

Appendix E: Participant Direction of Services

Applicability (from Application Section 3, Components of the Waiver Request):

- Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested (select one):

- Yes. The State requests that this waiver be considered for Independence Plus designation.**
- No. Independence Plus designation is not requested.**

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E-1: Overview (1 of 13)

- a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.
 - a) All consumers of PD waiver services have the opportunity to choose the KanCare managed care organization that will support them in overall service access and care management. The opportunity for participant direction (self direction) of Personal Services and Sleep Cycle Support services is made known to the consumer by the MCO, which is available to all waiver consumers (Kansas Statute 39-7,100). This opportunity includes specific responsibilities required of the consumer, including:
 - Recruitment and selection of Personal Care Attendants (PCAs), back-up PCAs and Sleep Cycle Support Service providers;
 - Assignment of service provider hours within the limits of the authorized services;
 - Complete an agreement with an enrolled Financial Management Services (FMS) provider;
 - Referral of providers to the consumer's chosen FMS provider;
 - Provider orientation and training;
 - Maintenance of continuous service coverage in accordance with the Plan of Care, including assignment of replacement workers during vacation, sick leave, or other absences of the assigned attendant;
 - Verification of hours worked and assurance that time worked is forwarded to the FMS provider;
 - Other monitoring of services; and
 - Dismissal of attendants, if necessary.
 - b) Consumers are provided with information about self direction of services and the associated responsibilities by the MCO during the service planning process. Once the consumer is deemed eligible for waiver services, the option to self-direct is offered and, if accepted, the choice is indicated on a Consumer Choice form and included in the consumer's Plan of Care.

The MCO assists the consumer with identifying an FMS provider and related information is included in the consumer's Plan of Care. The MCO supports the consumer who selects self direction of services by monitoring services to ensure that they are provided by Personal Care Attendants and Sleep Cycle Support attendants in accordance with the Plan of Care and the Attendant Care Worksheet, which are developed by the consumer with assistance from the MCO. The MCO also provides the same supports given to all waiver consumers, including Plan of Care updates, referral to needed supports and services, and monitoring and follow-up activities.
 - c) The Financial Management Services provider offers supports to the consumer as described in Appendix C.

d) For all health maintenance activities, the consumer shall obtain a completed Physician/RN Statement to be signed by an attending physician or registered professional nurse. The statement must identify the specific activities that have been authorized by the physician or registered professional nurse. The MCO is responsible to ensure that the Physician/RN Statement is completed in its entirety.

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b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

Participant: Employer Authority. As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.

Participant: Budget Authority. As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.

Both Authorities. The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.

Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.

The participant direction opportunities are available to persons in the following other living arrangements

Specify these living arrangements:

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d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

Waiver is designed to support only individuals who want to direct their services.

The waiver is designed to afford every participant (or the participants representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.

The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

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- e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

E-1.a

a) All consumers of PD waiver services have the opportunity to choose the KanCare managed care organization that will support them in overall service access and care management. The opportunity for participant direction (self direction) of Personal Services and Sleep Cycle Support services is made known to the consumer by the MCO, which is available to all waiver consumers (Kansas Statute 39-7,100).

This opportunity includes specific responsibilities required of the consumer, including:

- Recruitment and selection of Personal Care Attendants (PCAs), back-up PCAs and Sleep Cycle Support Service providers;
- Assignment of service provider hours within the limits of the authorized services;
- Complete an agreement with an enrolled Financial Management Services (FMS) provider;
- Referral of providers to the consumer's chosen FMS provider;
- Provider orientation and training;
- Maintenance of continuous service coverage in accordance with the Plan of Care, including assignment of replacement workers during vacation, sick leave, or other absences of the assigned attendant;
- Verification of hours worked and assurance that time worked is forwarded to the FMS provider;
- Other monitoring of services; and
- Dismissal of attendants, if necessary.

b) Consumers are provided with information about self direction of services and the associated responsibilities by the MCO during the service planning process. Once the consumer is deemed eligible for waiver services, the option to self-direct is offered and, if accepted, the choice is indicated on a Consumer Choice form and included in the consumer's Plan of Care.

The MCO assists the consumer with identifying an FMS provider and related information is included in the consumer's Plan of Care. The MCO supports the consumer who selects self direction of services by monitoring services to ensure that they are provided by Personal Care Attendants and Sleep Cycle Support attendants in accordance with the Plan of Care and the Attendant Care Worksheet, which are developed by the consumer with assistance from the MCO. The MCO also provides the same supports given to all waiver consumers, including Plan of Care updates, referral to needed supports and services, and monitoring and follow-up activities.

c) The Financial Management Services provider offers supports to the consumer as described in Appendix C.

d) For all health maintenance activities, the consumer shall obtain a completed Physician/RN Statement to be signed by an attending physician or registered professional nurse. The statement must identify the specific activities that have been authorized by the physician or registered professional nurse. The MCO is responsible to ensure that the Physician/RN Statement is completed in its entirety.

E-1.e

a) Consumers are informed that, when choosing participant direction (self direction) of services, they must exercise responsibility for making choices about attendant care services, understand the impact of the choices made, and assume responsibility for the results of any decisions and choices they make. Consumers are provided with, at a minimum, the following information about the option to self direct services:

- the limitation to Personal Services and Sleep Cycle Support services;
- the need to select and enter into an agreement with an enrolled Financial Management Services (FMS) provider;
- related responsibilities (outlined in E-1-a);
- potential liabilities related to the non-fulfillment of responsibilities in self-direction;
- supports provided by the managed care organization (MCO) they have selected;
- the requirements of personal care attendants;
- the ability of the consumer to choose not to self direct services at any time; and
- other situations when the MCO may discontinue the consumer's participation in the self-direct option and recommend agency-directed services.

- b) The MCO is responsible for sharing information with the consumer about self direction of services by the consumer. The FMS provider is responsible for sharing more detailed information with the consumer about self-direction of services once the consumer has chose this option and identified an enrolled provider. This information is also available from the PD Program Manager, KDADS Regional Field Staff, and is also available through the online version of the HCBS PD Waiver Policies and Procedures Manual.
- c) Information regarding self-directed services is initially provided by the MCO during the plan of care/service plan process, at which time the Consumer Choice form is completed and signed by the consumer, and the choice is indicated on the consumer's Plan of Care. The option to end self direction can be discussed, and the decision to choose agency-directed services can be made at any time.

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- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

The State does not provide for the direction of waiver services by a representative.

- The State provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: (*check each that applies*):

Waiver services may be directed by a legal representative of the participant.

Waiver services may be directed by a non-legal representative freely chosen by an adult participant.

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

Waiver services may be directed by a non-legal representative of an adult waiver-eligible consumer. An individual acting on behalf of the consumer must be freely chosen by the consumer. This includes situations when the representative has an activated durable power of attorney (DPA). The DPA process involves a written document in which consumers authorize another individual to make decisions for them in the event that they cannot speak for themselves. A DPA is usually activated for health care decisions. The extent of the non-legal representative's decision-making authority can include any or all of the responsibilities outlined in E-1-a that would fall to the consumer if he/she chose to self-direct services. Typically a durable power of attorney for health care decisions, if activated, cannot be the consumer's paid attendant for Personal Services and/or Sleep Cycle Support.

Safeguards include:

- If the designation of the appointed representative is withdrawn, the individual may become the consumer's paid attendant for Personal Services and/or Sleep Cycle Support after the next annual review or a significant change in the consumer's needs occurs prompting a reassessment.
- When an individual acting on behalf of the consumer is the holder of the consumer's durable power of attorney for health care decisions, and is also the attendant for PD waiver services under the "grandfathered" standard, the MCO chosen by the consumer must complete a monitoring visit at least every three months to ensure the selected caregiver is performing the necessary tasks as outlined in the consumer's Plan of Care (POC).
- A consumer who has been adjudicated as needing a guardian and/or conservator cannot choose care. The consumer's guardian and/or conservator may choose to self-direct the consumer's care. An adult PD waiver consumer's legal guardian and/or conservator cannot, however, act as the consumer's paid attendant for Personal Services and/or Sleep Cycle Support.

To ensure that non-legal representatives function in the best interests of the consumer, additional safeguards are in place. Quality of care is continuously monitored by the MCO. The MCO may discontinue the self direct option and offer agency-directed services when, in the judgment of the MCO, as observed and documented in the consumer's case file, certain situations arise, particularly when the

consumer's health and welfare needs are not being met. In addition, post-pay reviews completed by the fiscal agent and quality assurance reviews completed by the KDADS Regional Field Staff and/or MCO staff serve to monitor consumer services, and serve as safeguards to ensure the consumer's best interests are followed.

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- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Financial Management Services		
Personal Services		
Sleep Cycle Support		

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- h. **Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

- Yes. Financial Management Services are furnished through a third party entity. (Complete item E-1-i).

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

- Governmental entities
- Private entities

No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. *Do not complete Item E-1-i.*

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- i. **Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

- FMS are covered as the waiver service specified in Appendix C1/C3

The waiver service entitled:
 Financial Management Services
 FMS are provided as an administrative activity.

Provide the following information

- i. **Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

Enrolled FMS providers will furnish Financial Management Services using the Agency with Choice provider model. The provider requirements will be published and placed on the Kansas Medical Assistance Program (KMAP) website and/or in the KanCare MCO provider manuals and websites.

Organizations interested in providing Financial Management Services (FMS) are required to submit a signed Provider Agreement to the State Operating Agency, KDADS, prior to enrollment to provide the service. The agreement identifies the waiver programs under which the organization is requesting to provide FMS and

outlines general expectations and specific provider requirements. In addition, organizations are required to submit the following documents with the signed agreement:

- Community Developmental Disability Organization (CDDO) agreement (DD only)
- Secretary of State Certificate of Corporate Good Standing
- W-9 form
- Proof of Liability Insurance
- Proof of Workers Compensation insurance
- Copy of the most recent quarterly operations report or estimate for first quarter operations
- Financial statements (last 3 months bank statements or documentation of line of credit)
- Copy of the organization's Policies and Procedures manual, to include information that covers requirements listed in the FMS Medicaid Provider Manual.

The FMS provider agreement and accompanying documentation are reviewed by the State Operating Agency and all assurances are satisfied prior to signing by the Secretary of KDADS (or designee). The fully-signed agreement is then submitted by the provider along with the necessary enrollment documents to the State's Fiscal Agent for final review for enrollment to provide FMS. Organizations cannot enroll to provide FMS until an FMS Provider Agreement is fully executed; and must also contract with the KanCare MCO(s) in order to serve KanCare members.

- ii. **Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

FMS providers will be reimbursed a monthly fee per consumer through the electronic Plans of Care system (MMIS). The per member per month payment was estimated based upon a formula that included all direct and indirect costs to payroll agents and an average hourly rate for direct care workers. Information was gathered as part of a Systems Transformation Grant study conducted by Myers & Stauffer. Under the KanCare program, FMS providers will contract with MCOs for final payment rates, which cannot be less than the current FFS rate.

- iii. **Scope of FMS.** Specify the scope of the supports that FMS entities provide (*check each that applies*):

Supports furnished when the participant is the employer of direct support workers:

- Assists participant in verifying support worker citizenship status**
- Collects and processes timesheets of support workers**
- Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**
- Other**

Specify:

Supports furnished when the participant exercises budget authority:

- Maintains a separate account for each participant's participant-directed budget**
- Tracks and reports participant funds, disbursements and the balance of participant funds**
- Processes and pays invoices for goods and services approved in the service plan**
- Provide participant with periodic reports of expenditures and the status of the participant-directed budget**
- Other services and supports**

Specify:

Additional functions/activities:

- Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency
- Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
- Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
- Other

Specify:

- iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

(a) The state verifies FMS providers meet waiver standards and state requirements to provide financial management services through a biennial review process. A standardized tool is utilized during the review process and the process includes assurance of provider requirements, developed with stakeholders and the State Medicaid Agency (Kansas Department of Health and Environment [KDHE]). Requirements include agreements between the FMS provider and the participant, Direct Support Worker and the State Medicaid Agency and verification of processes to ensure the submission of Direct Support Worker time worked and payroll distribution. Additionally, the state will assure FMS provider development and implementation of procedures including, but not limited to, procedures to maintain background checks; maintain internal quality assurance programs to monitor participant and Direct Support Worker satisfaction; maintain a grievance process for Direct Support Workers; and offer choice of Information and Assistance services.

The Division of Legislative Post Audit contracts with an independent accounting firm to complete Kansas' state wide single audit each year. The accounting firm must comply with all requirements contained in the single audit act. The Medicaid program, including all home and community based services waivers, is a required component of every single state audit. Independent audits of the waiver will look at cost-effectiveness, the quality of services, service access, and the substantiation of claims for HCBS payments. Each HCBS provider is to permit the Social and Rehabilitation Services, its designee, or any other governmental agency acting in its official capacity to examine any records and documents that are necessary to ascertain information pertinent to the determination of the proper amount of a payment due from the Medicaid program. The Surveillance and Utilization Review Unit of the fiscal agent completes the audits of both participants and providers (K.A.R. 30-5-59).

(b) The Operating Agency is responsible for performing and monitoring the FMS review process. State staff will conduct the review and the results will be monitored by KDADS. A system for data collection, trending and remediation will be implemented to address individual provider issues and identify opportunities for systems change. KDHE through the fiscal agent maintains financial integrity by way of provider agreements signed by prospective providers during the enrollment process and contract monitoring activities.

(c) All FMS providers are assessed on a biennial basis through the FMS review process and as deemed necessary by the State Medicaid Agency.

(d) State staff will share the results of state monitoring and auditing requirements, with the KanCare MCOs, and state/MCO staff will work together to address/remediate any issue identified. FMS providers also must contract with KanCare MCOs to support KanCare members, and will be included in monitoring and reporting requirements in the comprehensive KanCare quality improvement strategy.

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- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing

their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

Case Management Activity. Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

Waiver Service Coverage. Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Medication Reminder Services	
Home-Delivered Meals Service	
Financial Management Services	
Personal Services	
Assistive Services	
Sleep Cycle Support	
Personal Emergency Response System and Installation	

Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity.

Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:

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k. Independent Advocacy (*select one*).

- No. Arrangements have not been made for independent advocacy.
- Yes. Independent advocacy is available to participants who direct their services.

Describe the nature of this independent advocacy and how participants may access this advocacy:

Independent advocacy is available to consumers, on a consumer-specific basis, who direct their services through a number of community organizations and through the Disability Rights Center of Kansas (DRC), the state's Protection and Advocacy organization. These organizations do not provide direct services either through the waiver or through the Medicaid State Plan.

The Disability Rights Center of Kansas is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC operates eight federally authorized and funded protection and advocacy programs in Kansas. Consumers are referred directly to DRC from various

sources including SRS.

Various community and disability organizations such as the Cerebral Palsy Research Foundation offer independent advocacy for Kansas consumers.

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- i. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

One of the consumer's opportunities, as well as responsibilities, is the ability to discontinue the self-direct option. At any time, if the consumer chooses to discontinue the self-direct option, he/she is to:

- Notify all providers as well as the Financial Management Services (FMS) provider.
- Maintain continuous attendant coverage for authorized Personal Services and/or Sleep Cycle Support.
- Give ten (10) day notice of his/her decision to the KanCare MCO chosen by the consumer, to allow for the coordination of service provision.

The duties of the consumer's KanCare MCO are to:

- Explore other service options and complete a new Consumer Choice form with the consumer; and
- Advocate for consumers by arranging for services with individuals, businesses, and agencies for the best available service within limited resources.

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E-1: Overview (12 of 13)

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provide-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

The consumer's chosen KanCare MCO or the Kansas Department for Aging and Disability Services may discontinue the consumer's participation in the self-directed option and offer agency-directed services when, in the MCO's professional judgment as observed and documented in the consumer's case file, one or more of the following occurs:

- The health and welfare needs of the consumer are not being met either based on the observations of the MCO and other relevant staff, including KDADS Quality Assurance staff, or confirmation by Adult Protective Services (Child Protective Services if the consumer is under the age of 18 years), and all training methods have been exhausted.
- The Personal Care Attendant or Sleep Cycle Support provider is not providing the services as outlined on the Attendant Care Worksheet, and the situation cannot be remedied.
- The consumer is falsifying records resulting in claims for services not rendered.

The MCO works with the consumer to maintain continuous attendant coverage as outlined and authorized on the consumer's Plan of Care. The MCO, through their care management and monitoring activities, works with the consumer's choice of a non-self-directed agency to assure consumer health and welfare during the transition period and beyond by communicating with both the consumer and the non-self-directed agency, by monitoring the services provided, and by gathering continual input from the consumer as to satisfaction with services.

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- n. Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant

direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	7278	
Year 2	6863	
Year 3	6472	
Year 4	6472	
Year 5	6472	

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E-2: Opportunities for Participant Direction (1 of 6)

a. **Participant - Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

- Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

Consumers execute an agreement with enrolled providers of Financial Management Services (FMS) to act as co-employers of workers who provide participant-directed waiver services. FMS providers are those agencies that have completed and maintain in good standing a provider agreement with the State operating agency, a Medicaid provider agreement with the State Medicaid agency through the State's fiscal agent, and a contract with the consumer's KanCare MCO.

FMS provider agencies perform necessary payroll and human resource functions and provide to the participant the supports necessary to conduct employer-related functions, including the selection and training of individuals who will provide the needed assistance and the submission of complete and accurate time records to the FMS provider agency.

Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-Approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

- Recruit staff**
- Refer staff to agency for hiring (co-employer)**
- Select staff from worker registry**
- Hire staff common law employer**
- Verify staff qualifications**

Obtain criminal history and/or background investigation of staff

Specify how the costs of such investigations are compensated:

The FMS provider covers the cost of the criminal history and/or background investigation of staff should the consumer request one.

Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.

Determine staff duties consistent with the service specifications in Appendix C-1/C-3.

Determine staff wages and benefits subject to State limits

Schedule staff

Orient and instruct staff in duties

Supervise staff

Evaluate staff performance

Verify time worked by staff and approve time sheets

Discharge staff (common law employer)

Discharge staff from providing services (co-employer)

Other

Specify:

.....
.....
.....

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E-2: Opportunities for Participant-Direction (2 of 6)

b. Participant - Budget Authority *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

Reallocate funds among services included in the budget

Determine the amount paid for services within the State's established limits

Substitute service providers

Schedule the provision of services

Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3

Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3

Identify service providers and refer for provider enrollment

Authorize payment for waiver goods and services

Review and approve provider invoices for services rendered

Other

Specify:

.....
.....
.....

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (3 of 6)****b. Participant - Budget Authority**

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- ii. **Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (4 of 6)****b. Participant - Budget Authority**

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (5 of 6)****b. Participant - Budget Authority**

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- iv. **Participant Exercise of Budget Flexibility. *Select one:***

Modifications to the participant directed budget must be preceded by a change in the service plan.

The participant has the authority to modify the services included in the participant directed budget without prior approval.

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

Appendix E: Participant Direction of Services**E-2: Opportunities for Participant-Direction (6 of 6)****b. Participant - Budget Authority**

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:
-