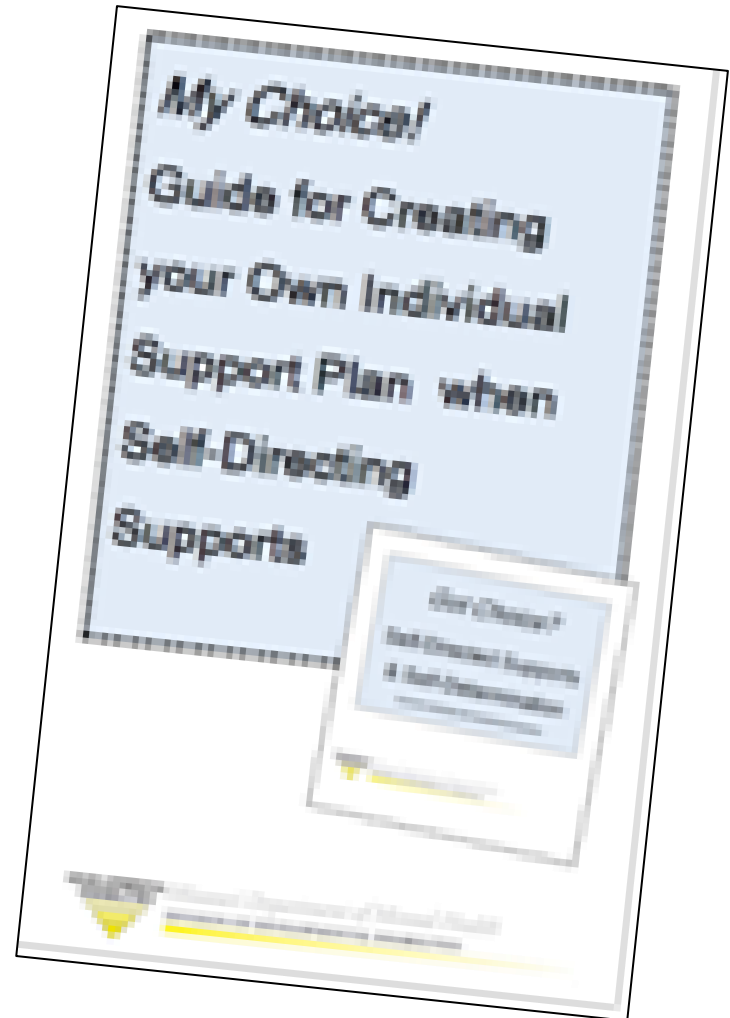
SB Provides Information and Assistance (I&A) *continued*

- 👤 I&A to ensure that the emergency back-up plan is established and working
- 👤 I&A to promote independent advocacy, to assist in filing grievances and complaints as necessary.
- 👤 I&A to define goals, needs, and preferences, identify and access services, supports and resources as part of the persons centered planning process that is gathered by the support coordinator for the ISP

Person-Centered Planning Process



- 👤 Provides the framework
- 👤 Determine goals and outcomes
- 👤 Identifies supports to meet needs



Support Brokerage Assessment For Planning



Improving lives supports and services self-determination.

SELF-DIRECTED SUPPORTS ASSESSMENT FOR SUPPORT BROKER ASSISTANCE

Individual Receiving Services: _____ Designated Representative (if applicable): _____

A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Service Plan (ISP). The Support Broker does not do these tasks for the individual/designated representative, but provides information and assistance in order for the individual/DR to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'Independence' and for individuals and families to have the support they need in order to self-direct services. This assessment will assist in determining what supports are needed in order for the individual/designated representative to be successful in self-directing supports.

Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports

	No Support needed	Details regarding the type of support needed:
Recruiting workers		
Hiring workers		
Managing workers		
Terminating workers		
Managing and approving timesheets		
Organization/ maintaining documents		
Problem solving		
Conflict resolution		
Filing grievances and complaints		
Establishing work schedules		
Understanding documentation requirements		
Assisting with monthly reviews		
Managing budget		
Seeking supports or resources		
Define goals, needs and preferences		
Development of Emergency Back-up Plan		
Employee training		
Understanding the Role of Employer, DR, SC, FMS and RO		

Goals/Outcomes and Objectives for Support Broker

Provide Practical Skills Training to Assist the Employer in Manage Services and Supports (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution, filing grievances and complaints):

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance with Establishing Work Schedules:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance in Managing Budget Authorization:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance in Seeking Supports or Resources:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month

Provide Assistance to define goals, needs and preferences:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

Provide Assistance in the development of an Emergency Back-up Plan:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

Assist Individual/ Designated Representative with employee training:

No Support Needed
 Time limited support _____ hours per year; Ongoing support: _____ hour per month.

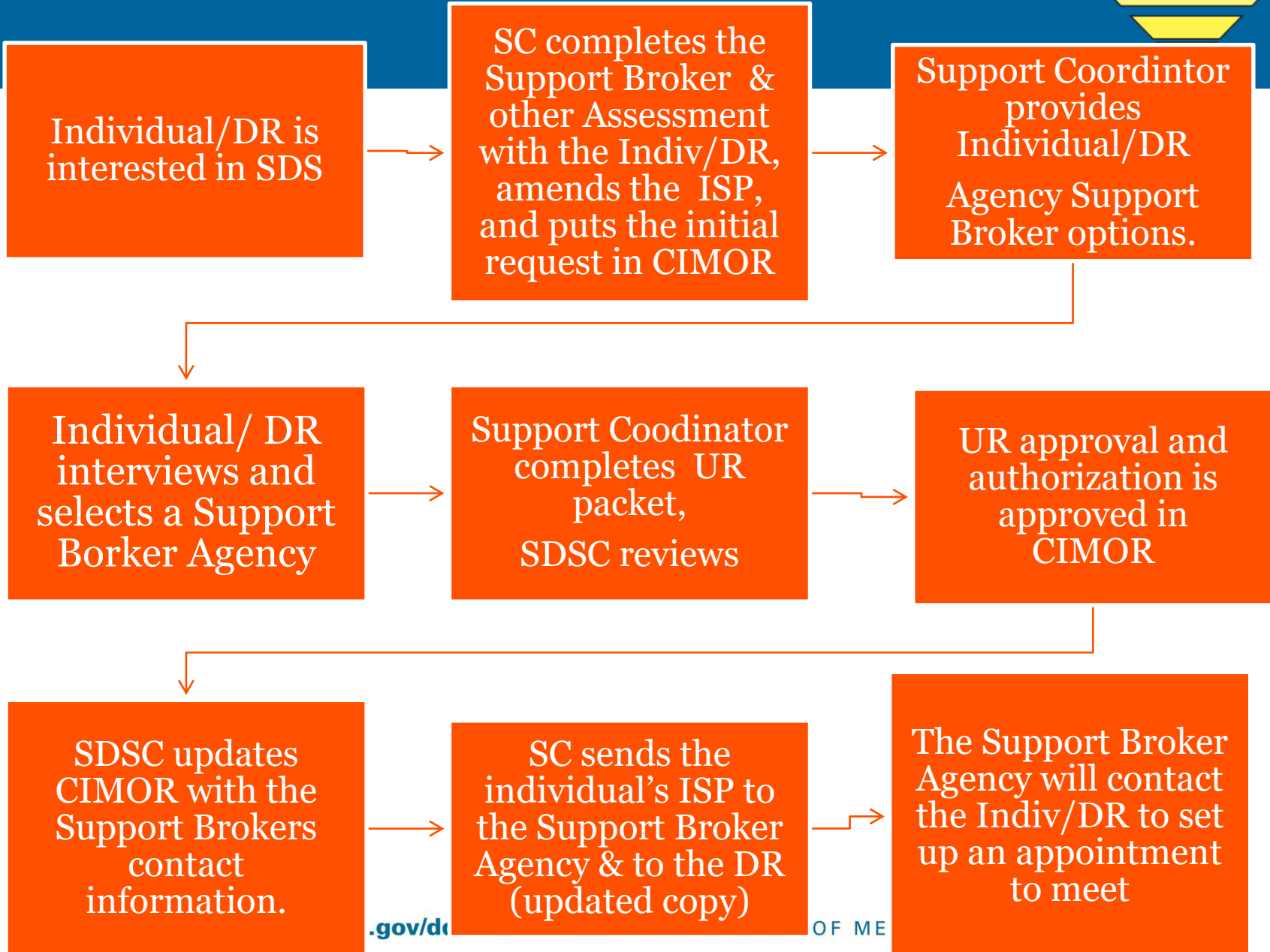
Total Ongoing Support: _____ hour per month; Total Time Limited Support _____ hours per year.
 Frequency of Need: Typical work schedule, not exceeding authorized hours

Support Coordinator: _____ Date: _____

All individuals must have in their ISP the supports that are needed in order to SDS services.

- The SB Assessment is the tool to ensure the individual/DR are getting the supports that they need in order to SDS.
- The tool is also used for individuals currently in SDS who need additional support.

Process to Getting Support Broker Service



Which Services can be Self-Directed?

Personal
Assistant

Personal
Assistant –
Medical

The Individual's
Support
Coordinator will
do assessments to
determine what
service best fits
his or her needs.


Community
Specialist

Personal
Assistance:
Team
Collaboration

Based on the needs of the individual he or she may also be receiving state plan or other agency based waiver services.

Back-up Plan





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SELF-DIRECTED SUPPORTS
Back-up Plan & Emergency Contacts

An emergency backup plan is required to handle situations when an employee, who is providing essential supports, is unavailable; Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. A back up plan may include friends, family or other natural supports, trained and qualified employees, or agency providers whom you can call for assistance. If back-up services are to be purchased from an agency provider, the individual/designated representative must consider such costs in the budget. In addition, any employees who are paid to provide back-up services must not be scheduled for over 40 hours per week. The ISP must also address the backup plan. All members of your support team need to be educated about your back-up plan and have information accessible. This form may be used to ensure that essential information is available for your employees.

Please provide detailed steps to handle situations when an employee, who is essential for support, is not available:


In the case when the Employer Designated Representative is not capable or available to manage employees, I would like to:

- 1) Appoint the following temporary representative*: Name: _____ ; Relationship _____ ; Phone: _____
(This temporary representative has received training on the role of Designated Representative and has received information on use of FMS web portal)
- 2) Receive unpaid care from natural support from: Name: _____ ; Relationship _____ ; Phone: _____
- 3) I have discussed with my Service Coordinator receiving agency based support and have developed the following plan:

* Support Coordinator must be contacted to evaluate if a new representative must be appointed.

Emergency Contacts (All emergency numbers must be accessible to your employees)

Name of Individual:	Name	Phone Number
Designated Representative		
Other Contact Relationship:		
Other Contact Relationship:		



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SELF-DIRECTED SUPPORTS
Back-up Plan & Emergency Contacts

Incident Response System & Event Management Tracking: DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. Individuals and unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, the employee should first ensure your health and safety and then should contact designated representative when applicable, and the support coordinator or the office on-call staff as soon as possible:

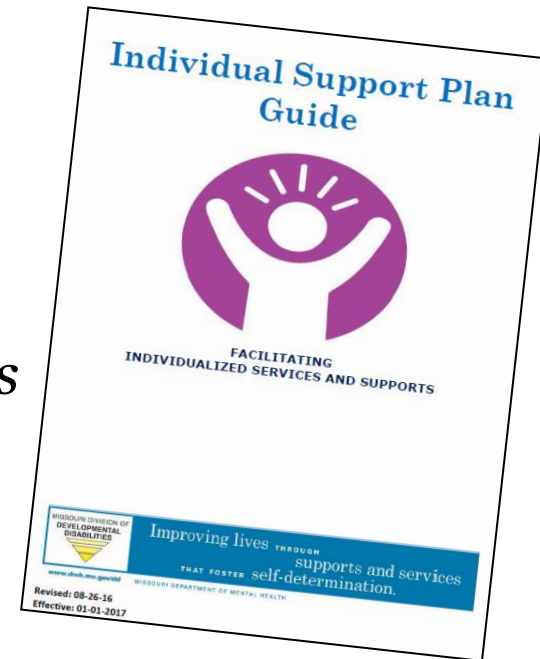
1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200)
 - a. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
 - b. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.
2. Medical emergency, which means the sudden onset of a medical condition or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
 - a. All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
3. All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
4. Use of any unapproved restraints, *restraint/time out used by employee to restrict an individual's freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an EMT form.*
 - a. *Chemical Restraint:* a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
 - b. *Manual Restraint:* any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
 - c. *Mechanical Restraints:* any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, physical equipment or orthopedic appliances; surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair, or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; These are not restraints.)
 - d. *Time Out:* removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or 1/2 doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
5. Any incident involving an individual that requires the involvement of law enforcement.
6. All events that result in disruption of services due to fire, theft or natural disaster, resulting in extensive property damage or loss.
7. The death, by any cause, of an individual.
8. Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
9. Incidents of falls *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*

Support Coordinator	Name	Phone Number

Identify the back-up plan when scheduled employees are not available to provide supports or other emergencies arise

ISP & Implementation Strategies




- 👤 **Personal Outcomes** are what drive a person's ISP. These are things that the individual is interested in trying, learning, doing, or achieving in the next year. Personal Outcomes must relate to what is important to the individual
- 👤 **Goals** describe the actions to be taken towards achieving the Personal Outcome, and are developed as a part of the person-centered planning process. Each Goal has Implementation Strategies in place to provide step-by-step actions and instruction for the people responsible for implementing the Goal.
- 👤 **Implementation Strategies:** The provider responsible for providing the service(s) used to help the individual achieve his/her personal outcome(s) and related goals develops the Implementation Strategies.





ISP & Implementation Strategies

Personal Assistance Service

-  Does not require a Personal Outcome to be identified; the service may consist of only supports provided.
-  The Individual/Designated Representative determines if they would like to have formal personal outcome and goals.
-  Individuals/Designated can be authorized for Support Broker Services if they need information and assistance to 'Define goals, needs and preferences'.

Date: _____ Page 1 of ____			
SDS Personal Assistance Implementation Strategies <small>*Personal Assistance Service does not require a Personal Outcome to be identified; the service may consist of only supports provided. The Individual/Designated Representative determines if they would like to have formal personal outcome and goals. Individuals/Designated can be authorized for Support Broker Services if they need information and assistance to 'Define goals, needs and preferences'.</small>			
Name (Given)		Designated Representative Name:	
Nick name			
	Support provided or Personal Outcome/*Goal area	Frequ/ Dur	Details regarding the type of support needed: (information from ISP) *Goal Information on 2 nd page if applicable.
Bathing/Assisting in the Bathroom/Dressing			
Mobility			
Extension of therapies, care of adaptive equipment and exercise			
Meal Preparation/Assistance with meals			
Incidental Household cleaning and laundry			
Shopping			
Banking/Budgeting			
Using Public transportation			
Recreational/Leisure/Socialization			
Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community			

Date: _____ Page 2 of ____	
Personal Outcomes Goal # 1	
Information from ISP	
Personal Outcome and related Goal(s):	
Information Important to know about the Personal Outcome and related Goal(s): Current situation and things that have been tried or would like to try: Why it is the Outcome important to the individual (and family) in their words if possible:	
What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s):	
What technology can be used to achieve the Personal Outcome and related Goal(s):	
What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):	
What community resources can be used to achieve the Personal Outcome and related Goal(s):	
Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s):	
If Waiver Supports are needed who is responsible for writing the Implementation Plan:	
My Goal(s) related to this outcome:	
Teaching strategies:	
Objective #1:	
Objective #2:	
Implementer(s) name:	Freq/Dur:
Location:	Target Date: Review Scheduled:
My Responsibilities (optional)	My Providers' Responsibilities (optional)
(Example of a quarterly review schedule)	
90 Day Review Date: _____ Services Completed: _____ Services Continued: _____	

180 Day Review Date: _____ Services Completed: _____ Services Continued: _____	



ISP & Implementation Strategies

Community Specialist Service

- Requires a Personal Outcome to be identified.
- The Community Specialist may assist in developing the Implementation Strategies or
- The Individual/Designated can be authorized for Support Broker Services if they need information and assistance to 'Define goals, needs and preferences'.

Date: _____ Page 1 of ____

SDS Community Specialist Implementation Strategies

Community Specialist Service requires a Personal Outcome to be identified. The Community Specialist may assist in developing the Implementation Strategies or the Individual/Designated can be authorized for Support Broker Services if they need information and assistance to 'Define goals, needs and preferences'.

Name (Given)		Designated Representative Name:	
Nick name			

	Support provided or Personal Outcome/**Goal area	Frequ/ Dur	Details regarding the type of support needed: (information from ISP) <i>*Goal Information on 2nd page if applicable.</i>				
Professional observation and assessment			<p style="text-align: right;">Date: _____ Page 2 of ____</p> <p style="text-align: center;">Personal Outcomes Goal # 1</p> <p>Information from ISP</p> <p>Personal Outcome and related Goal(s):</p> <p>Information Important to know about the Personal Outcome and related Goal(s): Current situation and things that have been tried or would like to try: Why it is the Outcome important to the individual (and family) <i>in their words, if possible:</i></p> <p>What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s):</p> <p>What technology can be used to achieve the Personal Outcome and related Goal(s):</p> <p>What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):</p> <p>What community resources can be used to achieve the Personal Outcome and related Goal(s):</p> <p>Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s):</p> <p>If Waiver Supports are needed who is responsible for writing the Implementation Plan:</p> <p>My Goal(s) related to this outcome:</p> <p>Teaching strategies:</p> <p>Objective #1:</p> <p>Objective #2:</p> <p>Implementer(s) name: _____ Freq/Dur: _____ Location: _____ Target Date: _____ Review Scheduled: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">My Responsibilities (optional)</td> <td style="width: 50%;">My Providers' Responsibilities (optional)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> <p><i>(Example of a quarterly review schedule)</i></p> <p>90 Day Review Date: _____ Services Completed: _____ Services Continued: _____</p>	My Responsibilities (optional)	My Providers' Responsibilities (optional)		
My Responsibilities (optional)	My Providers' Responsibilities (optional)						
Individualized program design and implementation							
Consultation with caregivers							
Provide support advocating for the individual							
Assisting the individual in locating and accessing services and supports							
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction							
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills							
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills.							

ISP & Implementation Strategies

Support Broker Services


- Requires a Personal Outcome to be identified.
- The agency is required to have implementation strategies to meet these Personal Outcomes.

Example of a SB
Implementation
Strategies Plan
Template

Name: _____ Plan Span Date _____ Page 1 of ____			
Support Broker Implementation Strategies			
Name (Given)	ISP Plan Span Date		
Nick name	Date of Birth		
Address	Provider Name:		
Phone	Support Broker Name:		
Information and Assistance (Support) needed in order to Self-Direct Supports Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports			
	Support provided or Personal Outcome/Goal area	Frequ/ Dur	Details regarding the type of support needed: (Information from ISP)
Recruiting workers			
Hiring workers			
Managing workers			
Terminating workers			
Managing and approving timesheets			
Organizational/ maintaining documents			
Problem solving			
Conflict resolution			
Filing grievances and appeals			
Establishing work schedules			
Understanding documentation requirements			
Assisting with monthly reviews			
Managing budget & Employee Rate Setting			
Seeking supports or resources			
Define goals, needs and preferences			
Development of Emergency Back-up Plan			
Employee training			
Understanding the Role of Employer/DR, SC, FMS and RO			

Personal Outcomes Goal # 1	
Information from ISP	
Personal Outcome and related Goal(s):	
Information Important to know about the Personal Outcome and related Goal(s):	
Current situation and things that have been tried or would like to try:	
Why it is the Outcome important to the individual (and family) in their words (if possible):	
What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s):	
What technology can be used to achieve the Personal Outcome and related Goal(s):	
What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):	
What community resources can be used to achieve the Personal Outcome and related Goal(s):	
Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s):	
If Waiver Supports are needed who is responsible for writing the Implementation Plan:	
My Goal(s) related to this outcome:	
Teaching strategies:	
Objective #1:	
Objective #2:	
Implementer(s) name:	Freq/Dur:
Location:	Target Date:
	Review Scheduled:
My Responsibilities (optional)	My Providers' Responsibilities (optional)
(Example of a quarterly review schedule)	
90 Day Review Date: _____ Services Completed: _____ Services Continued: _____	

Implementation Strategies (IS)

 Review the ISP and review for supports (*things that you help with but not Goal/Outcome*) and record on the Implementation Strategies worksheet.

Name: _____ Plan Span Date _____ Page 1 of ____			
Support Broker Implementation Strategies			
Name (Given)		ISP Plan Span Date	
Nick name		Date of Birth	
Address		Provider Name:	
Phone		Support Broker Name:	
Information and Assistance (Support) needed in order to Self-Direct Supports Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports			
	Support provided or Personal Outcome/Goal area	Frequ/ Dur	Details regarding the type of support needed: (information from ISP)
Recruiting workers			
Hiring workers			
Managing workers			
Terminating workers			
Managing and approving timesheets			
Organization/ maintaining documents			
Problem solving			
Conflict resolution			
Filing grievances and complaints			
Establishing work schedules			
Understanding documentation requirements			
Assisting with monthly reviews			
Managing budget & Employee Rate Setting			
Seeking supports or resources			
Define goals, needs and preferences			
Development of Emergency Back-up Plan			
Employee training			
Understanding the Role of Employer/DR, SC, FMS and RD			

Example of a SB Implementation Strategies Plan Template

Implementation Strategies

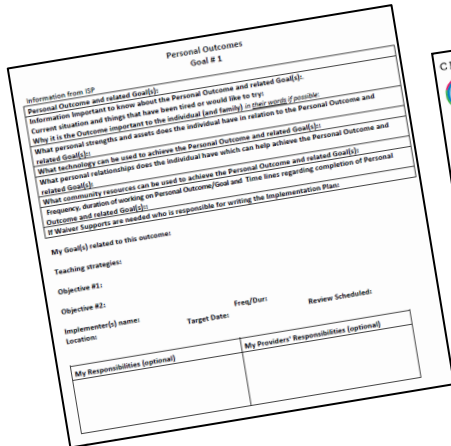
Review Personal Goals/Outcomes with the individual and develop a plan to accomplish.

- 👤 **Current situation and things that have been tried or would like to try**
- 👤 **Why it is the Outcome important to the individual (and family) *in their words* if possible**

In relation to the Personal Outcome and related Goal(s)

- 👤 **What personal strengths and assets does the individual have**
- 👤 **What technology can be used**
- 👤 **What personal relationships does the individual have**
- 👤 **What community resources can be used**

What will be the teaching strategies and objectives?



Personal Outcomes
Goal # 1

Information from CP

Personal Outcome and related Goal(s):

Personal Outcome and related Goal(s) that have been tried or would like to try:

Information important to know about the Personal Outcome and related Goal(s):

Current situation and things that have been tried or would like to try:

What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s):

What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):

What technology can be used to achieve the Personal Outcome and related Goal(s):

What community resources can be used to achieve the Personal Outcome and related Goal(s):

Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s):

If Waiver Supports are needed who is responsible for writing the Implementation Plan:

My Goal(s) related to this outcome:

Teaching strategies:

Objective #1: _____ Freq/Dur: _____ Review Scheduled: _____

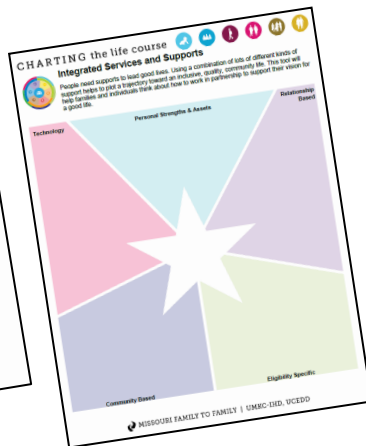
Objective #2: _____

Implementer(s) name: _____ Target Date: _____

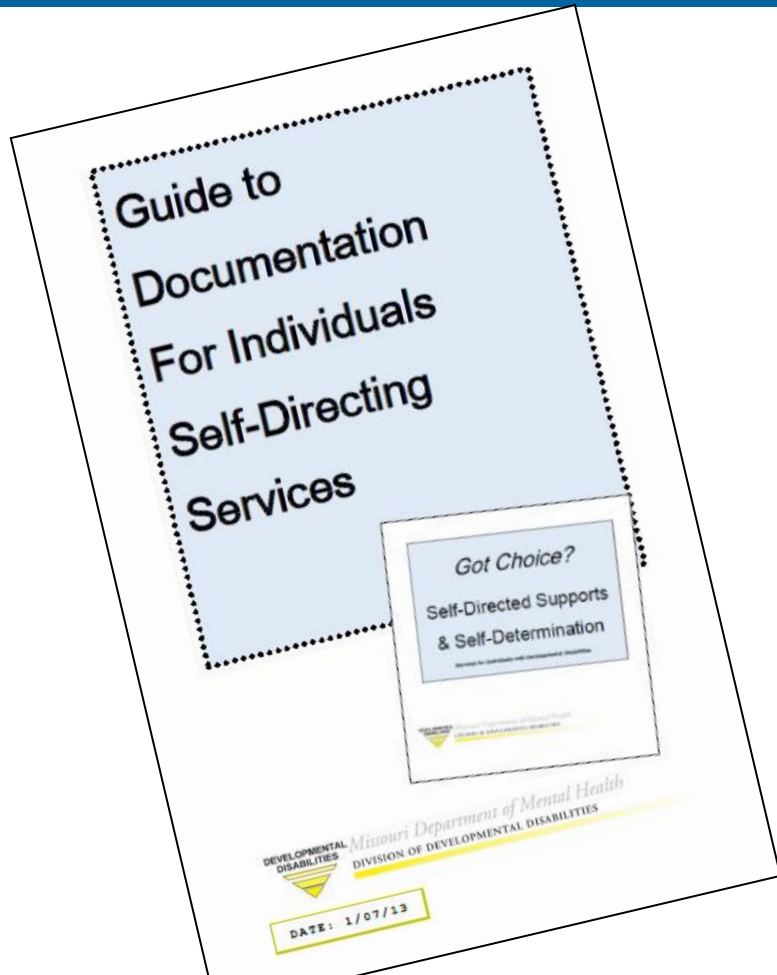
Location: _____

My Responsibilities (optional): _____

My Providers' Responsibilities (optional): _____



Service Documentation



This Guide is available to assist in understanding Service documentation & **Monthly Summary** requirements and is available at the Division of DD website:

<http://dmh.mo.gov/dd/progs/selfdirect.html>

Service Documentation Maintained

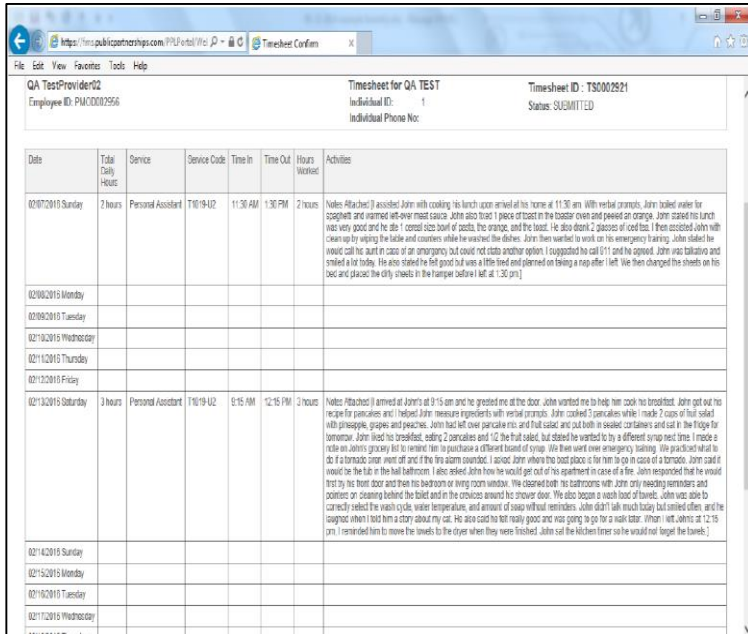


- 🕒 Beginning February 7, 2016 Service Documentation is maintained by the FMS. **(PPL will provide information on accessing this by way of the web portal)**

** Please note that if the individual/DR were self-directing supports prior to February of 2016, they must maintain the following:*

- 🕒 *Mandatory Self-directed Supports Documentation (archives must go back six years). Time recorded on this document must be consistent with what is submitted on the FMS (Consumer Direct) timesheets (**archives must go back six years**).;*
- 🕒 *Mandatory Monthly Summary – report documenting progress for all SDS services and budget tracking (**archives must go back six years**).*

PPL Web Portal Documentation Maintained



The screenshot shows a web browser window displaying a "Timesheet for QA TEST" for Employee ID: P1AC0002956. The timesheet is for the period from 02/07/2019 to 02/11/2019. The employee is a Personal Assistant (Service Code T1619-U2). The timesheet shows two entries: one for Sunday, 02/07/2019, and one for Saturday, 02/10/2019. Both entries show a total of 2 hours worked. The activities described in the notes include cooking, cleaning, and assisting with personal care.

Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Activities
02/07/2019 Sunday	2 hours	Personal Assistant	T1619-U2	11:30 AM	1:30 PM	2 hours	Notes: Attached I assisted John with cooking his lunch, open arrival of his home at 11:30 am. With verbal prompts, John boiled water for spaghetti and warmed wet-over-most sauce. John also toast 1 piece of toast in the toaster oven and peeled an orange. John stated his lunch was very good and he ate 1 cereal size bowl of pasta, the orange, and the toast. He also drank 2 glasses of cold fast. I then assisted John with clean up by wiping the table and counters while he washed the dishes. John then wanted to work on his emergency training. John stated he would call the fire in case of an emergency but could not enter another option. I suggested he call 911 and he agreed. John was talkative and smiled a lot today. He also stated he felt good but was a little tired and planned on taking a nap after I left. We then changed the sheets on his bed and placed the dirty sheets in the hamper before I left at 1:30 pm.
02/08/2019 Monday							
02/09/2019 Tuesday							
02/10/2019 Wednesday							
02/11/2019 Thursday							
02/12/2019 Friday							
02/13/2019 Saturday	3 hours	Personal Assistant	T1619-U2	8:15 AM	12:15 PM	2 hours	Notes: Attached I arrived at John's at 8:15 am and he greeted me at the door. John wanted me to help him cook his breakfast. John got out his recipe for pancakes and I helped John measure ingredients with verbal prompts. John cooked 3 pancakes while I made 2 cups of fruit salad with grapefruit, grapes and peaches. John had left over pancakes and fruit salad and put both in sealed containers and set in the fridge for tomorrow. John had his breakfast, eating 2 pancakes and 1/2 the fruit salad, but stated he wanted to try a different syrup next time. I made a note on John's grocery list to remind him to purchase a different brand of syrup. We then went over emergency training. We practiced what to do if someone came over and left and if the alarm sounded. I asked John where the best place to get help in case of a fire. John said it would be the hall bathroom. I also asked John how he would get out of his apartment in case of a fire. John responded that he would first try the front door and then his bedroom or living room window. We cleaned both his bathrooms with John only needing reminders and pointers on cleaning behind the toilet and in the crevices around the shower door. We also began a reach task of towels. John was able to correctly select the reach cycle, water temperature, and amount of soap without reminders. John didn't talk much today but smiled often and the caregiver when I told him a story about my cat. He also said he felt really good and was going to go for a walk later. When I left John at 12:15 pm I reminded him to move the towels to the dryer when they were finished. John said the kitchen timer so he would not forget the towels.
02/14/2019 Sunday							
02/15/2019 Monday							
02/16/2019 Tuesday							
02/17/2019 Wednesday							

- 🕒 PPL Maintains the Service Documentation and Monthly Summaries for the employer
- 🕒 PPL is not Responsible for Reviewing

PPL will provide more information

Support Broker Service Documentation



- 👤 Support Brokers must complete service documentation for day services rendered.
- 👤 Support Brokers also complete a Monthly Summary which is sent to the Individual/DR and Support Coordinator.
- 👤 The FMS does not maintain Service Documentation for Support Broker services

This is a thumbnail of the first page of a form titled "SELF-DIRECTED SUPPORTS SUPPORT BROKER MONTHLY SUMMARY DOCUMENTATION SHEET". It includes a header with the Missouri Department of Mental Health logo and the slogan "Improving lives... supports and services that ensure self-determination". The form contains fields for "Individual Receiving Services", "Designated Representative", and "Month/Year". It also includes a section for "Provide Practical Skills Training to Assist the Employee in Manage Services and Supports" with a "Level of Support needed" section containing radio buttons for "Total Assistance", "Minimal Assistance", "Moderate Assistance", and "No assistance needed in this area".This is a thumbnail of the second page of the same form. It continues with "Individual Receiving Services" and "Designated Representative" fields. It includes a section for "Provide Assistance in the Development of an Emergency Back-up Plan" and another for "Assist Individual/ Designated Representative with employee training". Both sections have "Level of Support needed" radio buttons. At the bottom, there are fields for "Support Broker Printed Name", "Signature", and "Date".


Monthly Summary
Example

What should a SB do each month?

- 🕒 **Reporting to Support Coordinator**
current needs of individual and status of SB goals and objectives (Implementation Strategies). This is done by way of Monthly Summaries documentation that is sent to the Support Coordinator and Individual/Designated Representative.

Employer Document Checklist

Items that must be available at home

Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

Self-Directed Supports Employer Document Checklist

When you are self-directing your supports it is recommended that you keep a copy of all paperwork that you sign. However some of these documents are also maintained by your support coordinator (SC), regional office (RO) and/or your Fiscal Management Service (FMS). The documents listed below must be maintained by you, and be available for your SC to review. Additionally, these records must be produced for auditing purposes through the Missouri Department of Mental Health, Department of Social Services, and the Center for Medicare and Medicaid Services. Your SC, RO or FMS does not keep a copy of these documents for you. Not having these documents on file could result in terminating the option of self-directing your supports.

Individual/Designated Representative File

Individual Service Plan including budget information	
--	--

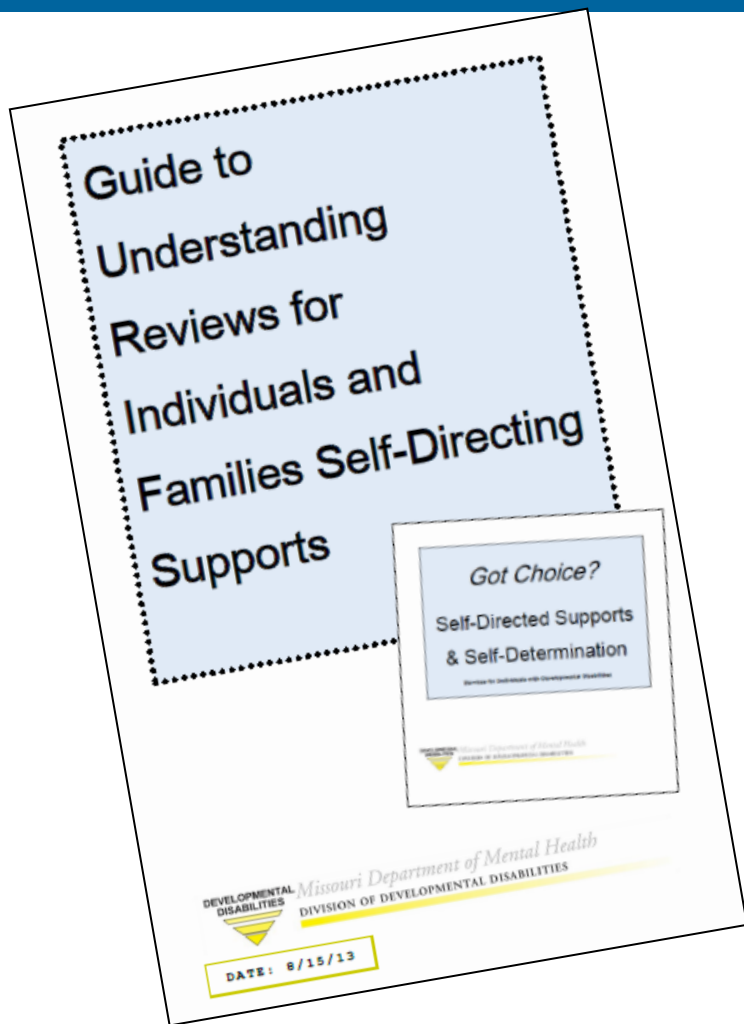
Information available for Employees

Individual Service Plan	
The Emergency Back-up Plan (to ensure adequate coverage in case of emergency)	

Service Documentation: *The following information must be maintained by the individual/DR for services provided prior to Feb 7, 2016.*
(Starting Feb 7, 2016 Service Documentation will be maintained by the FMS.)

<p>MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS (Missouri Consumer Direct) timesheets.</p> <p>Not having these documents on file and any discrepancies in records and claims for reimbursement from MO HealthNet are subject to recoupment from the Individual/Designated Representative and may result in terminating the option of self-directing your supports.</p> <p>Monthly summary – report documenting progress for all SDS services and budget tracking.</p>	
---	--

Creating Quality Audits/Reviews



A review will be done
by the Regional
Office, MMAC or
other Medicaid
Agency



Event Management Tracking

Any employee paid to provide Medicaid Waiver services is required to report any events that could jeopardize an individual's health or safety. If a qualifying event occur, he/she must notify the SC or the office on-call staff as soon as possible.

Incident Response System & Event Management Tracking: DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. You and your unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, your employee should first ensure your health and safety and then should contact your designated representative (if you have one), and your support coordinator or the office on-call staff as soon as possible.

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5-200)
 - a. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
 - b. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.
2. Medical emergency, which means the sudden onset of a medical condition, or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
 - a. All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
3. All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
4. Use of any unapproved restraints. *restraint/time out used by employee to restrict an individual's freedom of movement, physical activity, or neutral occurs while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an RMT form.*
 - a. **Chemical Restraint:** a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
 - b. **Manual Restraint:** any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
 - c. **Mechanical Restraint:** any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or subclavicular tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)
 - d. **Time Out:** removing the individual from one location and **requiring** them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or windows, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
5. Any incident involving an individual that requires the involvement of law enforcement.
6. All events that result in disruption of services due to fire, theft or natural disaster; resulting in extensive property damage or loss.
7. The death, by any cause, of an individual.
8. Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
9. Incidents of falls *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*

Upon receiving information regarding an incident listed above, your support coordinator will ensure your immediate health and safety needs are met. He or she will then write a report detailing the event. In some cases, your team will need to talk about what occurred prior to the event and what can be done to prevent a recurrence in the future.

Got Choice? 26

List of reportable events is also found on the Back-up Plan form.



Service Monitoring done by the Support Coordinator

Service Monitoring

Your support coordinator (SC) will meet with you face to face, no less than every three months, to monitor your health, environment/safety, rights, staff, services and budget (See <http://dmh.mo.gov/dd/progs/selfdirect.htm>). Your SC is responsible to ensure that you are satisfied with services and fulfilling your employer responsibilities. They will also work with you to ensure that you have the services and support you need to fulfill your employer responsibilities.

Self-Directed Supports Service Monitoring Guide

Self-Directed Supports are provided to individuals who are eligible for a SDS (SDS). The description for the 1-year check-out and subsequent guidelines are set in 208.040 RSMo. In addition, a copy of the document is provided if this is present. This is 208.040 RSMo and the rest of the document is the monitoring and visit on the form. In any case (SDS).

Agency Information

Agency Name: _____ Support Coordinator: _____ Date of Visit: _____
 Address: _____ Phone: _____
 Email: _____

Employment & Wages

1. Does the individual have a job? Yes No
 If yes, what is the job title? _____
 2. Is the individual's wage sufficient to meet their needs? Yes No
 If no, what is the reason? _____

Health & Services

3. Is the individual's health status satisfactory? Yes No
 If no, what is the reason? _____
 4. Is the individual's environment safe? Yes No
 If no, what is the reason? _____
 5. Is the individual's rights being protected? Yes No
 If no, what is the reason? _____

Money

6. Is the individual's budget sufficient to meet their needs? Yes No
 If no, what is the reason? _____

Appendix 1

Agency Information

Agency Name: _____ Support Coordinator: _____ Date of Visit: _____
 Address: _____ Phone: _____
 Email: _____

Agency Services

1. Agency Services: _____
 2. Agency Staff: _____
 3. Agency Budget: _____

Agency Staff

4. Agency Staff: _____
 5. Agency Staff: _____

After the visit your SC will document positive outcomes along with any issues or concerns and send this information to your Division of Developmental Disabilities Regional Office for tracking and trending purposes (See [SDS Monitoring Guide http://dmh.mo.gov/dd/progs/selfdirect.htm](http://dmh.mo.gov/dd/progs/selfdirect.htm)).

If your SC does not find any issues during the visit, this is documented and a copy should be sent to you within five days of the visit.

If your SC identified an issue(s) that cannot be resolved during the time of the visit or the issue is one-time concern, your support coordinator, after resolving the issue, documents the issue and resolution, sends a copy to you and the Division of Developmental Disabilities Regional Office within five working days of the visit. If the issue is not resolved, then your SC will indicate the follow-up action on the form sent to the regional office. The SC will notify the regional office when the issue is resolved.

SDS Improvement Plan



- When multiple issues have been identified, a pattern of issues repeatedly occurring, or serious situation that must be corrected a Self-Directed Supports Improvement Plan will be jointly developed.
- Issues may be identified on monitoring visits, event reports, reviews or issues reported by the FMS (PPL).

Improving lives through supports and services through self-determination. SELF-DIRECTED SUPPORTS Improvement Plan

Name of Individual: _____ Designated Representative: _____ Guardian: _____
Self-Directed Support Coordinator: _____ Support Coordinator: _____ Plan requested by: _____
Date of Request: _____ Individual Attending: _____
Date of Meeting: _____ Future Meeting Dates: _____

ISSUE	ACTION STEPS Not being able to meet employment/designated representative responsibilities can result in termination of the SDS option and you will be offered agency managed services.	RESPONSIBLE PARTY	DATE TO COMPLETE	PROGRESS/DATE COMPLETED
A.	1) _____			
AUTHORITY	2) _____			
	3) _____			
	4) _____			
B.	1) _____			
AUTHORITY	2) _____			
	3) _____			
	4) _____			
C.	1) _____			
AUTHORITY	2) _____			
	3) _____			
	4) _____			

Improving lives through supports and services through self-determination. SELF-DIRECTED SUPPORTS Improvement Plan

A. _____
AUTHORITY _____
1) _____
2) _____
3) _____
4) _____

Due Date: _____ Corrective Due Date was Met: Yes; No Corrective Actions Completed: Yes; No

Final Recommendation: _____

CC: Improvement Plan and letter: DMH-DD Regional Director, Provider Relations Lead, Quality Assurance Lead, SDSC File, SC, SC Supervisor, Designated Representative/Individual, Individual record

Termination of Self-Directed Supports



Voluntary Termination

If an individual decides they do not want to continue self-directing their supports, they may stop at any time. The service coordinator should help them begin that process and assist them in transitioning to agency-based services.

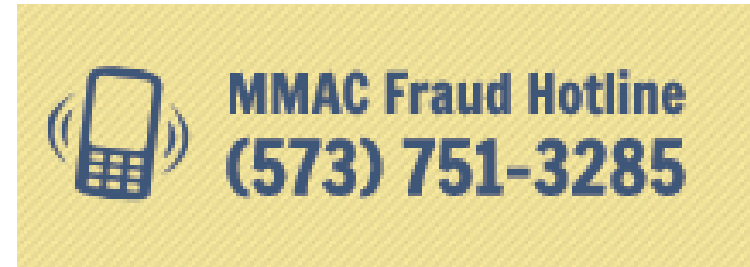
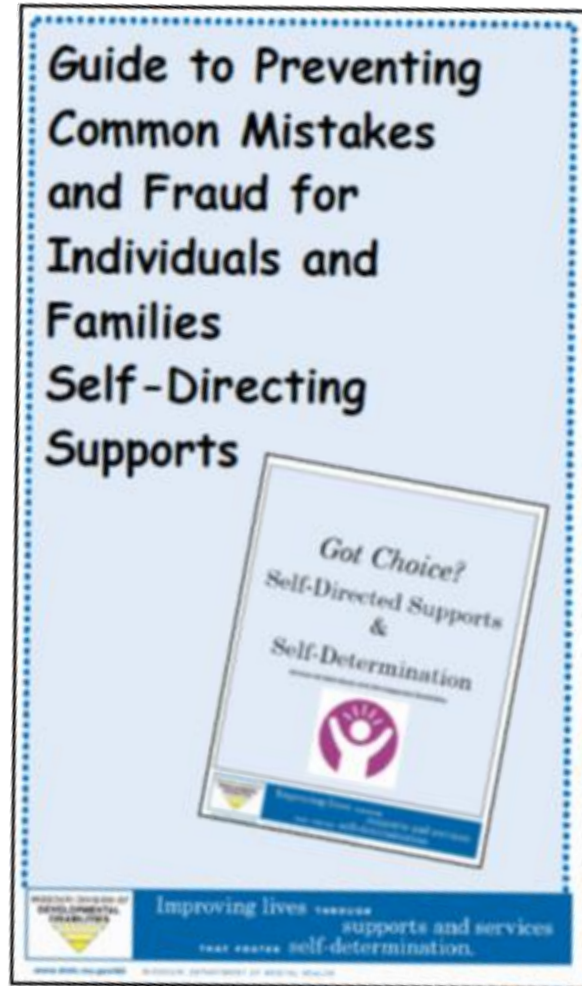
Involuntary Termination of Self-Directed Services

In the event the planning team determines the individual's health and safety is at risk, there are concerns regarding their willingness to ensure proper records are accurately kept, or that they are unwilling to supervise employees to receive services according to the plan, the choice of self-directing their supports may be terminated. Before terminating self-directed options, the service coordinator and other appropriate staff will first counsel the individual or their designated representative to assist them in understanding the issues, let them know what corrective action is needed, and offer them assistance in making changes. If the SDS option is terminated, the same level of services will be offered through a traditional agency-based model.

Helpful Tools: Fraud Prevention



This Guide is reviewed with Individuals/ Designated Representatives by the Regional Office Self-directed Support Coordinator (SDSC) during the Initial Review Process



Self-Directed Home and Community-Based Services: Understanding Your Role

The Centers for Medicare & Medicaid Services (CMS) and the State are helping beneficiaries understand mistakes that can cause payment errors for self-directed home and community-based services (HCBS). These services are called "self-directed care" in this fact sheet. Avoiding these mistakes can help Medicaid continue to provide services to those who need them. This fact sheet will help you make choices about your care. It will also help you manage those who help you and how you pay for those services.[1]

If you choose to self-direct your care, please read this fact sheet. It covers common mistakes that are made on documents that support funds paid for services. It also helps you make good choices about your services. You will also learn how to avoid those common errors. After reading this, you should be able to answer these questions:

- What are HCBS?
- What is the self-directed care option?
- What are the policies for self-directed care?
- What must I do?
- What are the common mistakes made?
- Why is my involvement important?
- Where can I go for more resources?

These are the key terms used in this fact sheet:

- You: includes you, the beneficiary, and the person you assign in your plan to help you direct your care.
- Person-centered plan: Same as plan of care, care plan, individual service plan (ISP), individual education plan (IEP), or other terms used to describe a written individual plan that includes HCBS.

Overview of Home and Community-Based Services

Medicaid pays for services through many programs that help you live in your own home or community.[2] If you have a disability, are aged, or have a chronic condition such as diabetes, heart disease, or high blood pressure, you may be eligible to get the care you need. These services may include:

- Home health care;
- Personal support;
- Private-duty nursing;
- Home-delivered meals;
- Adult day care;
- Durable medical equipment (DME) and supplies;
- Case management;
- Respite care; and
- Other needed services.

States can waive some Federal rules to create programs to meet service needs of their residents. States can offer many waiver programs at the same time. No two State Medicaid programs are the same. Check with your State Medicaid agency (SMA) or State sister agency for information about programs and services.

1

Who can be an employee?

Yes



Personal Assistance

- 👤 18 years of age
- 👤 High School diploma/GED or RO Exceptions

Community Specialist

- 👤 4 year degree or 2 year degree + 3 years experience



NO



- 👤 The individual's spouse
- 👤 An individual's parents if they are a minor (*family can not provide Community Specialist Service*)
- 👤 An individual's legal guardian
- 👤 The individual's Designated Representative
- 👤 Anyone with a felony or charge which is disqualifying

Family as Caregiver



The following conditions must be met:

- The individual is not opposed to the family member providing services
- The services to be provided are solely for the individual and not household tasks expected to be shared with people living in the family unit
- Paid family member provides the service that best meets the individual's needs

Personal Assistance is the only service that allows a family caregiver.


Mandatory Training for all Employees



- Abuse and Neglect Training
(required prior to employment)
- Training on the Individual Service Plan
- Employee Handbook for SDS employees
(On PPL website)



Personal Assistant (PA)



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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**


***Personal Assistance Service does not require a Personal Outcome to be identified, they may consist of only supports provided**

	No Support needed	Details regarding the type of support needed	Personal Outcome area for Individual *
Bathing/Assisting in the Bathroom/Dressing			
Mobility			
Extension of therapies, care of adaptive equipment and exercise			
Meal Preparation/Assistance with meals			
Incidental Household cleaning and laundry			
Shopping			
Banking/Budgeting			
Using Public transportation			
Recreational/Leisure/Socialization			
Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community			

Times Support Needed: Typical times individual will need paid PA supports.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day	hrs	hrs	hrs	hrs	hrs	hrs	hrs

Additional hours of paid PA support needed per month: _____



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**SELF-DIRECTED SUPPORTS
ASSESSMENT FOR PERSONAL
ASSISTANT AND TRAINING
EXEMPTIONS**

Training Exemptions

The individual/Designated Representative may exempt the following requirements if the exemption is due to:
 [A] Duties of the PA named above will not require skills to be attained from this training requirement.
 [B] The PA named above has adequate knowledge or experience.
To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.

*CPR Training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*First Aid training (Cannot be exempt for Enhanced Medical PA)	[]A []B
*Medication Administration (Cannot be exempt for Enhanced Medical PA if providing medication administration)	[]A []B
*Behavior Intervention Crisis Management training <input type="checkbox"/> Mandt; <input type="checkbox"/> NCI/CPI; <input type="checkbox"/> PCMA or SCM (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)	[]A []B
*Behavior Intervention- Positive Behavior Supports training <input type="checkbox"/> "Tools of Choice"; <input type="checkbox"/> Columbus PBS; <input type="checkbox"/> Other training approved by RO QE department or Division Chief Behavior Analyst * (Cannot be exempted for Enhanced Behavioral PA)	[]A []B

SDS allows
 individuals/DR to
 exempt some trainings
 for Personal Assistant
 based in the needs of
 the individual.

PA Medical



- Require higher level of medical supports
- Require additional training requirements that cannot be waived
- ISP identifies and justifies the level of support
- Typically receive oversight and training from SDS Community Specialist or agency based waiver service

Personal Assistant (PA)

Training Checklist Pre-Employment Training Requirements

<p>The individual/Designated Representative may exempt the following requirements if the exemption is due to: [A] Duties of the PA named above will not require skills to be attained from this training requirement. [B] The PA named above has adequate knowledge or experience.</p> <p>To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.</p> <p>*Certificate of Training must be attached.</p>	<p>CHECK APPLICABLE EXEMPTION CODE(S)</p>
<p>*CPR Training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA)</p>	<p>[]A []B</p>
<p>*First Aid training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA)</p>	<p>[]A []B</p>
<p>*Medication Administration training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA if providing medication administration)</p>	<p>[]A []B</p>
<p>*Behavior Intervention Crisis Management training <input type="checkbox"/> Mandt; <input type="checkbox"/> NCI/CPI; <input type="checkbox"/> PCMA or SCM Provided by _____ Date _____ (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)</p>	<p>[]A []B</p>
<p>*Behavior Intervention- Positive Behavior Supports training <input type="checkbox"/> "Tools of Choice"; <input type="checkbox"/> Columbus PBS; <input type="checkbox"/> Other training approved by RO QE department or Division Chief Behavior Analyst * (*Supporting documentation must be attached). Provided by _____ Date _____ (Cannot be exempted for Enhanced Behavioral PA)</p>	<p>[]A []B</p>
<p>Educational Requirements: <input type="checkbox"/> High School Diploma; <input type="checkbox"/> GED; <input type="checkbox"/> Regional Office Exemption (Supporting documentation must be attached)</p>	

All training certifications must be kept current during the duration that the employee is employed. *Signature of the individual, designated representative or guardian signifies approval of the training plan and approval of any exemptions granted.*

PA Team Collaboration



- 👤 For self-directed supports Team Collaboration allows the individual's employees to participate in the service plan and to meet as a team to ensure consistency in its implementation. A team meeting also can be convened by the individual or their designated representative for the purposes of discussing specific needs of the individual, the individualized progress towards outcomes, and other related concerns.
- 👤 Team collaboration can be included in the individual budget up to 120 hours per plan year.

Community Specialist



- ❶ Used when specialized supports are needed to assist the individual in **achieving outcomes** as specified in the Individual Service Plan. Such as nurse delegation.
- ❷ May not duplicate Support Broker or other waiver service.

Community Specialist Assessment



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COMMUNITY SPECIALIST ASSESSMENT

Individual Receiving Services: _____ Designated Representative (if applicable) : _____

A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.

	No Support needed	Details regarding the type of support needed:
professional observation and assessment	<input type="checkbox"/>	
individualized program design and implementation	<input type="checkbox"/>	
consultation with caregivers	<input type="checkbox"/>	
Provide support advocating for the individual	<input type="checkbox"/>	
assisting the individual in locating and accessing services and supports	<input type="checkbox"/>	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction	<input type="checkbox"/>	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills	<input type="checkbox"/>	
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills.	<input type="checkbox"/>	

A tool for ensuring that the ISP is meeting waiver requirements and helps to determine goals and outcomes.

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COMMUNITY SPECIALIST ASSESSMENT

Individual Receiving Services: _____ Designated Representative (if applicable) : _____

Goals/Outcome and Objectives:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried:
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Desired Outcome:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried:
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Desired Outcome:
Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried:
Field of Expertise needed:
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.

time limited support _____ hours per year; Ongoing support: _____ hour per month;

Training requirement maintained by the agency

The Community Specialist must meet one of the following education and experience requirements:
 Bachelor's degree from an accredited university plus one year experience
 Registered Nurse (with an active license in good standing issued by the Missouri State Board of Nursing)
 Associate's degree from an accredited university or college plus three years of experience.
Proof of degree/experience must be maintained by the employer in the employee's personnel file.

Field of Expertise:
 Training/Licensee/Certification which qualifies the Community Specialist as an Expert:

Pre-Employment Training Requirements

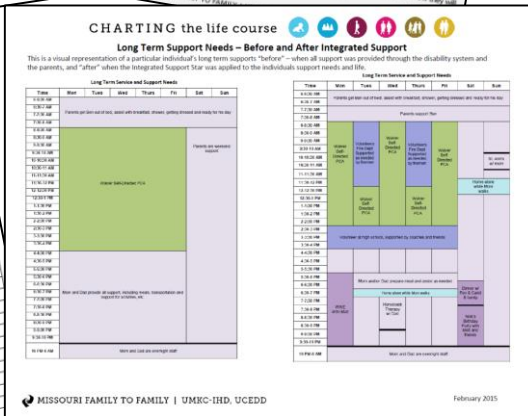
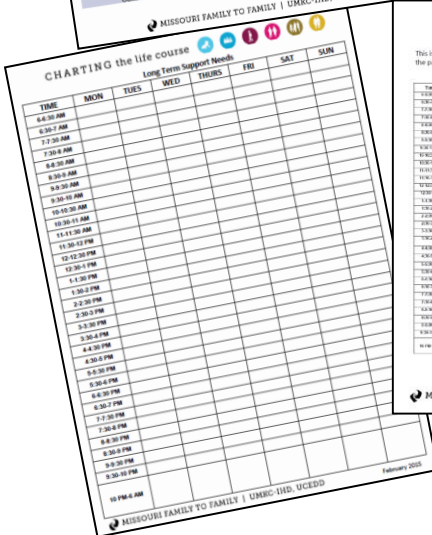
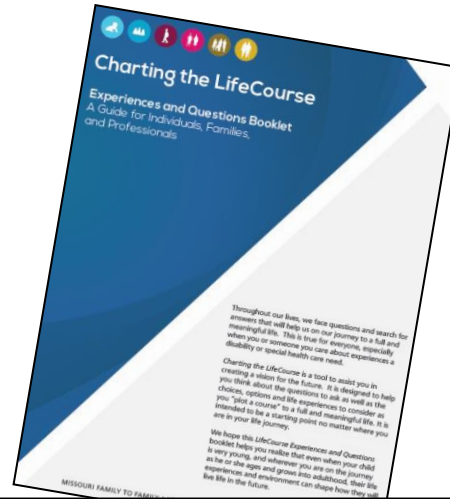
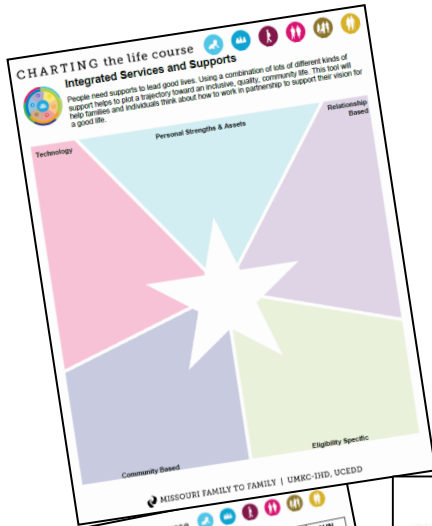
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- Bachelor's degree from an accredited university plus one year experience
- Registered Nurse (with an active license in good standing, issued by the Missouri State Board of Nursing)
- Associate's degree from an accredited university or college plus three years of experience. Proof of degree/experience must be maintained by the employer in the employee's personnel file.

I&A to Establish Work Schedules

- 👤 Self-Directed Supports based on the outcomes and supports stated in the ISP but are also flexible to meet the needs of the individual.
- 👤 Assist the individuals in setting a work schedule so employees know when to work
- 👤 Assist to ensure employees are given notice when there is going to be a need to change the schedule.
- 👤 Assist to ensure scheduling stays within budget allocation.

Helpful Tools



LifeCourse tools for individuals, families, and professionals. Are helpful in having conversations with individuals and families about a vision for a good life and how to achieve it. Along with establishing work schedules, and utilizing their individual allocation budget.

www.lifecoursetools.com/planning/

Recruiting Workers



- 👤 SDS is Based on Relationship Support
- 👤 It differs in Agency based supports in the it allows individuals and families to more easily integrate the natural support of family, friends or others that they have a relationship with in their community.
- 👤 When assisting with finding workings it is importation to map out who the individual currently have in their life.

Recruiting Workers

“I find our best employees by going to restaurant and if the waitress ask my brother what he want to order (vs. asking me), I ask if they would like a job”

Sister & Designated Representative.



Idea's or Strategies for finding potential employee's.

- 👤 Talk to people you know and people who know you (ie neighbors, church members, pastors/ministers). Let them know you are looking for help.


Recruiting Workers

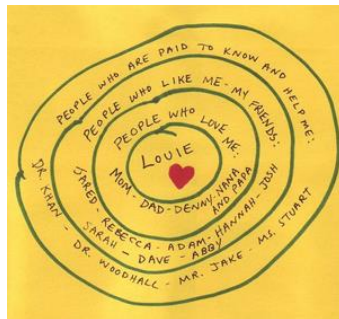


Idea's for finding potential workers

- 👤 Talk to people you know and people who know you(ie. neighbors, church members, pastors/ministers). Let them know you are looking for help.
- 👤 Walk around the local neighborhood.
- 👤 Local Colleges/Vocational Technical Schools
- 👤 Support the individual to be connected to their community.

Helpful Tools- Relationship Map

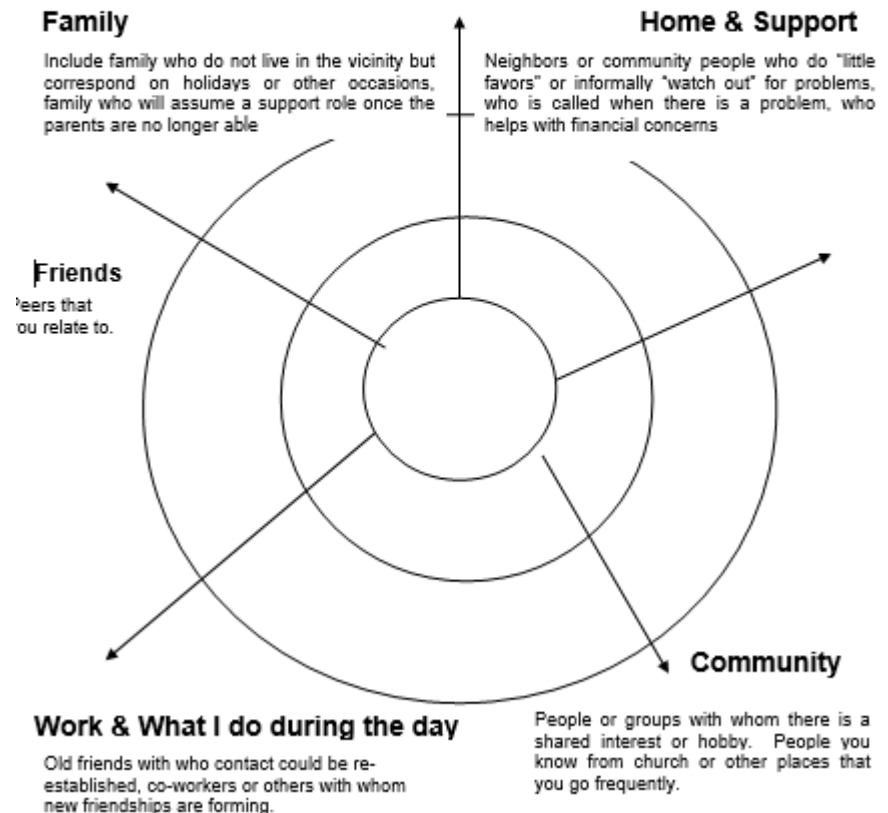
 A Relationship Map is used to identify the people who are in a person's life and the closeness of the relationship.



Relationship Map

The Relationship Map is a tool to help me and the people that support me identify the people who are in my life, illustrate the significance of those identified, decide who to interview to help me make more connections.

At the center is my name or picture. In the next circle, names of those people closest to me. Remember that these may or may not include those who spend the most time with me; they are the people who I feel closest to. Put those people who I feel somewhat less close to in the next circle. On the outside put those people who are acquaintances, or relatives that I do not feel close to.



Helpful Tools

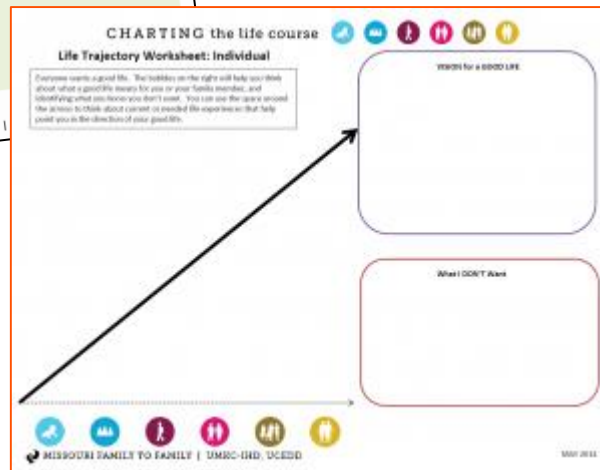
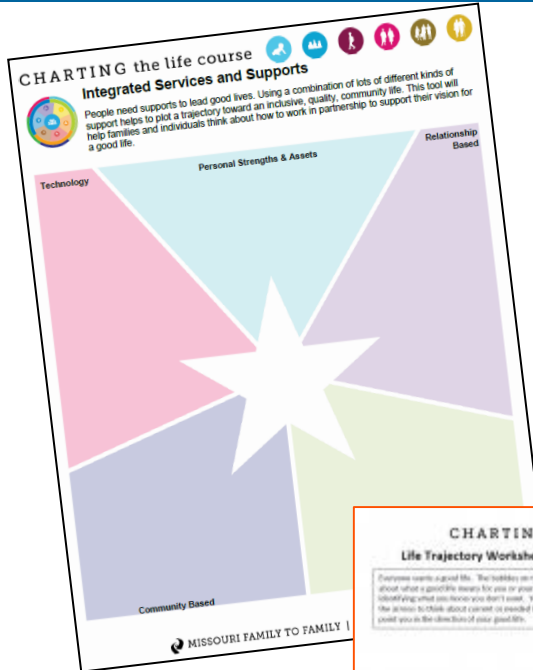
Community Mapping



Building
Community
with
Beth Mount

<https://www.youtube.com/watch?v=eJ2SJsWf0>

Helpful Tools



LifeCourse tools such as the [Integrated Supports Star Worksheet](#) & [Life Trajectory Worksheet](#) for individuals, families, and professionals. Are helpful in having conversations with individuals and families about integrated Supports

www.lifecoursetools.com/planning/

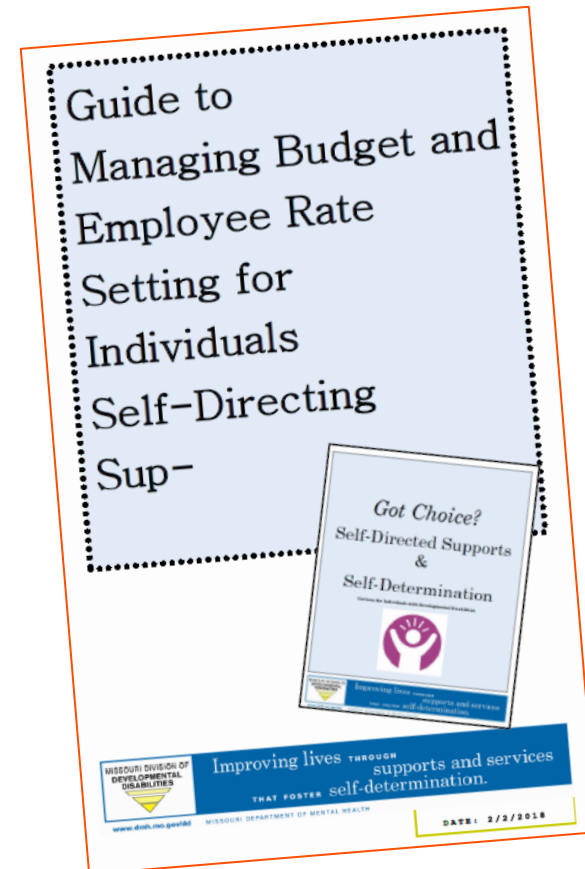
Individualized Budgets

- 🕒 **Budget Authority** allows the individual/DR flexibility over managing a yearly individual budget allocation. They set the rates of their employees, can utilize more services in one month and less in another or request to change from one approved waiver service to another as long as they stay within the authorized budget allocation.

I&A to Manage the Individual's Budget & Employee rate setting



- Once the **Self-Directed Individualized Budget Allocation** has been approved the individual/DR determines the rate that they will pay their employees.



Making Budget go Further

- Determine which supports are critical in achieving goals, maintaining health and safety, and which supports are merely preferred
- Explore all possible resources for supports
- Orient the individual and support team members to the various potential funding sources
- Determine whether any critical needs are not covered within the scenarios and brainstorm for possible resources if needed



I&A to Explore and Access Seeking Support/Resources



- 👤 Review the ISP to see what resources are necessary to meet the needs of the individual.
- 👤 Linking the individual to their community.
- 👤 Circle of Supports around the individual.

I&A to Seek Eligibility Specific Resources



- Health Department
- Missouri Career Centers
- Division of Vocational Rehabilitation
- Department of Mental Health
- Missouri Protection and Advocacy
- Independent Living Centers
- Social Security Administration
- Family Support Division
- Public Transportation(OATS)
- Housing Authority/ HUD/Shelter Plus
- Division of Health and Senior Services
- Logistics/Medicaid Transportation

I&A to Seek Community Based Resources



- Community Action Agency
- Agency on Aging
- Ministerial Alliance
- Salvation Army
- Red Cross
- Adult Education and Literacy
- Vocational Technical Schools
- Parks and Recreation
- YMCA
- University Extension Offices
- Developmental Disability Boards in your county
- County Health Department

State Plan Personal Care Services



- *Individual must have only one Fiscal Agent to report earnings and file employer and employee taxes.*
- *Ensure State Plan Services are used before waiver services.*
- *Ensure no duplication of services*



Children's Special



Health Care Services



DEVELOPMENTAL DISABILITIES Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

A GUIDE TO
MOHEALTHNET
(MEDICAID)
BENEFITS &
SERVICES



A GUIDE TO
UNDERSTANDING
MOHEALTHNET SERVICES
FOR INDIVIDUALS WITH
DEVELOPMENTAL
DISABILITIES

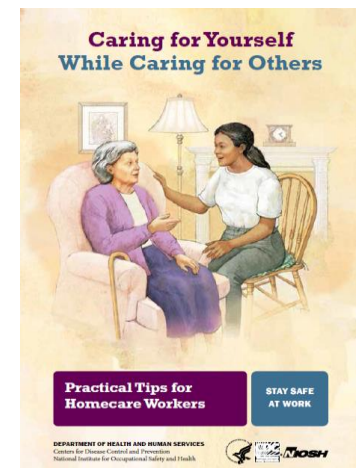
<http://dmh.mo.gov/docs/dd/GuideMohealthnet.pdf>

Helpful Tools

[Caring for Yourself While Caring for Others](#) is a free curriculum to assist trainers in meeting the health and safety training needs for home care workers and to enhance communication between home care workers and their clients. The activities in this curriculum are designed to encourage participants in promoting safe and healthy work environments—for their clients and for themselves.

[The Homecare Workers' Handbook](#) provides an overview of some of the topics covered in the course as well as topics that are not covered. It is a useful resource that contains practical tips for home care worker safety.

<http://www.cdc.gov/niosh/docs/2015-102/default.html>





I & A for Employee Termination

- 👤 Missouri follows the Employment-At-Will Doctrine. For more info visit www.labor.mo.gov/
- 👤 Discuss and document concerns regarding potential termination
- 👤 Process for termination - PPL Status Change Form

Guides and Publications



TIPS AND RESOURCES | FOSTERING SELF-DETERMINATION 


Self-Advocacy Guides and Publications

	<p>"Got Choice? Self-Directed Supports and Self-Determination"</p> <p>Adobe Printable http://dmh.mo.gov/docs/44/GotChoiceHandBook.pdf</p>
	<p>"My Choice! Guide for Creating your Own Individual Support Plan when Self-Directing Supports"</p> <p>Adobe Printable http://dmh.mo.gov/docs/44/MyChoice.pdf (Print two sided on 'short end')</p> <p>Online Viewing http://en.calameo.com/read/000494321a932428d2c67</p>
	<p>"Guide to Documentation for Individuals Self-Directing Supports"</p> <p>Adobe Printable http://dmh.mo.gov/docs/44/SDSGuide.pdf (Print two sided on 'short end')</p> <p>Online Viewing http://en.calameo.com/read/0004943211fe365658cb</p>
	<p>"Guide to Understanding Reviews of Individuals and Families Self-Directing Supports"</p> <p>Adobe Printable http://dmh.mo.gov/docs/44/GuideUnderstandingReviews.pdf (Print two sided on 'short end')</p>




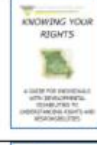




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TIPS AND RESOURCES | FOSTERING SELF-DETERMINATION 

Self-Advocacy Guides and Publications

SELF-ADVOCACY AND SELF-DETERMINATION MATERIALS The Advocacy Specialist promotes self-advocacy and self-determination by creating materials that are written for and by people with disabilities and written in design in order to be used by everyone.

	<p>"A Guide to Understanding MoHealthNet (Medicaid) Services"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/guidemohealthnet.pdf (Print two sided on 'short end')</p> <p>Online Viewing http://en.calameo.com/read/000494321666793128cd6</p>
	<p>"Knowing Your Rights: A Guide for Individuals with Developmental Disabilities to Understanding Rights and Responsibilities"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/rightsbooklet.pdf (Print two sided on 'short end')</p> <p>Online Viewing http://en.calameo.com/read/0004943218b3e602843ea</p>
	<p>"It's My Home: A Guide for Individuals with Developmental Disabilities to Understanding to Help Understand Housing Options"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/hsguide.pdf (Print two sided on 'short end')</p>
	<p>"Say No to Abuse and Neglect: A Guide for Individuals with Developmental Disabilities to help Prevent Abuse and Neglect"</p> <p>Adobe Printable http://dmh.mo.gov/docs/dd/anpreventionbooklet2.pdf (Print two sided on 'short end')</p>
	<p>"People First Language: Communicating with and about People with Disabilities"</p> <p>http://dmh.mo.gov/docs/dd/self-determinationtippeoplefirstlanguage.pdf</p>
	<p>"Disability-Friendly Businesses: Doing Business with People with Disabilities"</p> <p>http://dmh.mo.gov/docs/dd/disabilityfriendlybusinesses.pdf</p>



Working Together for Success

TIPS AND RESOURCES

FACILITATING INDIVIDUALIZED
SERVICES AND SUPPORTS



ROLES AND FUNCTIONS WITHIN SELF-DIRECTED SUPPORTS

Support Coordinator	Support Broker	Fiscal Management Services (FMS)	Division of Developmental Disabilities Self-Directed Supports Coordinator (SDSC)
<p>Assists the individual, family, or designated representative in understanding the choice of self-directed supports and transitioning from provider driven services to self-directed services.</p> <p>Completes the individual support plan (ISP) with the required self-directed information and paperwork and submits to the Utilization Review Committee for approval.</p> <p>Amends the ISP based on the needs of the individual.</p> <p>Conducts a 30 day follow up after services begin with the individual and designated representative to ensure the services are being carried out as written in the individual service plan, reviews timesheets, progress notes, monthly summary and answers any questions.</p> <p>Monitors services and supports face to face no less than quarterly.</p> <p>Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.</p> <p>Participates in "improvement plans" in order to amend ISP if needed and provide monitoring to ensure needed changes take place.</p>	<p>A Support Broker provides information and assistance (I&A) for the purpose of directing and managing supports as specified in the ISP. SB does not do these activities for the individual/DR but provides I & A to assist in doing task independently.</p> <p>May include training in:</p> <ul style="list-style-type: none"> Establishing work schedules for the individual's employees based upon their ISP; Helping with managing the budget and employee rate setting; Seeking other supports or resources outlined by the ISP; Defining goals, needs and preferences, identifying and accessing services, supports and resources as part of the person centered planning process which is then gathered by the support coordinator for the ISP; Implementing practical skills training (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution); Developing an emergency back-up plan; Implementing employee training; Promoting independent advocacy, to assist in filing grievances and complaints when necessary. <p>Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.</p>	<p>The FMS is a "Fiscal Employer Agent" (F/EA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the F/EA will file quarterly taxes and reports on behalf of the Employer/FEIN Holder.</p> <p>Provides the Employer/Designated Representative (DR) with an Enrollment Packet, Employee Packet(s) and Employee Training Materials.</p> <p>Completes payroll for the Employer/DR's employees and provides the employee with Federal and State tax withholding information on his or her paystub for each pay period and issues the W-2 after year end.</p> <p>Covers all employees with Workers' Compensation insurance.</p> <p>Completes employee background checks.</p> <p>Maintains all employee education and training records.</p> <p>Starting February 2016 maintains all service documentation.</p> <p>Provides Spending Reports to the Employer/DR, Support Broker, Support Coordinator and SDSC.</p>	<p>Provides technical support and training regarding the policy and procedures related to self-directed supports.</p> <p>Meets with the individual and designated representative within 90 days of services starting to complete an initial review to ensure services have started and are being implemented as written in the individual service plan and answer any questions. May review the progress notes, timesheets and monthly summaries.</p> <p>Assists the Provider Relations team with self-directed provider reviews to ensure service delivery is consistent with Medicaid Waiver requirements, State Rules, Department of Mental Health Policy, and Best Practices.</p> <p>Works with the Fiscal Management Service (MO Consumer Direct) to coordinate enrollments, budget information, problem solve issues/concerns, follow up with the individual/designated representative on background hits, complete paperwork for high school exemptions, and coordinate quarterly meetings.</p> <p>Facilitate improvement plan.</p>





Self Directed Supports

Developmental Disabilities - Programs & Services

Here you will find your "one stop" link for information on self-directed supports. You'll find several kinds about some of the people who self-direct their services, practical "how to" information and resources to make self-directed supports easier for those who do so. Self-directed support coordinators are available in each regional office to provide individual assistance to individuals, families and support coordinators.

- Self-Determination and Self-Directed Supports
- Self-Directed Support Coordinator Regional Contact Information
- Self-Directed Supports Brochure
- Is Self-Direction Right for You?

Individuals and Representatives

- 2009 Handbook
- My Choice: Guide for Creating your Own Individual Support Plan when Self-Directing Supports
- Public Representation (PR)
- Guide to Documentation
- Guide to Understanding Decisions for IDB
- Emergency Backup Plan
- Employer Document Checklist
- My Choice: Guide for Creating your Own Individual Support Plan when Self-Directing Supports online version
- Approval Daily Documentation Sheet (first and second)
- Weekly-5 shifts
- Weekly-2 shifts
- Weekly-3 shifts
- Weekly Summary and Budget Tracking Form
- Community Specific Monthly Summary Documentation Sheet

Training Resources

- Online Abuse and Neglect Training
- Public Behavioral Support - College of Direct Support PRD training request form
- Optional College of Direct Support Classes Available
- Optional College of Direct Support Classes Smallgroup Form

Support Coordinators

- Web-consumer direct
- Support Coordinator Manual
- Support coordinator training
- IDB Individual Information Tool
- IDB Service Mapping Guide
- IDB and UR checklist
- Personal Assistance Assessment with training components
- Support Worker Assessment
- Community Specialist Assessments
- Support Broker Agencies by Area

Support Broker

- Support Broker Monthly Summary Sheet

News, Stories & Tip Sheets

- News, Stories & Articles
- Roles and Functions within Self-Directed Supports

Developmental Disabilities

- About Us
- Director's Office
- Self-Determination
- Supporting Families
- Youth Transition & Employment
- Accessibility Review
- Individualized supports & services
- Federal Programs
- NCSO Transition Plan
- Office of Adult Services
- Directives, Regulations & Guidelines
- Forms, Manuals & Publications
- Director Bulletin
- Regional Office
- Regulation Drafts
- State Operated Programs
- Frequently asked questions
- Health & Safety
- Related Links



Get Email Updates

<http://dmh.mo.gov/dd/progs/selfdirect.html>

Working with FMS Agency



Public Partnership (PPL) is the FMS for MO

A screenshot of the PCG Public Partnerships website. The page title is "Missouri Self-Directed Supports (SDS) Program". It features a navigation menu with "Overview", "Program Forms", "Manuals & Publications", and "SDS News/Events". The "Program Forms" section is active, displaying a list of forms under three categories: Employer Forms, Employee Forms, and Payroll Forms. Some forms are marked as "NEW" or "Updated". A "BetterOnline™ Web Portal Login" section is also visible on the right side of the page.

www.publicpartnerships.com/programs/missouri/sds/index.html

QUESTIONS??

