

SELF-DIRECTED SERVICES: A HANDBOOK

Developed for the Alabama Community Waiver Program

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Introduction

This handbook is designed to provide information to participants, representatives, family members, and Support Coordinators, about self-directed services available through the Alabama Community Waiver Program (CWP).¹

The term “self-direction” refers to a service delivery option in which the individual who receives waiver services decides how, when, and from whom those services will be delivered. Self-direction is designed to make service delivery as flexible as possible for individuals and their families, and to make sure individuals who self-direct can exercise maximum choice and control over their services and supports.

Self-direction comes with many benefits, and it also comes with responsibilities. This handbook is designed to be a detailed resource about the self-directed services offered through Alabama’s Community Waiver Program.

This handbook can help people who are new to the Community Waiver Program or to self-directed services learn more about how the self-directed model works—and how to make self-direction work best for them!

¹ The word “waiver” is a special term that means that the State of Alabama has chosen to offer eligible individuals the option to receive Medicaid-funded Long-Term Services and Supports in the community instead of in an institutional setting. “Waiver programs” are programs that give individuals who need Long-Term Services and Supports access to those services in their community. Waiver programs provide cost-effective, person-centered alternatives to institutional settings.

Philosophy

What Is Self-Direction and What Is Its Purpose?

Self-direction is a model of service delivery in which the individual has maximum choice and control over how, when, where, and from whom their CWP services and supports are provided. Self-direction is based on the idea that individuals with disabilities know best what their needs are and how they should be met.

Self-direction is a service delivery model in which the individual chooses their own workers but is otherwise just like traditional services from an agency. Self-direction is different from traditional agency services because the self-directing participant (or someone appointed by the participant) decides who provides the services, when and how services are provided, how much service workers get paid, and how budget dollars are spent. Again, these critical decisions are made by the participant—not an agency, a Support Coordinator, or “the system.”

Having this level of choice and control as a participant also comes with responsibilities. Participants are responsible for selecting and training the workers who will provide services, developing those workers’ schedules, providing feedback to workers on their job performance, and following program rules for self-direction. If a participant is not able to fully assume this role, a Representative (natural support including legal guardian if applicable) can assist the participant to carry out these responsibilities. Fortunately, even though the participant and/or Representative have a number of responsibilities in self-direction, there is help available for those who want it. The CWP offers several different kinds of formal supports to help make sure participants have the support and information they need to self-direct in a way that meets their needs and goals. These supports will be explored in depth in this handbook.

Self-Direction Is For Everyone

Everyone can self-direct, as long as they have the right supports in place. This does not mean that self-direction is necessarily the right fit for every person, but it is a good model for individuals and their families who would like more choice and control over their services.

It is true that self-direction requires taking on responsibilities, but that does not mean that an individual who self-directs has to “do it all” or “figure it all out” on their own. There is support available every step of the way, and this handbook will explain in detail how these supports are structured. Different people and their families may prefer or need different levels of support when they participate in self-direction.

As an example of a support available to participants in self-direction, many individuals with intellectual and developmental disabilities choose to designate a representative to handle employer duties on their behalf. A key employer duty is to review and approve workers’ time providing supports before the time is submitted for payment. Another employer duty is to develop a worker’s schedule. Delegating such responsibilities to a trusted representative makes self-direction accessible to individuals who were unwilling or unable to manage them on their

own. (The representative can be a parent or legally responsible individual but is not required to be.)

Deciding whether self-direction is a good fit for an individual should always be decided collaboratively on a case-by-case basis. This decision requires careful consideration by the individual and their circle of support, as well as by the Support Coordinator. This handbook can help families who are new to self-direction learn what to expect.

Key Self-Direction Terminology

This list of key terms used in the CWP can help readers familiarize themselves with language that will be used later in this handbook.

- **Financial Management Services Agency (FMSA):** The FMSA handles administrative responsibilities on behalf of the employer and keeps employers in compliance with all federal and state requirements. The FMSA issues paychecks to a participant's workers, pays all required taxes, and helps participants manage their budgets.

Currently, participants who self-direct their waiver services can choose from two available FMSAs. A participant cannot have more than one FMSA at a time. If a participant would like to change FMSAs, they may do so on January 1st or July 1st of a calendar year. If they are planning to change FMSAs they must notify their current FMSA at least 30 days prior to their intended date of transfer. For example, if a participant plans to switch on July 1st, they must notify their current FMSA no later than June 1st.

- **Support Coordinator:** Support Coordinators are responsible for coordinating services and continued oversight to ensure that the participant is living safely. Support Coordinators work to understand the participant's needs, preferences, and long-term goals and help make sure the participant's service plan is responsive to the participant's needs and wants. Support Coordinators will work closely with the participant, representative, and FMSA to guarantee the services and supports received by the participant are meeting the participant's needs.
- **Employer of Record (EOR):** This term designates the individual who serves as the legal employer of workers. The EOR can be a representative the participant has appointed to serve as employer on their behalf, or the participant themselves. The EOR is responsible for hiring, training, managing, scheduling, and in some cases, firing workers, as well as making sure that spending on services and supports does not exceed the authorized budget amount. The EOR is also responsible for reviewing and approving each worker's time providing supports before the time is sent to the FMSA for payment.

If the participant has appointed a representative, the representative is not required to be a parent or legally responsible individual for the participant.

- **Representative:** If the individual needs or prefers support with hiring and managing workers, managing a budget, or other employer responsibilities, they can appoint an **unpaid** individual to assist them by serving as the EOR. The representative will not make decisions for the participant, but with them and in their best interest. Any person who has been appointed as a representative by a participant **cannot** also provide paid services to that participant.
- **Electronic Visit Verification and Monitoring (EVVM):** This term refers to an electronic timekeeping system that records key information about a visit by a worker to a participant's home. EVVM helps make sure that services are being provided as expected and that workers

do not get paid for service hours they did not actually work. EVVM technology can be used through landline phones, smartphones, tablets, computers, and other means. EVVM will be required for some services in the Community Waiver Program.

Understanding Roles and Responsibilities in Self-Direction

Self-direction is designed with one primary goal: that people with disabilities can exercise meaningful control and authority over their lives and their services. As straightforward as this is, the Community Waiver Program has many supports at work behind the scenes to make sure self-direction is an accessible and sustainable option for families. Learning about these supports may seem complicated at first, but keep in mind that these supports are there to assist participants and families whenever help is needed.

If you are new to self-direction and have had any of the following thoughts, you're not alone.

- *I am a little confused about who is supposed to do what in self-direction.*
- *I've never been an employer before and feel nervous about hiring and managing staff for the first time.*
- *I'm not sure what is "allowed" and "not allowed" in self-direction.*
- *Am I going to have to figure all this out for myself?*

Feeling nervous or unsure when trying something new is a normal reaction. Luckily, there is *always* assistance available through the waiver to help participants and families scale the learning curve and become adept at using self-directed services. Information about these supports, and about how different roles in the program fit together, is provided below:

Participant: The participant is the individual who receives services, either via traditional models or through self-direction. In self-direction, participant responsibilities include:

- Deciding and communicating their needs, long-term goals, and personal preferences, and thinking about what types of services and supports might help best support these needs, goals, and preferences.
- Providing feedback to their circle of support and to workers about the services they receive and the quality of those services.
- Serving as the Employer of Record or, in some cases, appointing a representative to serve as Employer of Record on their behalf. An Employer of Record has the authority and responsibility to hire, train (or set training requirements), direct, and (if necessary) fire, the workers who provide paid services to the participant. (Workers may include friends, neighbors, and some relatives.) An Employer of Record also decides a worker's hourly pay within wage ranges set by the State of Alabama.
- Notifying the Support Coordinator in any instance in which self-direction is not working well for them.

Representative: If the participant does not want to manage some or all of the employer responsibilities, a representative can be appointed by the participant to help them successfully self-direct their services and supports. The representative can serve as the Employer of Record on behalf of the participant. Use of representatives can make self-direction accessible to individuals who are unable or unwilling to manage employer responsibilities. If the participant

has identified a representative to act on their behalf and/or assist the participant with directing their service, that person will be responsible for the following tasks:

- Attending trainings and meetings with the participant.
- Serving as the Employer of Record on behalf of the participant and manage employer tasks, such as formally approving workers' timesheets or Electronic Visit Verification time records.
- Receiving copies of notices and correspondence sent to the participant by the Financial Management Services Agency and/or State of Alabama.
- Standing in the place of the participant. Any responsibility of the participant is a responsibility of the representative. Any action taken by the representative or failure to act will be accepted as the action or lack of action of the participant.

If a representative is needed or requested by the participant but has not yet been identified, Support Coordinators will train the participant on how to choose a representative.

Who Can Be a Representative?

- A representative may be a parent or legally responsible individual, but this is not required.
- A representative may be a family member with whom the participant lives.
- A representative must be able to assure the Alabama Division of Developmental Disabilities that he or she has no conflict of interest and will support the participant's best interests.
- For participants who live in their own private residence and need to designate a representative, some special requirements will apply.
- Any person serving as a representative must be at least eighteen years or older.
- The representative may not be funded by the participant's monthly budget funds and must have no conflict of interest.

Support Coordinator: Support Coordinators are responsible for coordinating services and continued oversight to ensure that the participant is living safely. Support Coordinators work to understand the participant's needs, preferences, and long-term goals and help make sure the participant's service plan is responsive to the participant's needs and wants. Support Coordinators will work closely with the participant, representative, and FMSA to guarantee the services and supports received by the participant are meeting the participant's needs.

Some of a Support Coordinator's duties include:

- Informing the individual about the option to self-direct.
- Approving the self-directed service plan that was developed in collaboration with the participant and their circle of support.
- Reviewing FMSA-generated spending reports.
- Ensuring the participant understands and knows how to report abuse, neglect, and exploitation.
- Routine monitoring to ensure the participant is safe and satisfied with their services.

Financial Management Service Agency (FMSA): The FMSA handles administrative and compliance duties on behalf of participants/Employers of Record to minimize the amount of paperwork they

handle. The most well-known FMSA responsibility is that the FMSA issues paychecks to workers, making sure workers get paid on time and that all taxes are handled correctly. Other FMSA responsibilities include:

- Helping the participant or representative become a legally recognized employer by providing them with an employer packet that includes Federal and State employment and tax forms, Workers' Compensation enrollment, and more
- Developing an enrollment packet for individuals that will provide services
- Performing background checks on prospective employees
- Reviewing timesheets and processing payroll
- Establishing and maintaining a savings account on behalf of each participant who elects to make Individual-Directed Goods and Services purchases using funds saved through wage negotiation
- Filing taxes with the Alabama Department of Revenue and Internal Revenue Service

Savings Accounts and Wage Negotiation

As part of budget authority, participants can choose to establish savings accounts with their budget dollars and use their savings to purchase Individual-Directed Goods and Services. Participants must save up for goods and services they wish to purchase. Savings can be accumulated through a process known as **wage negotiation**.

Wage negotiation means that participants can negotiate with their workers to pay a lower hourly rate than the maximum allowable rate for that service. If a lower hourly rate is agreed upon by the participant and worker, the difference between the worker’s pay rate and the maximum allowable rate will be stored by the FMSA in the participant’s savings account and maintained until it is used for an approved individual-directed good or service purchase. There are trade-offs to offering the maximum rate.

Pros of Paying Worker Maximum Rate	Cons of Paying Worker Maximum Rate
May make it easier to recruit workers	There will be less money available for services
May make it easier to hire more qualified workers	There will be less money available for a savings account, meaning less goods and services
May help retain workers for longer	There will be less money available to pay overtime expenses

The Support Coordinator can provide information to help the participant and their circle of support decide whether Individual-Directed Goods and Services and wage negotiation are a good fit for the participant’s needs.

Participants are not required to establish savings accounts unless they wish to buy, with CWP funds, specific goods and/or non-employee services. This can include costs for training fees and/or reimbursement for training time for self-direction workers to complete training required by the participant.

CWP savings account funds can only be spent on Individual-Directed Goods and Services and worker training costs that have been specifically identified and approved in the participant’s savings plan. The savings plan will be developed through the person-centered planning process, and documented in the PCP, identifying items or additional needed services, that are intended for purchase using the savings account. This savings plan included in the PCP can be revised as participant needs change.

Purchases made using funds from the savings account must follow federal waiver requirements. While participants have some discretion over how savings account funds are spent, there are both state and federal guidelines that must be followed.

Participants should talk to their Support Coordinator about how to plan for and manage savings. Participants should also remember that if they disenroll from self-direction, any remaining funds in their savings account will be refunded to the State of Alabama.

Understanding Individual-Directed Goods and Services and Savings Accounts

Participants who self-direct can make purchases with their CWP funds in their savings account. These purchases are designed to help participants become more independent, more integrated in their community, safer, and/or healthier. If a participant wants to buy a particular item, the item will be included in their CWP service plan.

Common examples of items participants might choose to purchase include:

- Gym memberships
- Assistive Technology that may include electronic devices, identified through an evaluation and assessment of needs by an appropriately qualified professional and/or approved by a physician.
- Transportation-related purchases, such as public transportation passes

The Individual-Directed Goods and Services benefit is designed to be flexible. In general, CWP participants can make purchases that assist in managing their disability, become more integrated in the community, or improve their health and safety. There are a few things that can't be purchased with CWP funds.

Goods and Services: What's Not Allowed?

While the individual, Employer of Record, and/or family should have broad authority over deciding what goods and services best meet the individual's needs, waiver dollars cannot be spent on certain purchases. These include:

- Purchases for solely recreational purposes
 - **Note:** Waiver dollars can be spent on helping an individual participate in a recreational event that they would not be able to access without assistance. For example, a personal care worker could be paid to attend a movie in a theater with a participant so that the participant can access this activity. But the participant's budget could not be used to purchase movie tickets.
- General home and vehicle repair
 - **Note:** Repair of an item that specifically relates to the individual's disability, such as a wheelchair ramp, is allowable under federal rules.
- Room and board
- Purchases that are for the primary benefit of the family rather than the individual
- Paying cash directly to the individual
- Purchases on services that are available to the individual through other funding sources, such as the Medicaid state plan, until those services have been used up
- Cigarettes and alcohol

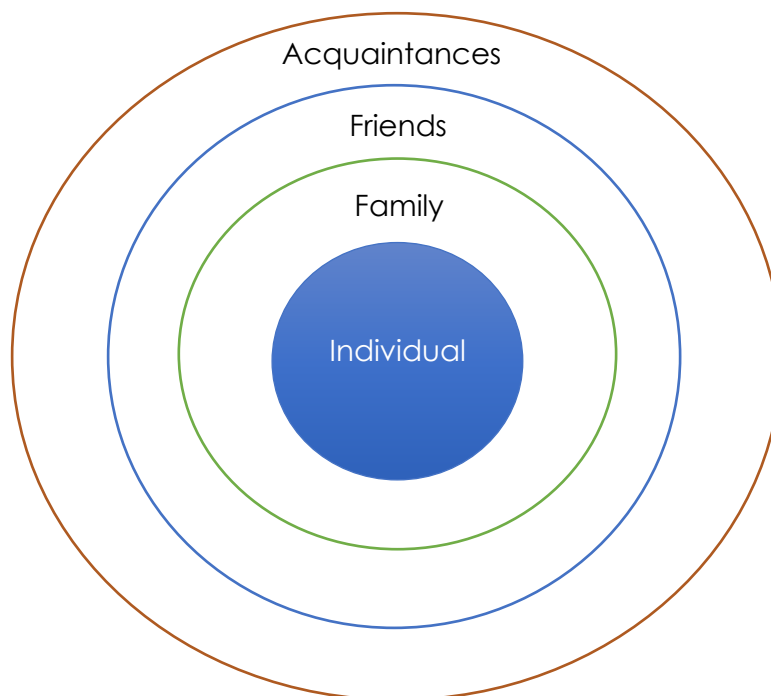
The Alabama Division of Developmental Disabilities reserves the right to request additional evaluations or assessments to determine whether a requested purchase is appropriate.

Hiring Workers: Strategies for Participants and Employers of Record

Once a budget and spending plan have been designed, the next step for participants and Employers of Record is finding and hiring workers. The Support Coordinator is responsible for assisting the participant and Employer of Record through the process of finding and training employees.

The Support Coordinator is responsible for helping the participant identify informal supports they may already be using, such as friends, neighbors, or members of their faith community. These individuals may be willing to provide more services in exchange for payment.

When considering potential caregivers, it can be helpful to start with individuals the participant knows best and interacts with the most, such as family members, and then move outward to friends, then community acquaintances, and so on:



Once likely individuals have been identified, the Support Coordinator will support the participant and Employer of Record with locating, screening, interviewing, and hiring workers.

If hiring an informal support or existing acquaintance is not an option, the Support Coordinator can help support the participant and Employer of Record in creating a job listing and identifying appropriate places to post it, such as Facebook, the newspaper, or a community board.

Minimum Qualifications for Self-Directed Workers

All employees in self-direction must meet the following minimum qualifications:

- Must be 18 years of age or older.
- Prior to hire, must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.

Things to Keep in Mind When Hiring

When creating a job posting, it is important to think about and describe the qualities the participant is looking for in an employee. Here are some questions to consider:

- *What kinds of people do I get along with best?*
- *What kinds of people irritate me?*
- *Is it important to me that the person I hire has prior experience working with people with intellectual and developmental disabilities?*
- *What specific skills would I like or need someone to have? (For example, if meal preparation will be one of the worker’s main tasks, it would be helpful if they are already comfortable with cooking and using a kitchen.)*

One of the major strengths of self-direction is that participants and Employers of Record are truly in charge of the people who work for them. This also means that it is ultimately the Employer of Record’s job to clearly communicate their needs and the needs of the participant to potential workers.

When making a job posting, it is essential that the participant and Employer of Record are explicit about what they are looking for and what they expect from applicants. The goal is not to have the most responses or applicants, but to have the *right* applicants who have a good understanding of what the job responsibilities will be. Making sure the job description is clear will help those who are not qualified or not interested confirm that the job is not appropriate for them.

A strong job posting includes the following details:

- A detailed job description:
 - Identifies service needs (for example, bathing, toileting, meal prep, etc.), hours, and general location(s) where the work will be performed
 - **Note:** It is important for applicants to know where the job will take place, but avoid listing the participant’s address in the job description. Instead, it is safer to give general location information like “We live in Tuscaloosa, about a 10 minute drive from Bryant-Denny Stadium.”

- Identifies physical requirements for the job (for example, the worker must be able to lift 100 pounds, or must be able to transfer the participant from wheelchair to bed and vice versa)
- Clearly states the time commitment and hours expected of the applicant
 - Is the schedule flexible? Is it possible or not to modify the participant's schedule in order to hire a worker who works another job during some of the participant's desired hours, but could work other hours?
- States whether the employee must have a car
- States what the worker can expect to make per hour
- States what applicants should expect from the hiring process, including:
 - The desired start date for the job
 - The need to provide references
 - That the applicant will need to undergo a background check before being cleared to provide services

Background checks are required for direct service provider employees who operate within the State of Alabama and who either provide direct services to the participant and/or who have access to client records. The state background checks are conducted by the FMSA and will also include a reference check with previous employers, sex offender registry, and the Nurse/Aid Registry. Verification of investigations will be conducted during audit reviews of the service providers by the State of Alabama.

REMEMBER: When hiring, the participant should hire both primary **and** backup workers to make sure there is no lapse in service if the primary employee is sick or unavailable.

The Interview Process

Interviews may be completed in a variety of ways, including in-person, over the phone, or using technology such as Skype or Zoom. While the Employer of Record is legally responsible for hiring workers, it is helpful for the participants who are not serving as Employers of Record to attend the interview process as well.

Safety is a top priority when hiring. It may be helpful to hold the interview in a public place such as a library, coffee shop, or community center. Employers of Record and participants may want to bring additional family members or friends to provide support during the hiring process. This will add additional safety and provide another opinion that may help the participant and Employer of Record make the right choice.

During the interview, the participant and Employers of Record should make sure to bring the following:

- A job description including hours, time commitment, and level of physical activity required for the position
- A list of duties required for the position
- Information about the participant’s disability
- Information about any special equipment the participant uses
- A list of interview questions to ask. Some example questions include:
 - *Have you worked with individuals with disabilities before?*
 - *Are you comfortable helping me get out of bed and get ready in the morning?*
 - *What drew you to apply for this job?*
 - *Do you have any questions or concerns about this job?*

Avoiding Discrimination During the Hiring Process

In the United States, it is illegal to choose not to hire someone because of certain characteristics, such as what religious background that person has. To avoid discrimination in the interview process, employers should not ask questions that are related to age (other than confirming that the applicant is over 18 years of age), race, color, religion, national origin, sexual orientation, sex, marital status or number of children, whether the applicant is pregnant or may become pregnant in the future, or disability.

Examples of questions **not** to ask during hiring because they could be considered discriminatory include:

- *What country is your family from?*
- *Are you a Christian?*
- *Are you a U.S. citizen?*
 - **Note:** Asking “Are you legally authorized to work in the United States?” is permitted, since workers must prove with government documentation that they are authorized to work in the United States before they are hired. (The FMSA will help participants and representatives with verifying the employee’s employment eligibility.)
- *Are you trying to start a family?*
- *What year were you born?*
 - **Note:** Asking “Are you 18 years old or older?” is allowable, since the State of Alabama requires waiver service providers to be at least 18 years old.

After the Interview

If the applicant will be offered a position: Thank them for their time and ask for their references to follow up. While references are not required, this can give additional insight into the history and work ethic of a potential employee.

If more applicants stand out than there are positions available, still contact all of their references. It is possible that when someone is offered the position, they will no longer be interested or may have already been hired at another job. Having back-up options will help ensure the participant begins receiving care as soon as possible.

If the applicant will not be offered a position: Thank the applicant for their time and let them know they will be contacted in the future. If the applicant is pressuring the participant to make a decision on the spot, the participant should state that they need to be fair to others they are interviewing. No one is ever under obligation to hire someone, especially if they make the participant uncomfortable. Deciding who to hire is a big choice, and the participant should make sure they are being thoughtful about who they choose to hire.

Offering the Job

Once the participant and Employer of Record identify who they would like to hire, they and the Support Coordinator contact the FMSA to finalize the paperwork.

Before hiring new employees, the Support Coordinator will communicate with the participant regarding what Employee Paperwork new employees will need to fill out upon being hired and will make sure the participant has access to it. This paperwork will include authorization to conduct a criminal background check as well as Form I-9, which is a federal form that verifies that a person is eligible to work in the United States.

When they have identified the individual(s) they would like to hire, the Employer of Record should call the applicant and ask if they are still interested in the job. If the answer is yes, the Employer of Record can let them know what date they would like them to start and set a date and time for them to complete their new hire paperwork.

If the applicant is no longer interested in the position, the Employer of Record will return to the pool of applicants and identify another applicant they would like to hire. If no applicants accept an offer, the participant, Employer of Record, and Support Coordinator will strategize about posting the advertisement again. Again, the Employer of Record should not hire someone they or the participant are not comfortable with, even in cases where the first round of interviews were not successful in locating a high-quality applicant.

If the participant needs services immediately, an Employer of Record might consider hiring a temporary employee to fill the spot until they find someone who can provide services long-term. In these cases, it is the Employer of Record's responsibility to make it clear that the job is temporary, and to be transparent about their expected timeline.

Training

Building good communication with new workers early on, especially regarding boundaries and expectations, will set the Employer of Record up for success throughout their working relationship. Maintaining verbal and/or written communication with workers is critical, and workers should be notified in advance by the Employer of Record if there are any changes in

scheduling, job responsibilities, etc. By respecting workers' time and treating them with dignity, the Employer of Record models an environment of fairness that helps build trust.

The Employer of Record should talk to a worker immediately if there are problems or if there is something they want the worker to do differently. When this happens, clearly explain what behavior should be changed or how a task should be done correctly. If the Employer of Record does not communicate their concerns, the worker will have no way of knowing that there is something they need to improve.

Minimum Required Training for All Self-Direction Workers:

- Before their first shift, the employee must complete training on how to:
 - Identify critical incidents
 - Prevent critical incidents
 - Report critical incidents using the Incident Prevention and Management System (IPMS)
- Training is provided through an Instruction Guide and online Video Tutorial. The FMSA will maintain documentation in the worker's file demonstrating they received/read the Instruction Guide and viewed the Video Tutorial.
- Training that is determined and provided by the participant.
 - *Note: The participant must assure self-direction workers are providing service consistent with the approved service definition. The participant may not define the self-direction worker job description or job duties in ways that are not consistent with the approved definition for the service to be provided. The Support Coordinator for the participant will provide service definitions to the participant and will monitor service provision to ensure it is consistent with approved service definition.*
 - *Note: Participants may use their Self-Direction Savings Account to fund the cost of training they require (above and beyond what is required by ADMH) for self-direction workers and other direct support professionals providing services to the participant. The cost of training can include training/trainer fees and/or reimbursement for the worker/DSP's time spent in training at their normal hourly rate.*

The FMSA will ensure that the participant's employee(s) (the self-direction workers) complete all required training in the timeframes required, including training on how to identify and report critical incidents.

What to Do If A Problem Comes Up: Suggestions for Employers

Verbal Notification

If a worker has done something incorrectly or that upsets the participant, it is important the Employer of Record and/or participant communicates with them as soon as is convenient for both them and the worker. While these conversations are uncomfortable, the worker is more likely to respond well if they are treated respectfully.

It is important not to “nitpick” everything a worker does. While the participant should be receiving high-quality services, being overly critical or having unreasonably high standards may make it difficult to retain workers for the long term. Workers make mistakes, just like everyone else does.

If the Employer of Record is able to speak to a worker immediately when something has not been done correctly, the Employer of Record should make sure they have the worker’s full attention before they begin talking to them. If the employee is completing a task, the Employer of Record can ask them to pause or wait for them to finish before speaking.

“I Statements”

In order to diminish the possibility of the employee becoming defensive, the Employer of Record should begin sentences with “I prefer” or “I feel,” instead of “you are”. Sentences that begin with “you” can be interpreted by the worker as hostile or as though they are being blamed. This may cause the worker to feel the need to defend themselves instead of listening for how they can improve.

Employers of Record should keep their voice calm but firm when talking. Getting upset will most likely upset the worker as well. After the Employer of Record has finished talking, they should allow the worker to ask questions if they have any. Again, the Employer of Record should answer these questions in a calm but firm tone. After the process is complete, the Employer of Record should not mention the incident again unless the problem continues to arise. If the problem does not occur again, that is a strong indicator that the worker was listening and willing to make changes.

Example

The Employer of Record needs to provide feedback to their employee about cellphone use during the job. There are different ways the feedback can be provided:

Option One: *“I prefer for you to not be on your cell phone when I am talking to you. It makes it difficult for me to confirm that you heard me, and having your full attention is important to me. Does that make sense?”*

Option Two: *“You were on your cellphone when I was talking to you earlier. Don’t do that.”*

Option Two may cause the employee to feel defensive, and they may try to explain why they were on their cell phone. On the other hand, Option One explains why this is an important issue and that, as the worker’s employer, this is how you would like the job done. Option One does not blame the employee for the past, but instead sets a precedent for the future.

The Employer of Record should document the conversation in an employee file, including what was talked about, the date of the conversation, and the date the incident occurred. This will help the Employer of Record keep track of worker performance. If the Employer of Record needs help or advice about talking to an employee, they should ask their Support Coordinator for assistance. Remember—those supports are there to help employers navigate this process. If it makes the Employer of Record and participant more comfortable, they can ask their Support Coordinator to help them practice these conversations so they know what to expect.

The Support Coordinator also can give recommendations and advice on how to supervise workers and give effective feedback.

Termination

Immediate Dismissal

Workers who show dangerous or threatening behavior should be terminated immediately. This includes but is not limited to:

- Physical abuse or neglect
- Stealing (for example, money, medications, or other property)
- Verbal abuse, including spoken threats
- Dangerous driving
- Working under the influence of drugs or alcohol
- Pressuring others to commit illegal actions, such as approving timesheet hours that the worker did not actually work

A participant should never continue to employ anyone who makes them feel unsafe. Abusive, neglectful, and/or exploitative behavior should be reported immediately to the Support

Coordinator. Additionally, participants or representatives can contact the State of Alabama Adult Protective Services Hotline at 1-800-458-7214.

**Report Abuse, Neglect and Exploitation
to the Alabama Adult Abuse Hotline:**

1-800-458-7214

If the participant or Employer of Record is concerned that there may be abuse or neglect, they should contact the Support Coordinator and explain the situation. One of the key responsibilities of the Support Coordinator is to protect the participant's health and safety, so it is important the participant and Employer of Record be open with them in communication and during home visits.

Termination After Multiple Offenses

Deciding to terminate a worker is at the discretion of the participant and Employer of Record. If a worker continues to make mistakes after training, reminders, and/or warnings, it may be that terminating that worker is needed because the worker is not able to provide services of a sufficient quality.

Some examples of worker mistakes that might result in termination after multiple warnings include:

- Being frequently late or not giving warning when the worker will be significantly late for a shift
- Poor communication skills, or displaying a poor attitude while performing duties
- Continued inability to follow directions

In these cases, Employers of Record should rely on their documentation from previous offenses, and explain, citing dates and times of previous offenses, the reasons why the worker is being let go.

Labor Law Requirements for Employers in Self-Direction

When a participant chooses to self-direct, the participant or the representative they appoint as the Employer of Record is legally recognized as an employer of the participant's workers. This means that there are federal and state labor laws that must be followed.

It is not necessary for the Employer of Record to keep track of every legal requirement that applies to employers, because the FMSA and Support Coordinator are responsible for making sure that participants and EORs are in compliance with all federal and state requirements, including those on labor law. However, it can be helpful for participants and EORs to have a basic understanding of these requirements.

Minimum Wage

Employers of Record must pay their employees at least \$7.25 per hour. This is a federal law that applies even to paid family members who might be willing to work for less money.

Overtime

If an employee works more than 40 hours per week for their employer *and* does not live in the home with the participant, the Employer of Record must pay time and a half for every hour over 40 worked by that employee. Employers of Record should make sure to account for overtime requirements when scheduling employees. Otherwise, there may not be sufficient budget funds available.

Example

Emily is paid \$8 per hour to provide self-directed personal care services. Normally, she only works 10 hours per week. However, this week, her Employer of Record has asked her to work additional hours because some of the participant's family members are out of town and cannot provide their usual unpaid support. This week, Emily worked 42 hours total. What is Emily's gross pay this week?

Answer: Emily's gross pay must incorporate overtime. For every hour Emily worked over 40, she receives "time-and-a-half" of her base rate of \$8 per hour. In other words, her overtime rate is \$12 per hour. Emily's gross pay can be calculated as follows:

- 40 straight time hours x \$8 = \$320
- 2 overtime hours x \$12 = \$24
- ***Total gross wages for the week: \$344***

The FMSA is responsible for compliance responsibilities, including handling overtime calculations and making sure workers' paychecks are correct. For EORs, they should remember to avoid scheduling overtime unless there is an extenuating circumstance, such as an emergency.

Live-In Exemption from Overtime

Employees who live with the participant are eligible for the "live-in exemption" from federal overtime requirements. If the employee lives in the same residence as the participant, or the employee spends at least 5 days per week living in the participant's home, the employee is not

required to receive overtime payments for hours worked over 40. (The employer can still choose to pay overtime to a live-in worker but is not required to do so.)

If the employee does not live in the same residence as the participant, the live-in exemption cannot be used. In these cases, overtime must be paid for all hours worked over 40 in a workweek.

Risk Prevention and Mitigation

Understanding Risk

Risk can be understood as the possibility of exposure to danger. While receiving self-directed services, as with most aspects of life, there are potential risks that should be discussed with Support Coordinators. Understanding the potential risks increases the probability of being prepared.

No two people have the exact same risk profile. Risk is dependent on the individual, their environment, their capacities, and their broader community. Each participant's risk plan should take into account the potential risks applicable to that participant and their unique environment. However, the risk plan should also acknowledge the **dignity of risk**, a concept that is explored below, as well as the participant's capacity to learn and grow over time.

Federal Medicaid rules require the state of Alabama to document the safeguards that are in place to protect participants from potential risk. All steps should be documented in the person-centered plan.

Dignity of Risk

Dignity of risk refers to the right to make mistakes and the right to live in a way where overly cautious caregivers do not prevent individuals with disabilities from living full and meaningful lives. Dignity of risk is a critical component of self-determination. It requires having the freedom to try new things that may not work out, or that may not go perfectly the first time. Everyone makes mistakes, and individuals with disabilities have the right to experiment and learn from their mistakes—just like anyone else.

Participants who self-direct have the opportunity to experiment with what will be the most effective for them personally, which leads to greater creativity in service plan design and more needs being met. Participants who self-direct know best what their needs are and how those needs should be met. This is not the same as saying that a service plan will meet the person's needs perfectly right away.

Support Coordinators are responsible for balancing the dignity of risk with ensuring individuals' health and safety. This is one of their most challenging responsibilities, especially because in many cases, higher-risk choices can have greater long-term benefits for the participant if they are successful. Support Coordinators should honor participants' and families' desire for growth and experimentation while making sure health and safety is maintained. In general, this means that Support Coordinators should avoid rejecting families' ideas as "too risky" unless there is an immediate and serious risk that cannot be mitigated. Risk can often be mitigated by thinking through back-up measures in case the original idea does not work out as intended. A real-life example of a family's initiative to help their son grow more confident and independent while balancing risk is included at the end of this section.

Potential Areas of Risk

Risk may present itself in many forms. The list below includes common risks for people with disabilities. Participants and their circles of support should contact the Support Coordinator if they feel any of the following are present in the participant's life, or if they notice something else

that potentially threatens the participant's health and safety. **If a risk presents an immediate emergency, dial 911.**

- Risk can manifest in environmental issues, such as:
 - Limited informal support (i.e., friends, neighbors, community members)
 - Primary informal caregivers becoming older and less able to sustain providing the level of care that the participant needs
 - Limited access to hired caregivers
 - Social isolation (i.e., living in a rural setting, limited access to reliable transportation, or having few opportunities to interact meaningfully with the participant's community)
 - Unsafe housing
- Risk can manifest in behavioral and medical issues, such as:
 - Inappropriate, violent, or otherwise dangerous behavior toward caregivers
 - Self-injurious behavior
 - Refusal to eat or take medications, or inappropriate consumption of food and/or medications
 - Substance abuse
 - Rapid weight gain or loss
 - Physical changes related to aging

Potential Risks in Self-Direction

When a participant self-directs, other risks may appear that are related to using self-direction as a service delivery model. Often, these added risks are related to the additional responsibilities related to a participant managing their own services and supports, usually doing so collaboratively with a circle of support and a representative. Support Coordinators should be aware of the potential risks and explore the situation with the participant and their circle of support if any of the following risk factors appear to be present.

- Risk around not understanding the self-direction program rules and responsibilities resulting in misuse of funds or not following program rules. For example:
 - Using the budget to purchase items that are not allowed.
 - Inability to stay within the allotted budget to pay for workers and other purchases.
 - Submitting worker timesheets for periods when the participant was hospitalized or living temporarily in an institutional setting. (Federal Medicaid rules do not allow someone to receive institutional services and Home and Community-Based Services at the same time.)
- Risk of exploitation, for example:

- Pressure to hire a family member when the participant and/or Employer of Record does not really want to hire that person, or to keep a family member as paid staff when the family member is not providing high-quality care.
- Pressure to pay someone for doing work they did not do.
- Pressure to purchase a good or service for someone other than the participant.
- Pressure to sell a good that has been purchased for the participant with waiver dollars.

Appendix A: What Services are Covered by EPSDT?

Individuals under the age of 21 will receive the following services from the Early and Periodic Screening, Diagnostic and Treatment (EPSDT):

- Personal Care
- Skilled Nursing
- Positive Behavior Supports
- Crisis Intervention
- Specialized Medical Supplies
- Specialized Medical Equipment
- Physical Therapy
- Occupational Therapy
- Speech & Language Therapy

Appendix B: Waiver Services That Can Be Self-Directed

Personal Assistance-Home

Service Definition:

A range of services and supports designed to complement but not supplant natural supports and assist an individual with a disability to perform, in his/her home, activities of daily living, including instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability. Personal Assistance-Home services are provided in the person's home and outside the home on the property where the home is located. Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Home provider in a manner that supports and enables the individual to acquire, retain and maximize skills and abilities to achieve the highest level of independence possible.

Personal Assistance-Home may be used to support the person in preparing for competitive integrated employment (i.e. getting ready for work) and in being transported to this employment.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

Eligible Personal Assistance-Home services include the following:

- Assistance, support and partial participation, as appropriate to the individual, with eating, toileting, personal hygiene and grooming, dressing and other activities of daily living or instrumental activities of daily living, as appropriate and needed to sustain community living.
- Meal preparation, homemaker tasks, and home chore services, specific and necessary for the waiver participant, involving the waiver participant to the greatest extent possible; other instrumental activities of daily living (e.g. assistance with managing finances (when not managed by a representative payee, legal guardian, financial power of attorney); home-based support for communication including phone, internet use); and other appropriate activities falling under instrumental activities of daily living, as described in the participant's Person-Centered Plan.

Services, if needed, to support goals and needs related to instrumental activities of daily living that occur outside the home (e.g. shopping; banking), competitive integrated employment and community participation, involvement and contribution must also be addressed in the Person-Centered Plan using Personal Assistance-Community, other appropriate services, or available

natural supports. Natural supports must be documented in the Person-Centered Plan and confirmed by the Support Coordinator.

Additional information (if applicable):

- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- This service is not available when another covered service is being provided and the assistance available through Personal Assistance-Home is a component part of this covered service. Support Coordinator monitors will review service delivery records to ensure that Personal Assistance-Home is not delivered concurrent with Employment Supports, Breaks and Opportunities (Respite), Supported Living Services, Adult Family Home, or Community-Based Residential Services.
- Authorization based on individual assessment results which account for the availability of sustainable natural supports; 243 hours/month (972 units) maximum and expenditure cap for enrollment group also applies.
- Using self-direction, this service can be provided by a natural caregiver(s) or relative(s) living in the same residence with the person if all of the following are true:
 - The participant is twenty-one (21) years of age or older; and
 - The natural caregiver or relative being paid to provide this service is not also the legal guardian (or Medicaid representative for self-directed services) for the participant; and
 - The natural caregiver is otherwise qualified and capable of providing the care and assistance needed;
 - The participant is not also receiving this service from a paid provider (either agency or through another self-direction worker).

If the above requirements are met, this service shall not supplant natural supports provided by the natural caregiver(s) or relative(s) living in the same residence with the person. To ensure such natural supports are not supplanted, the following limitations apply to Personal Assistance-Home, when provided by a natural caregiver(s) or relative(s) living in the same residence with the person:

- Maximum of 486 units per month (This is 50% of maximum if this service is provided by a paid provider: either agency or self-direction worker).
- Actual units authorized shall be based on Personal Care Assessment results and, to account for and avoid supplanting natural supports, can be no more than the number of units which equate to 50% of the units of Personal Assistance-Home that would otherwise be authorized if the person had no natural caregiver(s) or relative(s) in the home, providing these supports on an unpaid basis.
- Exception: If all natural caregivers or relatives living in the same residence with the person are disabled, infirmed, or age 65 or older, Personal Assistance-Home that is self-directed may be provided by both natural caregiver(s) or relative(s) living in the same residence with the person (who meet the above requirements) and a worker(s)

employed through self-direction; however, in these situations, to account for and avoid supplanting natural supports, no more than 75% of the total units of Personal Assistance-Home that the individual is determined to need, based on the Personal Care Assessment, can be authorized. Of these paid units, no more than 25% may be provided by the natural caregiver(s) or relative(s) living in the same residence with the person.

- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit (for up to 90 days) as a cost-effective alternative to institutional placement, other medically necessary covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

Personal Assistance-Community

Service Definition:

A range of services and supports designed to assist an individual with a disability to perform, participate fully in his/her community and supports for activities of daily living and instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability and that occur outside the home. Personal Assistance-Community services may be provided outside the person's home, at an integrated workplace where the person is paid a competitive wage, or other places in the broader community to support community participation, involvement and contribution by the person. Personal Assistance-Community services must be provided consistent with the goals/outcomes defined in the Person-Centered Plan and with the over-arching goal of ensuring the individual's full community participation and inclusion.

Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Community provider in a manner that supports and enables the individual to achieve the highest level of independence possible. Personal Assistance-Community may be used to address assistance needs in the workplace and community, if personal care and assistance are the only type of supports an individual needs in these locations. Otherwise, personal care and assistance is included in Supported Employment or Community Integration Connections and Skills Training services and the provider of those services shall be responsible for these needs during the hours that Supported Employment on-the-job supports (i.e. Individual Job Coaching or Small Group supports) or Community Integration Connections and Skills Training services are provided.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

Eligible Personal Assistance-Community services include the following:

- As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance with instrumental activities of daily living outside the home, including accompaniment and minor problem-solving necessary to achieve and sustain increased independence, competitive integrated employment and inclusion in the community.

- Assistance to ensure the individual is always supported to the extent needed to interact with other members of the broader community, including assistance with engaging co-workers and community members participating in the same places and activities.
- Assisting individuals to develop an increased range of positive, reciprocal relationships is a key goal of Personal Assistance-Community.
- With consent of the individual, if natural supports and/or workplace colleagues are willing to provide supports that would otherwise be provided by a Personal Assistance-Community worker, this service involves training on how to provide the specific Personal Assistance services they are willing to provide.

As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance, support, supervision and partial participation with eating, toileting, personal hygiene and grooming, and other activities of daily living as appropriate and needed to sustain competitive integrated employment, integrated community participation, involvement and contribution.

Additional information (if applicable):

- Authorization based on individual need after accounting for the availability of sustainable natural supports. This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- Not available to a waiver enrollee ages 5-20 during the hours public school is in session.
- The combination of services the person is eligible to receive that occur outside of the home* and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. *Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home, included in these limits, are any combination of the following: Supported Employment-Individual, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- This service cannot be delivered in a waiver participant’s home or in a provider owned or controlled service setting of any kind.
- This service is not available on the same day that any of the following are authorized:
 - Per diem Breaks and Opportunities (Respite), per diem or weekly Supported Living Services, per diem Adult Family Home, or per diem Community-Based Residential Services.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the service, transportation of the person to this service is not necessary and

shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person's home, transportation of the person *from* this service is not necessary and shall not be separately authorized.

- Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit (for up to 90 days) as a cost-effective alternative to institutional placement, other medically necessary covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

Skilled Nursing

Service Definition:

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and must be provided by a registered professional nurse (RN), or licensed practical (LPN) or vocational nurse under the supervision of a registered nurse, licensed to practice in the state of Alabama. An RN is required to perform the supervisory visit every 60 days for an LPN providing this service.

To authorize this service, a physician's order is required followed by a Regional Office RN completing an assessment to determine if the services may be safely and effectively administered in the home or community (the place or places of service where the individual desires to receive the service). There is no restriction on the place of service except the service may not be provided in facility-based non-residential service settings or other settings that do not fully comport with the setting standards contained in the federal HCBS settings rule, including the additional standards that apply to provider owned or controlled settings. This assessment by the Regional Office RN also will identify and confirm the specific type of Skilled Nursing service needed and the amount of time needed.

Services are of two types:

1. Training and supervision provided to natural caregivers and/or direct support professionals (self-direction or agency workers) related to medical care and/or assistance with ordinarily self-administered medications to be provided by the natural caregiver or direct support professional. This training is not available to direct support professionals working for agencies providing residential services (Supported Living; Adult Family Home; Community-Based Residential Services) because payment for the nurse supervision is already included in the rate paid for those services.
2. Nursing procedures that meet the person's health needs as ordered by a physician. LPN services may provide skilled care for the recipient if a licensed physician prescribes the service. The supervising RN evaluates the participant and establishes the nursing plan of care prior to assigning services to the LPN.

Of the above two ways to provide this service, the Regional Office RN will authorize the most cost-effective option for the meeting the waiver participant's needs through this service, ensuring consistency with the physician's order in all cases. When Skill Nursing Services are provided to waiver participants living in their own homes or living with family, it is intended to focus on training of the natural caregiver and training/supervision of the person's direct support professional(s) and is not intended as a private duty nursing service.

The services of the nurse must be documented by a nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition, the nursing note should include, as appropriate, the nurse's assessment, changes in the participant's condition, follow-up measures, communications with family, caregivers or physicians, training or other pertinent

information. The nurse must sign and date the note. A record of the RN/LPN visit will be captured by an Electronic Visit Verification Monitoring system.

Enrollment Groups:

Group #2: Seamless Transition to Adulthood Supports

Group #3: Family, Career and Community Life Supports

Group #4: Supports to Sustain Community Living

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

- Authorization of this service, and inclusion in the Plan of Care, is subject to a physician’s order, based on medical necessity, and an assessment by a Regional Office RN. The need for continued medically necessary Skilled Nursing services must be ordered by the individual’s physician every year at the time of the annual redetermination and a reassessment by a Regional Office RN must occur at least annually.
- This service is not available to individuals during the time they are receiving residential services, including training and supervision of direct support professionals working for agencies providing residential services (Supported Living; Adult Family Home; Community-Based Residential Services) because payment for the nursing services, including nurse supervision, is already included in the rate paid for those services.
- For individuals living with natural caregivers, the individual must require skilled nursing training, supervision and/or care which exceeds the caregiver’s ability to care for the recipient. If a caregiver has been providing care that is otherwise proposed to be provided through Skilled Nursing services, there must be a negative change in the individual’s condition or the caregiver’s status that has occurred to warrant supplanting the caregiver’s role by authorizing Skilled Nursing services.
- For individuals living with natural caregivers, a commitment on the part of the natural caregiver to participate in and complete training with the Skilled Nursing service provider is essential. The primary natural caregiver will indicate this commitment by participating in the creation, and signing, of the Skilled Nursing Agreement for Care form. Additional caregivers identified for training must be indicated on the Skilled Nursing Agreement for Care form. In the event that multiple caregivers exist who need training at separate times or in separate places, an adjustment in the hours approved for this service may be made.
- The service may not be provided in facility-based non-residential service settings or other settings that do not fully comport with the setting standards contained in the federal HCBS settings rule, including the additional standards that apply to provider owned or controlled settings.
- Skilled Nursing under the waiver is not available to children under the age of 21 because Private Duty Nursing is covered under the State Plan EPSDT services.

No training is necessary post-hire, but the FMSA must verify that the worker is a licensed Nurse under the Code of Alabama; 1975 Sec. 34-21. The FMSA will maintain the documentation of this pre-hire qualification in the worker's file.

Individual-Directed Goods and Services

Service Definition:

Individual Directed Goods and Services are services available to only those participants self-directing services who are able to save funds through negotiation of worker's employment wages. Individual goods and services include services, equipment or supplies, for the waiver participant's use and benefit, that are not otherwise provided to the individual through this waiver or through the Medicaid State Plan.

Purchases through Individual Directed Goods and Services must address an identified goal/outcome and related need in the Person-Centered Plan (including improving or maintaining the participant's opportunities for full membership in the community and/or competitive integrated employment) and meet the following requirements:

- The item or service will decrease the need for other Medicaid services and/or decrease dependency on paid support services; and/or
- The item or service will promote inclusion in the community, including enhancing family involvement; and/or
- The item or service will increase the waiver participant's independence, including improved cognitive, social or behavioral functioning, and development or maintenance of personal, social or physical skills for independence; and/or
- The item or service will increase the waiver participant's health and safety in the home or in his/her community; and/or
- The item or service will increase the waiver participant's ability to continue living in the community and avoid institutionalization

All purchases must be for items or services that are not illegal or otherwise prohibited by Federal and State statutes and regulations. All purchases can only be made if the participant does not have the funds to purchase the item or service and the item or service is not available at no cost to the participant through another source. All purchases must also be evaluated to ensure cost effectiveness as compared to other available uses of the savings account to meet the person's goals/outcomes and related needs and to assure health, safety, and welfare.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living
- Group #5: 1115 Demonstration Group

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

- Individual Directed Goods and Services are limited to those individuals self-directing services.
- The limit on amount of funds for purchases under Individual Directed Goods and Services is determined individually based on the balance of the individual's savings account at the time of the request for purchase. The savings account is maintained by the Financial Management Services Agency. The duration of this service is again based on the individual's savings account balance and the individual's participation in self-directed services. If an individual returns to traditional waiver services (stops self-directed any services) the ability to access any dollars from the savings account and utilize this service will be terminated. Additionally, dollars not utilized will be refunded to the Division of Developmental Disabilities.
- Upon enrollment in self-direction and whenever the individual's budget is reviewed and/or updated, the person may identify goods and services they wish to save for and these will be included in the savings plan and in the person's budget, and submitted to the FMSA. A copy of the savings plan will be kept in the person's record and maintained by the Support Coordinator. The FMSA will follow their process of working with the individual on procurement and reimbursement, as well as adjust the person's budget accordingly. The FMSA will notify the Regional Office, and the Support Coordinator of the actual amount spent on Individual Directed Goods and Services monthly.
- Dollars can be accumulated past the fiscal year, however, cannot exceed \$10,000.00 at any given time.
- The Support Coordinator will be responsible for monitoring the balances of the savings to ensure proper utilization. The Support Coordinator has oversight of expenditures of Individual Goods and Services and must document the need of any item or service in the case record.
- State plan services should be expended prior to the utilizing the Individual Goods and Services.
- Individual Goods and Services can be utilized prior to expenditure of waiver funds in the event there are no providers available to the participant to provide a service that can otherwise be purchased through Individual Directed Goods and Services. This must be documented in the case record.
- Items, goods or services that are not for the primary benefit of the participant are prohibited. Items, Goods and Services unrelated to the person's identified goals/outcomes and related assessed needs are prohibited.
- Experimental or prohibited treatments are excluded, as well as room and board, items solely for entertainment or recreation, cigarettes, and alcohol.
- Purchase of goods or services that are illegal or otherwise prohibited by Federal and State statutes and regulations is prohibited.

Community Transportation

Service Definition:

Transportation services offered in order to enable an individual to access the broader community, including competitive integrated workplaces, opportunities for integrated community participation, involvement and contribution, and community services, resources and businesses consistent with the Person-Centered Plan. These services allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities such as going to and from paid, competitive, integrated employment, stores, bank, social opportunities with other members of the broader community, social events, clubs and associations, other community activities, and attending a worship service when public or other community-based transportation services or transportation provided by natural supports are not available. As part of the service, a natural or paid support-giver may accompany the person using Community Transportation, if the need for such supports are necessary and documented in the Person-Centered Plan.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living
- Group #5: 1115 Demonstration Group

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? YES

Service Rules:

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide this assistance without charge, although the service allows for a flat per diem reimbursement in the event/on the occasion such cost-free transportation from natural supports are not available.
- The planning team must ensure the most cost-effective means of transportation is utilized, while still assuring provision of reliable transportation when a waiver participant needs this transportation to access non-medical opportunities in the community.
- If a stand-alone transportation service provider (e.g., not the agency(s) providing other Waiver services at the destination) is required to provide Community Transportation, due to documented unavailability of other more cost-effective and available

transportation resources, they will be reimbursed on a one-way trip basis, taking into account the need for wheelchair accessibility and whether the service is utilized for employment or integrated community activities.

- Actual costs (based on a flat reimbursement per mile of travel) for travel via a stand-alone transportation service provider must be calculated prior to authorization of the service and must not exceed the established maximum set in policy by DMH/DDD.
- This service can reimburse a waiver participant that is age 21 or older for the necessary, reasonable and documented costs of fuel, insurance and/or maintenance, to enable a waiver participant to drive him/herself for the purpose of accessing employment, authorized Waiver services, and integrated community activities as specified in their PCP. If the waiver participant holds a valid driver's license and owns their own vehicle, this is the most cost-effective way to meet the individual's need for community transportation.
- If this service is not self-directed, this service is limited to 250 miles per month, except if used for individualized competitive integrated employment in which case limited to actual miles to/from individualized competitive integrated employment plus 120 miles per month.
- If this service is self-directed, this service is authorized as a monthly budget amount. Only documented transportation costs incurred will be reimbursed by the FMSA. Carry-over of unused amounts is limited to 25% and can be carried over for up to three (3) months.
- This service is not available when another covered service is being provided and transportation to/from and/or during the service is a component part of this covered service. Support Coordinator monitoring will review provision of the service to ensure no duplication of transportation components of services provided.
- Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which shall not be supplanted and which includes transportation to medical appointments as well as emergency medical transportation.
- This service may not be used for transportation between the waiver participant's home and a provider owned or controlled residential or non-residential setting.

For self-direction workers providing Community Transportation, proof of valid driver's license and proof of auto insurance is required.

Breaks and Opportunities (Respite)

Service Definition:

A service provided to a waiver participant that lives with family or other natural supports who are providing support, care and supervision to the waiver participant. The Breaks and Opportunities service is provided for time-limited periods when the family or other natural supports are temporarily unable to continue to provide support, care and supervision to the waiver participant. This service can be provided in the waiver participant's home or the pre-approved private home of the Breaks and Opportunities service provider. The Breaks and Opportunities service is provided with two equally important goals which include: (1) sustaining the family/natural support living arrangement and support-giving arrangement; and (2) providing the waiver participant with opportunities to continue his/her regular activities and relationships and/or to explore new opportunities and meet new people with the Breaks and Opportunities service provider.

This service is provided during specific periods of time in a day, week or month when the unpaid family/natural support-givers typically provide support, care and supervision to the waiver participant. This service is provided in a way that ensures the individual's typical routine and activities are not disrupted and the individual's goals and needs, as set forth in the PCP, are attended to without disruption.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service shall be limited to 30 days of service per person per calendar year or to 216 hours per person per calendar year, depending on the needs and preferences of the individual as reflected in the Person-Centered Plan. (The 2 limits cannot be combined in a calendar year.)
- This service shall be provided in non-institutional settings that meet the federal HCBS regulatory standards and which promote community involvement and inclusion. Breaks and Opportunities may not be provided in a group home of more than four (4) beds. Group homes are considered the most restrictive, least integrated setting option for this service.
- This service may be authorized to cover specific periods of time when a primary caregiver who is receiving the Family Caregiver Preservation Stipend is temporarily unable to continue to provide support, care and supervision to the waiver participant.

- This service is typically scheduled in advance, but it can also be provided in an unexpected situation. If the unexpected situation is a crisis, this service is used to allow time and opportunity for assessment, planning and intervention in order to prevent the loss of the family/natural support living arrangement and support-giving arrangement as the first priority. If all efforts and strategies to sustain the family/natural support living arrangement and support-giving arrangement have been exhausted and have proven unsuccessful, this service can be used to identify and establish an alternative living arrangement for the waiver participant, focusing on the least restrictive, most integrated living arrangement possible while ensuring institutionalization can be avoided.

The relief needs of paid direct support staff, including staff hired through self-direction, who are not family or natural support-givers will be accommodated by staffing substitutions and/or service delivery schedule adjustments; but not by this service.

- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit, if the benefit limit has been exhausted in a waiver year, as a cost-effective alternative to other medically necessary covered benefits, transition to an enrollment group with a higher expenditure cap, or to avoid institutional placement.

Employment Supports—Individual Employment Support (Exploration; Discovery; Job Development Plan; Job Development; Job Coaching; Career Advancement)

Service Definition:

This service may not be offered by relatives who live with the waiver participant, legal guardians, or legally responsible persons.

Enrollment Groups:

- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living
- Group #5: 1115 Demonstration Group

Can Relatives Provide the Service? YES if they do not live with the waiver participant and are not the legal guardian or legally responsible person

Can Legal Guardians Provide this Service? NO

A progression of services provided, as needed, on an individual basis for a person who, because of their disability(s), needs support in order to obtain and/or maintain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. These services are designed to support the achievement of individualized integrated employment outcomes consistent with the person's employment/career goals and conditions for success, as determined through Exploration and/or Discovery if such services are needed to accurately identify these goals and conditions.

The expected outcome of this service is sustained paid employment in a competitive or customized job, with an employer who is not the person's service provider, and for which a person is compensated at or above the minimum wage, but not less than the customary wage paid by the employer for the same or similar work performed by persons without disabilities. The job also offers the level of benefits offered by the employer to persons without disabilities performing the same or similar work.

Service Rules:

Exploration

A time-limited and targeted service designed to help a person make an informed choice about whether they wish to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. Exploration shall be limited to no more than thirty (30) calendar days from the date of service initiation. This service is not appropriate for persons who know they want to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. The service includes introductory activities to identify a person's areas of specific interest, experience and skill related to individualized, integrated employment.

This service also includes exploration of employment opportunities that are specifically related to the person's identified interests, experiences and/or skills through at least three uniquely arranged business tours, informational interviews and/or job shadows. Each activity shall include time for set-up, prepping the person for participation in the activity, and debriefing with the person after each opportunity.

This service also includes introductory, basic education on the numerous work incentives for SSI and/or SSDI beneficiaries and how Supported Employment services work (including Vocational Rehabilitation services). The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report, on a template issued by DMH/DDD, summarizing the process and outcomes, due no later than forty-five (45) calendar days after the service commences. Exploration is paid on an outcome basis, after the written report is received and approved.

Discovery

A time-limited and targeted service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, designed to help a person, who wishes to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage, to identify through person-centered assessment, planning and exploration:

- Strong interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers;
- Conditions necessary for successful employment.

Discovery may involve a comprehensive analysis of the person's history, interviews with family, friends and support staff, observing the person performing work skills, and career research in order to determine the person's career interests, talents, skills and support needs, and the writing of a Profile, a pre-assessment specific to the needs of Waiver-eligible persons, which may be paid for through the Waiver in order to provide a valid assessment for Vocational Rehabilitation (VR) services to begin, which would begin with the development of an Employment Plan through ADRS.

Discovery shall be limited to no more than sixty (60) calendar days from the date of service initiation. The provider shall document each date of service, the activities performed that day, and the duration of each activity. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized, integrated employment. Discovery results in the production of a detailed written Profile, following content requirements established by DMH/DDD, summarizing the process, learning and recommendations for next steps. The written Profile is due no later than seventy-five calendar (75) days after the service commences. Discovery is paid on an outcome basis, after the written Profile is received and approved.

Job Development Plan

A time-limited and targeted service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, designed to create a clear plan for Job Development to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is limited to thirty (30) calendar days from the date of service initiation. This service includes a planning meeting involving the person and other key people who will be instrumental in supporting the person to become employed in an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service may also include assistance with the submission of a PASS Plan to the Social Security Administration, depending on the needs of the individual. This service culminates in a written plan, on a template issued by DMH/DDD, directly tied to the results of Exploration, Discovery, as applicable when previously authorized, and is due no later than thirty (30) calendar days after the service commences.

Job Development

Job Development is a service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, that supports a person to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is designed to implement the Job Development Plan, if applicable, and should result in the achievement of an individualized, integrated employment outcome consistent with the person's employment and career goals, as determined through Exploration (if necessary), Discovery (if necessary) and/or the employment planning process and reflected in the PCP.

The Job Development strategy should reflect best practices and whether the person is seeking competitive or customized employment. This service will be paid on an outcome basis once an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage has commenced, with payment tiered based upon the person's level of disability (ICAP score; additional assessment as identified by DMH/DDD).

Job Coaching

Job Coaching for individualized, integrated employment, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, includes identifying and providing services and supports that assist the person in maintaining and advancing in individualized employment in an integrated setting. Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face. Job Coaching supports must be guided by a Job Coaching fading plan and must include systematic instruction utilizing task analysis to teach the person to independently complete as much of their job duties as possible.

Examples of Job Coaching strategies that may be approved include:

- Job analysis
- Job adaptations
- Instructional prompts
- Verbal instruction
- Self-management tools
- Physical assistance
- Role play
- Co-worker modeling
- Written instruction

Assistive Technology should also be introduced whenever possible to increase independence and productivity. Job Coaching also must include the engagement of natural supports (e.g., employers, supervisors, co-workers, or volunteers at the job site; or friends or family members in supportive roles) in the workplace to provide additional targeted supports that allow the job coach to maximize his/her ability to fade.

Job Coaching is not time-limited. The amount of time authorized for this service is a percentage of the person's hours worked, based on individual need. Payment per unit of service is tiered to encourage fading and is also based on the person's level of disability ((ICAP score; DMH/DDD functional assessment) and the length of time the person has been employed.

This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The use of this service shall be authorized on a time limited basis (i.e., no more than 180 days) and reviewed to determine amount of service needed during next authorization period.

Career Advancement

A time-limited career planning and advancement support service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, for persons currently engaged in individualized, integrated employment who wish to obtain a promotion and/or a second individualized, integrated employment opportunity. The service focuses on developing and successfully implementing a plan for achieving increased income and economic self-sufficiency through promotion to a higher paying position or through a second individualized, integrated employment or self-employment opportunity.

The outcomes of this service are:

- The identification of the person's specific career advancement objective;
- Development of a viable plan to achieve this objective; and
- Implementation of the plan which results in the person successfully achieving his/her specific career advancement objective.
- Career Advancement is paid on an outcome basis, after key milestones are accomplished:
- Outcome payment number one is paid after the written plan to achieve the person's specific career advancement objective is reviewed and approved. The written plan must follow the template prescribed by DMH/DDD.

- Outcome payment number two is paid after the person has achieved his/her specific career advancement objective and has been in the new position or second job for a minimum of forty (40) hours.

This service may not be included on a PCP if the PCP also includes any of the services that are also covered under Supported Employment-Individual Employment Support, except Job Coaching. This service may not be authorized retroactive to a promotion or second job being made available to a person. Supports for Career Advancement may be authorized and paid once every three (3) years (with a minimum of three 365-day intervals between services), and if evidence exists that the individual is eligible for promotion or able to present as a strong candidate for employment in a second job (e.g. has strong reference(s), performance review(s) and/or good attendance record from current employer). The only exception is in situations where the provider who was previously authorized and paid for outcome payment number one did not also earn outcome payment number two because they did not successfully obtain a promotion or second job for the person. In this situation, reauthorization for outcome payments number one and two may occur a maximum of once per year (with a minimum 365-day interval between services), so long as the reauthorization involves the use of a new/different provider.

- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not timely available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- This service will not duplicate other services provided to the individual and face-to-face delivery of the service may not be billed for during the same period of time (e.g., the same hour or 15-minute unit) that another face-to-face service is billed.
- The Supported Employment—Individual Employment Support provider shall be responsible for any Personal Assistance needs during the hours that Supported Employment services are provided. However, the Personal Assistance services may not comprise the entirety of the Supported Employment—Individual Employment Support service. All providers of Personal Assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the

service, transportation of the person to this service is not necessary and shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person's home, transportation of the person from this service is not necessary and shall not be separately authorized.

- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person's services.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
- If a person is successfully employed in individualized, integrated employment, services may be used to explore advancement opportunities in his or her chosen career, if such services are not otherwise available to the individual through Alabama Division of Rehabilitation Services.
- Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
 - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
 - Payments that are passed through to users of supported employment services; or
 - Payments for training that is not directly related to a person's supported employment program.

For self-direction workers providing Supported Employment-Individual services, no additional training is required post-hire; but the following additional pre-hire qualifications are required:

- For Exploration, Discovery, Job Development Plan, Job Development and Career Advancement, Self-Directed Services personnel must qualify as a **Job Developer**. To do this, the Self-Directed Services worker shall provide, to the FMSA, documentation of successful completion of a minimum of one certificate-based Job Development and Placement curriculum. DMH/DDD maintains and publishes on its website a current approved listing of such curriculums. The FMSA will maintain the documentation of the qualification in the worker's file.
- For Job Coaching, the Self-Directed Services worker must qualify as a **Job Coach**. To do this, the Self-Directed Services worker shall provide, to the FMSA, documentation of successful completion of the online Training Resource Network *Job Coaching and Consulting* course before providing service (<https://trn-store.com/catalog/job-coaching-and-consulting>). The FMSA will maintain the documentation of the qualification in the worker's file.

Community Integration Connections and Skills Training

Service Definition:

Time-limited services which identify and arrange integrated opportunities for the person to achieve his/her unique goals for community participation, involvement, membership, contribution and connections, including targeted education and training for specific skill development to enable the waiver participant to develop ability to independently (or with natural supports only) engage in these integrated opportunities as specified in the person's Person-Centered Plan.

This service focuses specifically on successful participation in community opportunities that offer the opportunity for meaningful, ongoing interactions with members of the broader community. This service also focuses on ensuring the ongoing interactions with members of the broader community are meaningful and positive, leading to the development of a broader network of natural supports for the individual.

The community connections component of this service is focused on assisting the person to find and become engaged in specific opportunities for community participation, involvement, membership, contribution and connections. The service focus on community connections includes the following:

- Connections to members of the broader community who share like interests and/or goals for community participation, involvement, membership and/or contribution.
- Connections to community organizations and clubs to increase the individual's opportunity to expand community involvement and relationships consistent with his/her unique goals for community involvement and expanded natural support networks, as documented in the Person-Centered Plan;
- Connections to formal/informal community associations and/or neighborhood groups;
- Community classes or other learning opportunities related to developing passions, interests, hobbies and further mastery of existing knowledge/skills related to these passions, interests and hobbies;
- Connections to community members, opportunities and venues that support an individual's goals related to personal health and wellness (e.g. yoga class, walking group, etc.);
- Connections to volunteer opportunities focused primarily on community contribution rather than preparation for employment;

The provider must document weekly progress toward achieving each goal for community participation, involvement, membership, contribution and connections for which the service is specifically authorized and which is documented in the Person-Centered Plan.

This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve their personally identified goals for community participation, involvement, membership, contribution and connections, including developing and sustaining a network of positive natural supports. The provider is expected to provide this service in the appropriate integrated community setting(s) where the opportunities take

place and the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.

The skills training component of this service is instructional and training-oriented, and not intended to provide substitute task performance by staff. Skill training is focused on the development of skills identified in the Person-Centered Plan that will enable the person to continue participation in integrated community opportunities without waiver-funded supports.

Community Integration Connections and Skills Training may include only education and training for skill development related to:

- Developing and maintaining positive reciprocal relationships with members of the broader community who are not other waiver participants, paid staff or family members;
- Participation in community activities, clubs, formal or informal membership groups and other opportunities for community involvement, participation and contribution (all so long as the activity clearly meets a goal(s) designated in the PCP);
- Accessing and using community services and resources available to the general public;
- Safeguarding personal financial resources in the community;
- Mobility training and travel training;
- Cell phone and/or PERS use in the community;
- Skills for personal safety in the community.

The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant. The provider must document weekly progress toward achieving each goal for community integration skill development and independence identified in the Person-Centered Plan.

The Community Integration Connections and Skills Training provider shall be responsible for any Personal Assistance needs during the hours that Community Integration Connections and Skills Training services are provided. However, the Personal Assistance services may not comprise the entirety of the Community Integration Connections and Skills Training.

Enrollment Groups:

- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living
- Group #5: 1115 Demonstration Group

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

- All settings where Community Integration Connections and Skills Training is provided must meet all HCBS Settings Rule standards and cannot be provider owned or controlled.
- The service amount, duration, and scope must be documented in the PCP.
- This service is provided separate and apart from the person's private (including family) residence, other residential living arrangement and/or the home of a service provider and is not provided in provider owned or controlled facilities.
- One expected result of this service is fading of the service and less dependence on paid support over time in favor of increased natural supports and skills for community involvement and participation;
- This service can be authorized on a time-limited basis to facilitate one or more community connections and/or to facilitate acquisition or mastery of one or more skills for participation in integrated community opportunities and relationships.
- This service is intended to be a "wrap-around" support to participation in individualized, competitive integrated employment, Supported Employment-Small Group services and/or Integrated Employment Path Services, or is intended for individuals of retirement age (65+) who have elected not to pursue further employment opportunities, or for individuals who, after participating in the informed choice process available through completion of the Exploration service, have decided not to pursue individualized, competitive integrated employment at this time.
- Staff-to-person ratios may vary from 1:1 to 1:3, with variable payment based on the specific ratio.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services.
 - The specific hours per week allowable to a person, and their associated employment status, will be documented in the PCP and will be verified during Support Coordinator monitoring of the service's delivery.
 - Expenditure caps also apply.
 - Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.

Independent Living Skills Training

Service Definition:

Time-limited, focused service that provides targeted education and training for specific skill development to enable the waiver participant to develop ability to independently perform routine daily activities at home as specified in the person's Person-Centered Plan. Services are not intended to provide substitute task performance by staff. Services are instructional and training-oriented, focused on development of skills identified in the Person-Centered Plan. Independent Living Skills Training may include only education and training for skill development related to:

- Personal hygiene, self-care skills and routines
- Food and meal preparation, including menu planning
- Home upkeep/maintenance including outdoor upkeep/maintenance as applicable
- Money management including skills for controlling and safeguarding personal financial resources at home
- Home-based communication device use (e.g. computer/phone/cell phone)
- Skills for personal safety at home
- Parenting skills (if minor children of waiver participant residing with waiver participant)

Independent Living Skills Training is intended as a short-term service designed to allow a person to acquire specific skills for independence in defined tasks and activities for community living.

Goals for skill development and independence at home must be age-appropriate for the waiver participant while recognizing that learning skills for maximizing individual initiative, autonomy and independence at home should start at a very young age. The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant.

Because home-based skills are being taught, parents and/or other natural supports in the home will be encouraged to observe the training so they can learn how to use the instructional strategies, reinforce the learned skills and contribute to ensuring the maintenance of these skills after the service ends.

The provider must document weekly progress toward achieving each independent living skill identified in the Person-Centered Plan. The provider is expected to provide this service in the person's own home where the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.

Enrollment Groups:

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports
- Group #4: Supports to Sustain Community Living
- Group #5: 1115 Demonstration Group

Can Relatives Provide the Service? YES

Can Legal Guardians Provide this Service? NO

Service Rules:

- The service amount, duration, and scope must be documented in the PCP.
- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service may be authorized for a maximum of 10 hours/week (no more than 2 hours/day) but shall be appropriate to the goal for authorizing the service and the person's existing level of skill (gap between existing level of skill and goal) prior to the service being authorized;
- Once a waiver participant has achieved the ability to independently perform specific routine daily activities, this service may only be authorized to address a different routine daily activity (e.g., the above service limitations are enforced per skill identified as in need of training as specified in the person's PCP), or authorized, if needed, only very intermittently and for minimal time, to focus on sustaining skills for independence already achieved so these are not lost.

Natural Support or Caregiver Education and Training

Service Definition:

This service provides a natural, unpaid support or natural, unpaid caregiver of a waiver participant with education, training and technical assistance, as needed, to enable the natural support or natural caregiver to effectively provide supports to the waiver participant as documented in the person-centered plan. The service enables the natural support or natural caregiver for a waiver participant to:

- Achieve greater competence and confidence in providing supports
- Support the waiver participant's growth and development
- Sustain their role in providing natural, unpaid support and/or care for the waiver participant

Enrollment Group(s):

- Group #1: Essential Family Preservation Supports
- Group #2: Seamless Transition to Adulthood Supports
- Group #3: Family, Career and Community Life Supports

Service Rules:

- Natural Support or Caregiver Education and Training is offered only for an unpaid natural support or natural caregiver identified as such in person-centered plan for the waiver participant.
- Education, training and technical assistance activities are based on the unique needs of the waiver participant and his/her natural support or natural caregiver and are specifically identified in the Person-Centered Plan prior to authorization of this service.
- Service authorization valued up to \$500 per year is maximum for each waiver participant, regardless of how many natural support or caregivers may receive assistance through this service. The authorization may be used to benefit more than one care or support giver involved with the waiver participant so long as each of these support/caregivers are documented in the person-centered plan.
- Reimbursement will only be made after a report summarizing the education, training and technical assistance services provided, outcomes achieved, time spent, and associated expenses is submitted to, and approved by, the Support Coordinator.

Appendix C: Glossary of Legal Forms in Self-Direction

Beginning to self-direct comes with a significant amount of start-up paperwork—much of which is from government agencies like the Internal Revenue Service and the Alabama Department of Revenue. This is because when an individual decides to self-direct, the Employer of Record legally becomes the employer of the worker(s) who provide services to the individual. It is normal for Employers of Record to have questions about the paperwork they are signing and what it means. They may also have questions about the forms their new employees are required to complete. This guide is designed to explain the purpose of each form in plain language and why it is important.

Employer Forms

IRS Form SS-4, *Application for Employer Identification Number*

This form registers the individual (or representative) as an employer with the Internal Revenue Service (IRS), so that the FMSA can pay federal taxes on their behalf and keep them in compliance with all federal requirements for employers. The IRS will assign the individual a Federal Employer Identification Number, and the FMSA will handle all taxes related to home care services from that point onward.

The individual may ask whether they will need to file their personal taxes differently now that they have a Federal Employer Identification Number. The answer is that no changes will be required on their end and they can file their personal taxes just as they always have. The wages paid by the FMSA to employees are never counted as part of the individual's income. The FMSA is responsible for handling all taxes and issues related to paying workers.

IRS Form 2678, *Employer/Payer Appointment of Agent*

This form authorizes the FMSA to file and pay federal tax on behalf of the individual. When Form 2678 is signed, the FMSA becomes liable for all of the individual's taxes as an employer. When the IRS receives a signed Form 2678, the IRS then formally recognizes that the FMSA is handling all taxes on behalf of the employer related to their involvement in self-direction. This protects the participant in the event the FMSA makes a mistake, because the IRS will hold the FMSA (and not the participant) financially responsible. Signing Form 2678 does not give the FMSA any authority or responsibility over the individual's personal taxes. Form 2678 only gives the FMSA responsibility for the taxes owed as part of paying home care workers through self-directed services.

IRS Form 8821, *Tax Information Authorization*

This form authorizes the IRS to communicate with the FMSA about an employer's tax issues. However, signing this form will not authorize the IRS to release any information about an individual's personal taxes. Personal taxes are kept separate in the IRS system from taxes related to being an employer in self-direction.

Alabama Form 2848A, *Alabama Department of Revenue Power of Attorney and Declaration of Representative*

This form authorizes the FMS to pay state taxes to the State of Alabama that are owed related due to participation in self-direction. Signing this form will not affect the participant's personal state taxes in any way, and the Employer of Record can still file their personal state tax return in the same way they always have.

Employee Forms

IRS Form W-4, *Employee's Withholding Certificate*: This form will be completed by the employee and provided to the FMSA. This form tells the FMSA how much federal income tax to withhold from the employee's pay.

USCIS Form I-9, *Employment Eligibility Verification*: This form is used to verify that an employee the Employer of Record wishes to hire is eligible to work in the United States. When completing Form I-9, the employee will have to provide proof of their identity. Therefore, employees should be prepared to provide government-issued ID, such as a passport, driver's license, Social Security card, military ID, official birth certificate, or other official documentation.