



SERVICES MY WAY MANUAL

Community HealthChoices

Abstract

This manual contains the elements required for the understanding and implementation of the budget authority model as an available service model under the Community HealthChoices waiver within the Commonwealth of Pennsylvania.

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Introduction

Services My Way (SMW) offers an alternative model of care. Services My Way follows the Budget Authority model.

Participants may elect the Budget Authority model in which authorized personal assistance service (PAS) hours are converted to a budget. A spending plan may be developed to purchase goods and services to support a planned goal on the Person-Centered Service Plan (PCSP).

Agency Model	Self-Directed Personal Assistance Services (PAS) Employer Authority	Services My Way (SMW) Budget Authority
The service coordinator (SC) and Participant develop the Person-Centered Service Plan (PCSP) and request appropriate services. The Participant does not recruit, hire, or train workers. All direct care workers are hired by the agency and their work hours are scheduled and compensated by the agency.	The SC and Participant develop the Person-Centered Service Plan (PCSP) and request appropriate services. The Participant Common Law Employer (CLE) may recruit, hire, and train support service workers who may be friends, neighbors, and relatives. The Participant/CLE directs the work of the direct care workers based upon the assessed needs according to the service plan. The schedules of workers are determined by the Participant/CLE. The Participant/CLE is the employer of his or her direct care worker. The fiscal/employer agent (F/EA) processes payroll for direct care workers.	The SC and Participant will develop the Person-Centered Service Plan (PCSP) under the budget authority model. The value of the annual budget is based on the approval of PAS hours and converted into dollars based on the regional rate. If the Participant wishes to obtain goods or services using this model, it will be supported by a goal established in the PCSP in partnership with their Service Coordinator. The Participant/CLE is the employer of his or her direct care worker. The fiscal/employer agent (F/EA) processes payroll for direct care workers and will process and make all payments for goods and services according to the Participant’s approved spending plan.

Choice of Service Delivery Model

Participants have a responsibility to choose the selection of service delivery model.

Consideration is given to a Participant’s ability to manage their own care.

Level of Self-Direction by the Participant

Each service delivery model provides the Participant with a varying level of self-direction, with the Agency model providing the least amount of self-direction and the Budget Authority model the most.

Agency Model

In the Agency model of service delivery, the SC and Participant develop the service plan and arrange appropriate services. With the Agency model, all Direct Care Workers are hired by the

agency and their work hours are scheduled by the agency. The Participant is not responsible for recruiting, hiring, or training the Direct Care Workers.

Self-Directed Personal Assistance Services/Employer Authority

Under Employer Authority, the Participant recruits, hires, supervises, and directs the Direct Care Workers who furnish supports. The Participant (or his or her authorized representative) functions as the common law employer, or CLE. When Employer Authority is utilized, the Participant, rather than the provider agency, carries out employer responsibilities for Direct Care Workers. Please note that whenever we refer to the “Participant” in this manual, we are referring to the Participant or their Common Law Employer representative.

Services My Way/Budget Authority

Under Budget Authority, the Participant has the authority and accepts the responsibility to manage a Participant-Directed budget. This authority allows the Participant to make decisions about acquisition of waiver goods and services that are authorized in the waiver service plan and to manage the dollars included in a Participant-Directed budget. This model promotes true Participant control by offering alternatives to current services. Budget Authority allows Participants to choose approved goods and services that best meet their needs, direct those services, and to be the driving decision maker in collaboration with their Service Coordinator to maximize their quality of life. Services My Way includes Participant-Directed Community Supports and Participant-Directed Goods and Services.

Family members can provide Personal Assistance Services and Participant-Directed Community Supports; however, the following exclusions apply:

- The CHC Waiver will not pay for services furnished by the Participant’s spouse.
- The CHC Waiver will not pay for services furnished by a legal guardian.
- The CHC Waiver will not pay for services furnished by a Representative Payee.
- The CHC Waiver will not pay for services furnished by a Power of Attorney (POA).

Service Definitions

Budget - A personalized blueprint for developing supports that show how Participants are going to purchase services within the monthly allowance.

Common Law Employer (CLE) – Person who is responsible for recruiting, hiring, firing, training, scheduling, supervising, managing DCW(s), including the approval of all time worked for payment. This could be the Participant, or a representative chosen by the Participant. The CLE may not be a DCW or be paid for their services.

Direct Care Worker (DCW) Person hired and managed by the Participant/CLE to provide PAS to the Participant. Also referred to as “paid caregiver.”

Financial Management Services (FMS) – Administrative functions provided by a company to assist the Participant/CLE by processing payroll and tax withholding for approved hours worked for DCWs hired by the Participant/CLE. The FMS for Community HealthChoices in Pennsylvania is Tempus Unlimited.

Fiscal/Employer Agent (F/EA) – Administrative entity providing financial management services. The F/EA for Community HealthChoices in Pennsylvania is Tempus Unlimited. Tempus Unlimited is a private vendor entity approved by the IRS to act as an employer agent on behalf of Participants. The F/EA FMS operates under section 3504 of the IRS code, IRS Revenue Procedure 70-6, IRS Proposed Notice 2003-70 and REG-137036-08 as applicable.

Participant A person who is enrolled with the Community HealthChoices managed care organization (CHC-MCO).

Person-Centered Service Plan (PCSP) This plan outlines the type and frequency of waiver services the Participant will receive. The PCSP is created through a person-centered planning team process, which includes the Participant, service coordinator, Participant’s supports, and Participant’s providers.

Self-Direction A “self-directed service”, also referred to as a “Participant-Directed service” is a home and community-based service that may be directed by the Participant using Employer Authority or Budget Authority. Participant Self-Direction offers increased choice and authority by allowing the Participant to manage their services and how they are delivered. Unlike an agency, the Participant/CLE controls hiring, training, and scheduling of a DCW and guides the care usually completed by the agency.

Service Coordinator a designated, accountable point-of-contact for each Participant receiving long-term care services. Their responsibilities include managing the person-centered service planning process, overseeing the implementation of person-centered service plans (PCSPs), and coordinating services for CHC program Participants.

Spending Plan A plan or schedule adjusting expenses during a certain period to the estimated or fixed income for that period.

Spending Plan Period The spending plan period refers to a defined 12-month period and does not exceed 12 months. The spending plan period does not roll over into subsequent months or spending plan periods.

Overview

Participant-directed Community Supports

Among the Participant-Directed supports is procedure code W1900, Participant-directed Community Supports. Participant-Directed Community Supports will be offered to Participants choosing Budget Authority to meet the identified personal assistance needs. The Participant or his or her authorized representative is the common law employer of the individual Direct Care Workers providing services. Direct Care Workers are recruited, selected, hired, and managed by the common law employer. Services include assisting the Participant with the following:

- Activities of daily living, such as eating, drinking, toileting, personal hygiene, dressing, transferring, and other activities of daily living;
- Health maintenance activities, such as bowel and bladder routines, assistance with medication and other activities to support overall health and well-being;
- Improving and maintaining mobility and physical functioning;
- Maintaining health and personal safety;
- Instrumental activities of daily living, including household chores, shopping, laundry, cleaning, meal preparation and seasonal chores;
- Accessing and using transportation;
- Participating in community experiences and activities; and
- Relieving unpaid caregivers and providing supervision of Participants.

Participant-directed Goods and Services

Also available to Budget Authority Participants is Procedure Code W1901, Participant-Directed Goods and Services. Participant-Directed goods and services are purchased from the Participant's spending plan. They include services, equipment, supplies, or goods not otherwise provided through a waiver or through Medicaid State Plan, or other third-party payers. These items must address an identified need in the Participant's PCSP (including improving and maintaining the individual's opportunities for full participation in the community) and meet at least one of the specified Participant outcomes.

Supports will be available to assist the common law employer in performing employer-related duties and responsibilities, including onboarding activities, through the Fiscal/Employer Agent and Service Coordinator.

Allowable/Unallowable Goods and Services

Allowable Goods and Services cover equipment or supplies not otherwise provided through other sources or through the Medicaid State Plan. These items must address an identified need in the Participant's Person-Centered Service Plan, including improving and maintaining the individual's opportunities for full participation in the community.

The item or service should meet one or more of the following requirements:

- Decrease the need for other Medicaid services;
 - Promote or maintain inclusion in the community;
 - Promote the independence of the Participant;
 - Increase the individual's health and safety in the home environment;
 - Develop or maintain personal, social, physical or work-related skills;
 - Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or
 - Fulfill a medical, social or functional need as identified in the Participant's Person-Centered Service Plan.
 - Participant-directed Goods and Services are purchased from the Participant's individual spending plan.
 - Participant-directed Goods and Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. SCs must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the Participant's file by the Service Coordinator and updated with each reauthorization, as applicable.
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- The following list includes unallowable goods and services:
 - Services covered by Medicare, other third parties, including education, home-based schooling, and vocational services;
 - Services, goods, or supports provided to or benefiting persons other than the individual Participant;
 - Personal items and services not related to the disability;
 - Experimental treatments;
 - Vacation expenses;
 - Gifts or loans;
 - Rent or mortgage payments;
 - Utility payments (e.g., electric, gas, sewer, garbage services);
 - Payments for someone to be a representative;
 - Entertainment activities;

- Clothing;
- Groceries (with the exception of special foods required to maintain nutritional status);
- Lottery tickets;
- Alcoholic beverages;
- Televisions, stereos, radios, or DVD players;
- Tobacco products;
- Pets and their related costs; (Unless related to the cost associated with certifying an animal for the purpose of providing therapeutic support)
- Normal home maintenance (central air conditioning system, heating and ventilation systems);
- Experimental Goods and Services - A drug or product currently being investigated under licensure by the FDA to determine its safety and effectiveness, or a medical procedure, including an investigational procedure that deviates from customary standards of medical practice, not routinely used in the medical or surgical treatment of a specific illness or condition or is not of proven medical value.

Participant-directed Goods and Services do not include personal items and services not related to the disability, groceries, rent or mortgage payments, entertainment activities, or utility payments. They may not be provided at the same time as Home Health Aide Services, Personal Assistance Services, and Participant-directed Community Supports.

They are limited to instances when the Participant does not have personal funds to purchase the item or service and the item or service is not available through another source. Services are limited to Participants that are utilizing Budget Authority for Participant-directed services.

Experimental or prohibited treatments are excluded.

Roles and Responsibilities

In the Budget Authority model, there are many roles associated with providing Participants the necessary and approved goods and services. Each one is essential to successfully meet Participants' identified needs.

Common Law Employer (CLE)

A Participant may serve as their own CLE or appoint a CLE to serve in this capacity.

Common Law employers may be any party, including a spouse, legal guardian, Power of Attorney or other legal representative appointed by the Participant. A common law employer is not paid for their services in this role.

- Must be 18 years of age or older.
- Make decisions in conjunction with the Participant about his/her care.
- Understand the impact of their decisions and assume responsibility for the results.
- Understand how to recruit, hire, train, and supervise providers of care.
 - Understand the Participant's personal care needs.
 - Exhibit knowledge of the Participant's preferences.
- Maintain compliance with federal and state regulations, OLTL policy and the approved waiver.
- The service coordinator may request a CLE be appointed when circumstances indicate a change in the Participant's ability to self-direct or when the Participant demonstrates misuse/mismanagement of funds, consistent non-adherence to program policy, or an ongoing health and welfare risk.
- Give due consideration to all the information including the recommendations of other interested and involved parties.
- Ensure adequate utilization of Personal Assistance Service hours by and through scheduling direct care workers.

Participant

In the Budget Authority model, the Participant takes on a self-directed role. Participants perform the following activities in managing their services:

- File all required paperwork in a timely manner with the assistance of the F/EA;
- Work in conjunction with an appointed CLE (if present) to recruit, hire, manage, and dismiss Direct Care Workers to the extent they are able;
- Direct the services outlined in the PCSP, including scheduling caregivers based upon the approved Personal Assistance Services authorized.
- Develop and manage the spending plan with the assistance of the SC and F/EA, as necessary;

- Submit all required Direct Care Worker paperwork in a timely, complete, and accurate manner to the F/EA and/or SC; and
- Report all changes in a timely manner to the F/EA and SC, as appropriate.
- Although a Participant fulfills just one role in the Budget Authority model, it is the most important one.

Designated Representative

Participants may choose to select a designated representative to speak and act on their behalf.

A designated representative may be any of the following:

- a) A spouse, legal guardian or other legally appointed person or entity enlisted to provide supportive services to the Participant. These may include representative payee services or others.
- b) A family member or friend;
- c) Any other person identified by the Participant.

- ✚ A representative may not be compensated for their services.
- ✚ A representative may not be a paid caregiver for the Participant.

In the Community HealthChoices waiver, a designated representative shall:

- Be willing and capable of complying with all criteria and responsibilities.
 - Assist in the execution of the management of the service model.
 - Demonstrate a strong personal commitment to the Participant.
 - Understand the Participant's personal care needs.
 - Exhibit knowledge of the Participant's preferences.
 - Be at least 18 years of age.
- Designated representatives may speak on behalf of a Participant/CLE.
 - A designated representative may review and approve DCW timesheets.
 - Should circumstances arise which could require the designation of a representative the Participant, service coordinator, or MCO may request that a designated representative be appointed.
 - Each designated representative will be required to complete and sign a Participant Designated Representative Form.

Service Coordinator (SC)

Support from an SC is provided to all CHC Participants receiving Long Term Services and Supports. These support functions do not change when a Participant elects the Budget Authority service model.

SCs have a direct relationship with Participants and provide critical information to them regarding the Budget Authority model. Activities that the SC regularly performs in the Budget Authority model can be categorized into three functional areas.

- Service Coordination;
- Technical Assistance; and
- Oversight.

Service coordination:

Examples of service coordination responsibilities include:

- Provide Participants with information regarding the Budget Authority and other models, including information about their responsibilities, rights, and concepts of self-direction;
- Discuss goods and services permitted under the Budget authority model and develop a care plan goal outlining the approved good or service.
- Assess for services, including Personal Assistance Service hours.
- Assist Participants in developing, managing, and implementing their PCSPs;
- Assist Participants in identifying risks and developing an individual back-up plan. This includes arranging for the provision of back-up services
- Advise and assist with modifications to the approved goals as noted in the Person-Centered Service Plan.

Technical Assistance:

Some technical assistance responsibilities include:

- Collaboration with the Participant and F/EA to ensure that all required paperwork is submitted.
- Assist Participants in modifying service plans within the limits of the individual budget; and;
- Support Participants in problem-solving, decision-making, as well as recognizing and reporting critical events.

Oversight:

Some oversight responsibilities include:

- Ensure allowable expenditures for goods and services are appropriate and are made using the Participant's individual budget;

- Advise and assist Participants in monitoring expenditures
- Counsel Participants on their budget and other issues, as necessary;

CHC Managed Care Organizations

Each CHC MCO is responsible for the following:

- Referring the Participant to the F/EA and assisting the Participant in communicating with the F/EA, as needed;
- Providing an active authorization for service and for goods and services when appropriate. CHC MCO provides Personal Assistance Service hours and information to F/EA for budget purposes.
- Work with the F/EA and the Participant, as necessary, to ensure all employment paperwork is completed and sent to the F/EA; and
- Notify the F/EA regarding changes to the individual budget and spending plan.
- Maintain compliance with all regulatory requirements.

Fiscal Employer Agent (F/EA)

The F/EA pays the bills, withholds the taxes, and processes Direct Care Workers payroll.

Responsibilities of the F/EA include:

- Facilitate the employment of staff by the Participant by assisting with the completion of Participant enrollment and Direct Care Worker employment forms including W4, I-9 and conduct criminal background checks of prospective Direct Care Workers. The F/EA processes change requests made post-enrollment and verification of employment.
- Prepare and distribute Direct Care Workers' payroll according to the individual's budget and per the Participant's authorization. This includes withholding, filing, and depositing of federal and state income tax withholding, employment taxes, and local taxes.
- Process and pay vendor invoices for approved goods and services.
- Secure and renew workers' compensation insurance policies.
- Ensures compliance with state and federal labor requirements.
- Prepare and submit required written financial reports to Participants, SCs, and MCOs in an accurate, complete, and timely manner.
- Implement and maintain an effective customer service system that communicates with Participants, Direct Care Workers, SCs, vendors, and MCOs. In addition, address Participant issues and complaints effectively.
- F/EA provides training and support in using the Electronic Visit Verification (EVV) system, and other available systems to assist and support Common Law Employers in managing their role.

Overview of the Budget

In this model, Participants have authority over how their services will be provisioned, managed, and monitored. Participants, Service Coordinators and the F/EA each have a role in the development of the budget.

With support from the F/EA and the SC, Participants will have monies available in the budget to spend on goods or services that meet the service definition and support health and safety in the home/community setting. This budget is derived from the level of support assessed for and contained in the Participant's Person-Centered Service Plan and dependent upon region of residence.

Developing the budget is the first step in the development of the Spending plan.

Overview of Spending Plan

A spending plan is then developed to purchase goods and services in support of a planned goal on the person-centered service plan (PCSP).

Prior to receiving services in the Budget Authority model, the Participant must develop a spending plan in collaboration with his or her SC. The spending plan allows for customization of the delivery of specified goods or services contained in the PCSP. The Spending Plan contains the amount of funds available from the budget, in addition to the approved good/service and vendor chosen for the provisioning of the good/service.

Developing the Spending Plan

The Spending Plan is the detailed budget that describes what, how much and from whom goods and services will be obtained.

The F/EA works in conjunction with the CHC MCO to determine the value of the Individual Budget based on the Participant's assessed needs for Personal Assistance Services.

The Individual Budget is calculated by multiplying the established regional rate by the approved Personal Assistance Service hours authorized on the Person-Centered Service Plan.

Service Coordinators work with Participants to develop the Personal Centered Service Plan which contains the established goal itemized on the Spending Plan. MCOs are responsible for the approval of the spending plan. The Fiscal/Employer Agent will pay the invoices in accordance with the Spending Plan supported by the provider/vendor documentation.

Monitoring the Spending Plan

Monitoring oversight of the Spending Plan is the dual responsibility of the Service Coordinator and the F/EA. The F/EA will provide written financial reports to the Participant, the Service Coordinator and the CHC-MCO on a monthly and quarterly basis, and as requested by the Participant, Service Coordinator, and the CHC-MCO. The Participant, Service Coordinator and CHC-MCO will receive written notification from the F/EA when utilization exceeds the monthly budget by 10% or more or when monthly utilization is 80% or less. If those events occur three times over 12 consecutive months, then the CHC-MCO may terminate the consumer-directed services after following the process of involuntary termination outlined in the section below. The Participant is responsible for developing a monthly Spending Plan, with assistance as needed, which will be approved and authorized by the Service Coordinator and will be utilized to track over and under expenditures. The F/EA will monitor expenditures, flag significant budget variances, and ensure that the purchase of goods and services and submitted timesheets match the Participant's Spending Plan.

Underutilization of Personal Assistance Service hours is not permitted in this model of care for budgeting purposes. Underutilized hours may not be used toward the budgeting of any approved good/service. Unused or underutilized PAS hours will be deducted from the monthly financial reports and cannot be used for future purchase(s) of goods or services.

Expenditures for Direct Caregiver Payments, tax withholdings and approved services are captured in the spending plan and financial statements provided by the F/EA. CLEs request vendor invoices once there have been sufficient savings in the spending plan to make an approved purchase.

In order to make changes to the spending plan, Participants and/or CLEs should contact their Service Coordinator. The F/EA will not reimburse services not documented or authorized in the Spending Plan.

Goods and services may be updated throughout the spending plan period; however, approved goods and services are approved in advance and captured in the PCSP for the spending plan period. Once expenditures have been made, any remaining funds may be utilized to pay direct care worker wages, applicable tax withholding, or another approved good/service contained in the care plan.

Disenrollment

Participants may be disenrolled from Budget Authority either voluntarily or involuntarily.

Voluntary: A waiver Participant may discontinue participation in the Budget Authority service model at any time and choose another model of service without an interruption of services. If the Participant decides he or she wants to return to the Budget Authority model, he or she may contact his or her SC to discuss.

Involuntary: Involuntary termination may result due to the following:

- Serious health and welfare issues are identified and cannot be resolved.
- Participant not managing the individual budget according to his or her PCSP.
 - Under Spending – the Participant spends less than 80% of what was authorized for the month, unless there was a hospitalization or other reason for low spending;
 - Uneven Spending – the Participant’s employee’s hours are disproportionately being used, e.g., the first two weeks at 75% and the last two weeks at 25%;
 - Additional Hours – the Participant’s employees are being paid additional hours;
- Participant utilizes funds inappropriately.
- Consistent non-adherence to program policy.

Data is collected and tracked by the F/EA and CHC MCO and used to determine whether involuntary termination is appropriate based upon overutilization action reports and monitoring of the spending plan.

Involuntary termination from the Services My Way Model of care will be reviewed by the CHC MCO and Participant notified in writing a minimum of 30 days in advance of the plan taking effect. This modification of preference will provide a written summary of alternative care models and operationalized elements required to utilize the model of care in the future.

Fair Hearing

Participants may request a fair hearing in writing by requesting this in writing to the Bureau of Hearings and Appeals within 120 days of notification of a reduction, termination or denial of service.