

THE MASSACHUSETTS MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM

Choice, Portability, Provider Selection

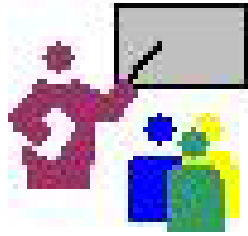


A User Guide for Individuals & Families

Department of Developmental Services
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***THE MASSACHUSETTS MEDICAID HOME AND
COMMUNITY-BASED WAIVER PROGRAM***

<i>Table of Contents</i>	<i>Page #</i>
Introduction	-2-
What is the Waiver Program	-2-
The First Step: Asking for Services	-4-
The Second Step: Your Priority for Services	-5-
The Third Step: Choosing a Service Provider	-5-
What Is the Qualified Provider List?	-7-
Your Services Are Portable	-9-
Asking for a Change in Your Service Provider	-10-
Attachments	
1. Choosing a Service Provider	-13-
2. Frequently Asked Questions	-17-
3. Self-Directing Your Services	-20-
4. Agency with Choice & FAQs	-23-



Introduction

This material has been created to introduce you to the Massachusetts “Home and Community-Based Waiver Program.” In the pages that follow you will find a lot of information that will be new to you. Please read each section carefully. Your questions will be answered as you read through each section and the attachments. The Department of Developmental Services (DDS) is available to assist you and answer any questions you may have.



What is the Waiver Program?

The Massachusetts “Home and Community-Based Waiver Program” is a program of community-based supports funded through a combination of state and federal funds. It is called the Waiver Program because it is an arrangement that the state has with the federal Medicaid program to put aside or “waive” some Medicaid rules so that you can have more choices about the services you receive and how they are provided to you.

In the past, Medicaid funds were only available for services provided in institutions. As community service systems grew, Congress recognized that people could benefit from home and community-based services as an alternative to institutional care, and created the Waiver Program so that people have a choice of where their services are provided: community-based or in an ICF/MR. By being a part of this program, Massachusetts

receives funding from the federal Medicaid program for approximately one half of the cost of your services.

Every state that operates a Waiver Program must meet certain federal rules and regulations that govern the program in order to receive federal funding. These rules include explaining how Massachusetts will:

- ✓ Assure the health and well-being of individuals enrolled in the Waiver Program;
- ✓ Assure that all the service providers are qualified;
- ✓ Assure that individuals have a choice of who will provide their services.

Some of the requirements for you to participate in the Waiver Program are:

- ✓ You must meet DDS eligibility requirements;
- ✓ You must be found Medicaid eligible and maintain your Medicaid eligibility – more information on this is on the DDS website at <http://www.mass.gov/dds>;
- ✓ You must meet the “level of care” established for the Waiver Program; this means that your assessed needs are significant enough that you require consistent supports and services;
- ✓ You must choose home and community-based services rather than facility-based services; facility-based services are those services provided through the Commonwealth’s ICF/MR program.

Your Waiver services are funded through a variety of different ways. These include rate agreements with providers who are able to do business with DDS (qualified providers), and contracts between DDS and the qualified provider. DDS also has a contract with a different kind of agency that will help you manage your money and your budget and pay the people you want to hire (fiscal intermediary). Each year DDS receives an appropriation of funds from the state legislature to fund services. DDS pays for the services through the financial mechanism that you have chosen. DDS then sends a bill to the federal Medicaid agency requesting reimbursement for

approximately half of the cost of your services. The federal Medicaid agency sends that money back to the state's treasury.



The First Step: Asking for Services

Once DDS has found that you are eligible for services, you will be referred to an Area Office. The Area Office will talk with you about services and you can let them know which service you are requesting. After you've told DDS what services you are asking for, they will administer an assessment called the *MASSCAP*. *MASSCAP* stands for the Massachusetts Comprehensive Assessment Process:

- ✓ The *MASSCAP* is how the DDS determines if you qualify and need services, and the type of services you need. Sometimes what you want is different from what you need. For example, you may want to live independently but you are assessed to need some of the necessary skills to enable you to live without staff support, such as cooking, budgeting, and housekeeping. The Department can only provide services that you have been assessed to need, consistent with DDS policies. The people who complete the *MASSCAP* from DDS are from the intake and eligibility team and / or are from the area office *MASSCAP* team. If you want more information about *MASSCAP*, this can be found on the DDS website at <http://www.mass.gov/dds>.



The Second Step: Your Priority for Services

Through the *MASSCAP* assessment, the DDS collects information needed to make a decision about the services you need and when you can expect to receive them.

Once the *MASSCAP* is complete, you will get a Priority Letter which will tell you about the services you are qualified to receive and give you an idea of when you can expect to begin receiving services. You can begin planning.



The Third Step: Choosing a Service Provider

As a participant in the Waiver Program, one of your rights is to choose a service provider for your services from any willing and qualified provider in the state. This means that you can choose the service provider that you wish to provide your services. This is a big opportunity and a big responsibility, so it is important that you think carefully about what is important to you, gather as much information as possible so you can make an informed choice, and seek the support of people you trust in making this decision. People who can help you think things through and provide information include your family and friends, staff who work with you now, your DDS Service Coordinator, and self advocates who have already gone through this process. The most important things to remember are:

- ✓ Be clear about what is important to you in choosing your service provider;

- ✓ Gather information so you can make an informed choice.

When choosing the service provider that will provide your services, it is important to gather information as many ways as you can.

- ✓ Read about service providers;
- ✓ Visit the service provider's office;
- ✓ Interview staff;
- ✓ Visit and observe some of the services offered by the service provider;
- ✓ Talk with other people who receive services from the service provider.



Here are a few important things to remember:

- ✓ DDS will give you a list of the service providers qualified to provide the services you need. Service providers do not provide services in every city/town, so it is important to decide where you want to receive your service and then choose a service provider that works in that town.
- ✓ Not every service provider will have available openings to support you.
- ✓ Transportation to your services may also affect where you may receive services;
- ✓ DDS has a website where you can learn more about the different service providers. Here is the web site address: <http://www.mass.gov/dds>. Some service providers have websites as well.
- ✓ You can talk to other people who receive services from the service provider you are considering.

- ✓ You can interview service provider staff about the things that are important to you.
- ✓ You can visit program sites to see what they're like and what people are doing.
- ✓ Refer to the attached material titled *"Choosing a Service Provider: Guide for Waiver Participants"* that contains detailed ideas for questions you can ask service providers to find the one that works best for you.
- ✓ You may be able to "self-direct" some of your services. For more information on Self-Directing your supports refer to the attachment titled *"Self-Directing Your Services."*
- ✓ "Agency with Choice" is a new program model that you may also use to self-direct your services. This model allows you to share responsibility with a qualified provider for the hiring and management of your own staff. For more information on Agency with Choice refer to the attachment titled *"Agency with Choice."*

Your Service Coordinator can also help you gather this information, navigate through the various web sites, answer any questions you may have on written materials, set up visits to the service provider, and help you think about what kind of questions to ask based on what is important to you.



What Is the Qualified Provider List?

To be approved to provide services, providers must meet the Commonwealth's and DDS's standards. DDS has created a resource directory for individuals and families to help you in finding out information about service providers and the types of services they offer under the Waiver Program. This directory of providers is known as the Qualified

Provider List (QPL). The service providers on this list are qualified to provide DDS Waiver Program funded services.

This Qualified Provider List (QPL) includes the following information about service providers listed in this directory:

- ✓ Service provider name
- ✓ Primary address of the service provider
- ✓ Name of the contact person
- ✓ Phone number
- ✓ Fax number
- ✓ Service provider email address
- ✓ Service provider web site address
- ✓ Cities and towns in the service area
- ✓ Types of disabilities served
- ✓ Ages of individuals served
- ✓ Types of services provided: residential, employment, support, other
- ✓ DDS licensure and certification status

Service providers interested in providing DDS Waiver Program funded services must go through a process to become a qualified provider. This includes meeting appropriate licensure and certification standards as well as other assurances required by the federal Waiver. Once approved, information about the service provider is added to this directory, which is then shared with individuals and families. You will then select the service provider that you believe will best meet your needs.

One important thing to remember when consulting the QPL is that providers may not offer services for all ages or in all areas of the state. You will be able to find out this more detailed information by contacting service providers directly. We recommend that you use this directory in conjunction with your Service Coordinator who is familiar with the information and can provide general guidance to you.

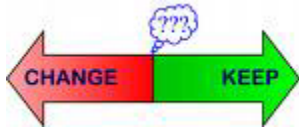
Once you have all the information you need to make the decision, you should talk with people you trust about all you have learned and decide what is best for you. Once you have made your choice, tell DDS what service provider you have chosen. DDS will tell you if the service provider has any openings or if there are new opportunities under development that can meet your assessed needs.

When the service provider you selected is ready to start providing your services, your Service Coordinator will ensure that the service provider gets all the information they need to serve you and to ensure a smooth transition. It is important to think very carefully about what you want the transition to include, and to tell your Service Coordinator, so important details don't get forgotten. The next step will be to develop an Individual Support Plan which provides a blueprint for all the services you will receive, sets goals, and develops plans to achieve your goals.



Your Services Are "Portable"

Portability means that you have control over your services and that you can choose to have your services moved to another service provider under most circumstances. This is an important aspect of the Waiver Program. DDS is committed to creating opportunities for individuals to make choices in pursuit of a personal future. If you receive Waiver Program services, your services are portable; however, you may only receive a service that you have been assessed to need through the *MASSCAP*.



Asking for a Change in Your Service Provider

For someone who already has services and is looking for a change in service provider, the process for choosing a new service provider is different than finding a provider for the first time. You may request to change service providers at any time. The first thing to do is to tell DDS that you want to change your service provider. You can contact your Service Coordinator, or you can call the Area Office and ask to speak to the Area Director.

Once DDS knows you want to change service providers, you will be asked why you want a change. If you have an issue with the service provider and this is the reason for the move, every effort will be made to address and resolve the issue. DDS believes it is better for everyone to get good services wherever they are. People shouldn't have to move or change service providers to get good services. Moving causes a lot of disruption in people's lives and every effort will be taken to avoid this.

Your current service provider may propose a plan to address your concerns by providing your supports differently. You will have a chance to discuss the proposed plan and think about whether you are satisfied with it. If you agree with the new plan, the service provider and the Area Office will work together to finalize it. Once agreement is reached, your Service Coordinator will make sure the changes you have requested happen.

If you still want to change your service provider, even after considering other options with your current service provider:

- ✓ DDS will help you gather the information you need to make a decision on your choice of service provider (See Page 5).
- ✓ It is important to think very carefully about changing service providers because such a change has a big impact on your life.

- ✓ Your family and friends can help you decide what service provider you want. The decision is yours to make.
- ✓ Your Service Coordinator will provide information to you on: all qualified service providers, what services they provide, provider web site addresses, written material about DDS services and standards.
- ✓ You may be able to manage your own services. That is called self direction. For more information on Self-Directing your supports refer to the attachment titled *"Self-Directing Your Services."*

Once you choose a particular service provider, you will be offered an appropriate opening when it occurs. DDS may decline your request to change to a specific service provider if DDS believes that your or others' health or safety will be at risk with the move. For example, if you have a medical condition requiring nursing, you will need a home that has nursing availability. It would not be safe for you to live in a home where nursing is not available. It is important to remember that DDS will consider the needs of all those served and therefore changing your service provider may take time.

After you change service providers, it will probably feel different for a while. Your staff will be new and the people you live or work with could be different as well. It's a big change, so it is important to keep in touch with people you trust while you get used to the new people in your life. During the year, your ISP will be used as a satisfaction check-in. Your Service Coordinator will talk with you about how the new arrangements are working for you and will also speak with your providers about your progress.

ATTACHMENTS



ATTACHMENT 1

Choosing a Service Provider: Guide for Waiver Participants

The following material contains ideas for questions and observations you and your family can use to help you decide what service provider will work best for you.



Service Provider History and Mission

- ✓ How long have you been providing services? What kinds of services do you provide?
- ✓ Where do you provide services - what cities and towns?
- ✓ How do you make sure individuals are happy with their services? When there is a conflict, how do you respond?
- ✓ How do you support Self-Advocacy (people speaking out for themselves) and Self-Determination (managing your own services)?
- ✓ Do individuals with disabilities serve on your Board of Directors? Human Rights Committee? Other service provider groups?
- ✓ Do families of individuals with disabilities serve on your Board of Directors? Human Rights Committee? Other service provider groups?



Staff

- ✓ How is staff found? How do you check their backgrounds? How will I be included in selecting and evaluating the staff that work with me?

- ✓ How is staff trained to work with me? How will I be sure that they know how to support me to achieve my goals? Will I have an opportunity to help train the staff that works with me on what works best for me?
- ✓ How long does staff tend to stay with you? Is there a lot of turnover or do staff stay for a long time? Can I meet some of your staff?
- ✓ How do you respond to complaints about how staff work with me or other people?



Social and Community Activities

- ✓ How do you support people to maintain their relationships with family and friends? How will you help me to meet new people?
- ✓ How do you manage transportation to help people get where they need to go?
- ✓ How do you help people get and stay connected to their communities?
- ✓ How will you support me to make contributions to my community?
- ✓ Will I be able to go out on my own to things I like or will I have to go with my housemates?



Health and Well Being

- ✓ How will you support me to have the best health possible?

- ✓ How do you help people learn about nutrition and exercise?
- ✓ How do you handle health emergencies?
- ✓ How do you handle other kinds of emergencies?
- ✓ How do you make sure that people are safe and that they are protected from harm while still affording them opportunities to take chances?



Site Visit – Things to Consider

- ✓ Is the house or worksite clean inside and out? Does it present a positive image to the neighborhood and community? Can you imagine living or working here?
- ✓ When visiting a home, who answered the door to the house, the people who live there or the staff? Was the staff you met respectful?
- ✓ Does the house look and feel like a home? Do people have an opportunity to decorate the house as they choose? Do people have personal possessions?
- ✓ When visiting a worksite, did people have things to do during your visit? Was the staff you met respectful?
- ✓ Would this physical site meet your needs?



Questions to Ask Employment Service Providers

- ✓ How will you determine what kind of job would be good for me?

- ✓ How will you help me find a job?
- ✓ How will you prepare me for job interviews?
- ✓ How will you help me learn to fit into the social network at my job?
- ✓ How much money do the people you support make on average?
- ✓ How many hours a week do people work, on average?
- ✓ How long does it take people to find a job?
- ✓ How long do people keep their jobs, on average?
- ✓ What kind of support do you provide to people that are unemployed (support groups, training programs, etc.)?
- ✓ What kind of support will you provide to help me get transportation to and from work?

ATTACHMENT 2



Frequently Asked Questions on the HCBS Waiver Program

The following questions and responses have been prepared in response to the most asked questions about qualified service providers, choice, and portability.

What is the DDS Qualified Provider List (QPL)?

The DDS Qualified Provider List is a list of service providers, people, and organizations that are qualified to provide Waiver Program funded services to you.

Where Can I Get the Qualified Provider List?

For a current DDS Qualified Provider List, visit the DDS web site at <http://www.mass.gov/dds> and click on Qualified Provider List, or ask your Service Coordinator for a copy.

Do the service providers offer their services in all DDS Areas?

Not usually. The Qualified Provider List (QPL) includes all service providers organized by city/town.

Can I choose a service provider from another Area?

Yes, if the service provider is listed on the QPL as approved to provide that service. Be sure to check with the new service provider to find out if they can serve you.

If I am currently receiving services and want to choose a different service provider, do they have to serve me?

No. Be sure you check with the new service provider to find out if they will serve you.

Do I have to wait until my next ISP planning meeting if I want to change service providers?

No. You may contact your Service Coordinator at any time.

If I pick a new service provider, may I change immediately?

Not necessarily; how soon you can change depends on the service you are getting and other factors.

Can I keep the same person as my Service Coordinator?

In some cases this will be possible, but it will depend on the service you are getting and the location.

If I choose to change service providers, do I have to move all my services to the new provider?

Not usually. It may depend on the service.

What are important facts I need to know if I am considering whether or not to change service provider?

See *"Choosing a Service Provider: Guide for Waiver Participants."*

To help you choose the best service provider to meet your needs:

- ✓ We encourage you, your family, supporters and guardian to meet with, and get to know, the new service provider before you make your decision.
- ✓ DDS also has a website where you can learn more about the service providers. Many service providers have websites as well.
- ✓ You can talk to other people who receive services from the service provider.

ATTACHMENT 3



Self-Directing Your Services

Within the Waiver Program, you have a choice about how your services are delivered. You can choose from traditional service models or you can “direct” your services. The information that follows presents an overview of the key aspects of Self-direction: support broker, budget, qualified staff, and the ISP. More detailed procedures on Self-direction are being developed and will be available through DDS in the future.



Self- Direction

Self-direction means that you along with your family/guardian and friends can develop and manage your services. You can recruit, hire, and supervise your own staff. The control and responsibility for services shifts to you and people you choose to support you. Many people have found that managing their own services makes a difference because it helps them determine the course of their lives.

After being assessed and prioritized for services through the *MASSCAP* process, you can request to direct certain services. Your team will complete an “assessment to self direct” and begin to discuss the supports necessary

to help you direct those services, either through a fiscal intermediary or an Agency with Choice.



Support Broker

Since it takes a great deal of planning to develop and manage services, a “support broker” is available to provide some assistance and/or oversight of those services. A support broker can assist you with interviewing and hiring staff, building and managing your budget, and developing community resources. The support broker will insure that all Waiver program safeguards are met and that payments are made for your services. Payments are made by an agency called a “fiscal intermediary.” In many cases, the Support Broker can be your Service Coordinator or another staff person from the DDS area office.



Budget

After you receive a funding amount from the Area Office, an individual budget is built. The funds are sent to the fiscal intermediary so that the services and staff can be paid. The fiscal intermediary will issue checks for services and insure that all legal requirements are met. Examples of legal requirements include complying with tax laws and worker’s compensation requirements.



Qualified Staff

With the Waiver program, there are limits on the kinds of services that can be self-directed. For example, center-based employment and day habilitation supplemental funding cannot be self-directed. DDS is currently preparing a comprehensive list of services that can and cannot be self-directed. This list will be available through DDS in the future. Additionally, all staff must be “qualified” to work with you. Those qualifications will include a CORI check and references. Advanced qualifications may also be required for some staff. The support broker along with the Area Office staff will assist with this process.



Individual Support Plan

If you self-direct you must have an Individual Support Plan/Plan of Care. This means you are responsible for providing assessments, goals that you want to work on, and how you want to work on them. You are responsible for preparing this information for your ISP meeting. Your support broker can assist you in this process.

For more information on self-direction, you can contact your Service Coordinator who will put you in touch with an Area Office staff member who can help you decide if this method of receiving services is right for you.

ATTACHMENT 4

Agency with Choice

Agency with Choice is a way to support individuals/families to engage in self-determination. It is an approach to service delivery that supports people with disabilities to live the lives that they desire by allowing people to exercise authority over potential staff who support them. Agencies with Choice are provider agencies who agree to hire the individual staff workers you choose to provide services to you. This individual worker becomes an employee of the provider agency and the agency agrees to help you train and manage that staff person.

Agency with Choice is also known as a co-employment model.

This means that the employer duties are split between the agency which serves as the employer, and you (the individual/family) who serves as the managing employer. Under this model the Agency with Choice is the employer of record. The Agency with Choice assumes responsibility for: a) Employing and paying workers who have been selected by you; b) Withholding, filing and paying all Federal, State, and local income and employment taxes; and c) Providing worker's compensation and unemployment insurance.

The Agency with Choice relieves the individual or family from both the financial and legal responsibilities associated with being an employer. You are the managing employer, which means that you are responsible for the selection, daily supervision of the worker when the worker is providing supports to you, and the decision that the worker will no longer work directly for you. The decision that a worker will no longer work for you must be done in the context of what is legally permissible. The Agency with Choice may still choose to retain the worker to provide services to others.

In order to use the Agency with Choice approach you and the Agency will enter into an agreement which spells out the respective responsibilities between the two of you. The questions and answers below should give you a good idea about what will be in the contract.



Frequently Asked Questions on Agency with Choice

The following questions and responses have been prepared in response to the most asked questions about Agency with Choice.

1. What is Agency with Choice?

Answer: Agency With Choice is a new provider model to support self-determination. This model allows individuals/families to have an increased level of self-determination when they share responsibility for the hiring and management of employees who provide services to them. The Agency with Choice provider is the common law employer of record and the individual/family is the managing employer.

2. How does Agency with Choice differ from a traditional provider agency?

Answer: When you select a traditional provider agency to deliver supports to you, they assume the full responsibility for the hiring, screening, training, supervising and managing of the employees. When you choose an Agency with Choice you are entering into an agreement with the provider agency to share those responsibilities. You as the individual/family are responsible for selecting the employee, setting the work hours, and daily management of the employee. You share responsibility for evaluation and training. In both types of agencies you do not have the authority to terminate the employees, but in the Agency with Choice model, you have the right to dismiss an employee from working for you.

3. Who decides who can become an Agency with Choice?

Answer: A provider can apply to become an Agency with Choice through a qualification process established by the Department of Developmental Services. Agencies need to demonstrate through their responses in this qualification process that they understand and support shared responsibilities with the individual/family.

4. Can a traditional agency be considered an Agency with Choice if it provides individuals/families with a choice of current agency staff to work with them?

Answer: No, it can not be considered an Agency with Choice. Agency with Choice does more than just provide individuals/families with a choice of workers. It supports individuals/families to experience a greater level of self-determination through learning new skills and sharing the management and supervision responsibilities for workers. An agency will only receive the designation of Agency with Choice from DDS through successful completion of the qualification process and when they meet all the criteria. It is not expected that all current provider agencies will want to be qualified to be an Agency with Choice.

5. What are the overall responsibilities of an Agency with Choice? What should I expect them to do for me?

Answer: The Agency with Choice is responsible for providing:

- 1) Financial management services to you including: processing payroll and timesheets submitted by you, withholding taxes, paying worker's compensation, issuing W-2 forms, maintaining all financial records, and producing a monthly financial statement for you;
- 2) Human resources services including: background checks of all types (including CORIs), handling fringe benefits, and insuring INS compliance; and
- 3) Information and Guidance around training and supervision of employees.

6. Is an Agency with Choice responsible for recruiting specific individuals to work for an individual/family?

Answer: No, an Agency with Choice is not responsible for recruiting specific staff persons to work for an individual. Agencies with Choice may agree to collaborate with families/individuals to recruit staff persons but it is not their responsibility to do so. If you want the Agency to collaborate

with you on this task, you will need to negotiate this and include this in your contract with the Agency with Choice.

7. Who is responsible for screening activities including (Criminal Background Checks, Registry of Motor Vehicle checks, references, etc.) for a candidate that the individual/family wants the Agency with Choice to hire?

Answer: The Agency with Choice is responsible for all of these screening activities.

8. Who has the final decision about hiring an individual?

Answer: Agency with Choice has the final decision about hiring an individual because the individual employee is on the agency payroll. This means that the Agency with Choice **must** agree to interview and screen potential employees you bring to their attention, and act in good faith and try to hire the individuals you identified. However, the final decision about hiring belongs to the Agency with Choice. This means that they can say "No" to someone you wish to hire.

9. What if I still want to hire the individual?

Answer: If you still want to hire the individual, then you will need to engage in full self-direction and use the Fiscal Management Service (FMS). Remember, in this situation you will then be responsible for reviewing the qualifications and screening data for prospective workers that the FMS provides you.

10. Who is responsible for administering paychecks, taxes, etc.?

Answer: The Agency with Choice is responsible for administering paychecks, which includes withholding and depositing all required payroll and employer taxes.

11. Who decides what pay/benefits the worker will receive?

Answer: State law determines the minimum amount a worker can be paid, and DDS will establish the maximum amount you may pay a worker, based on standard service rates that have been determined by the state's Division of Health Care Finance and Policy. You will need to negotiate with the Agency with Choice about what amount you would like to pay the worker, and which benefits you would like to provide subject to the agency's

personnel requirements. The Agency with Choice may not agree to let you pay your worker less than it pays its other workers doing similar jobs. This is likely to be the case if the worker not only works for you some of the time, but also for the Agency. If you reach an impasse, you can elect to use the Fiscal Management Service and then you will have the right to set the pay and benefits subject to DDS's and other legal requirements. The person you want to hire through the Fiscal Management Service still needs to be qualified for the job by DDS. It is important to remember that in Massachusetts, all adults must have health insurance.

12. Who schedules the worker and determines the hours they work?

Answer: You are responsible for scheduling when the individual worker works for you, but you should talk with the Agency with Choice about your plans.

13. Who does the employee talk to if s/he wants time off? Who gives permission?

Answer: Schedules and time-off are determined by you, but you need to share that information with the Agency with Choice and work in partnership with them. Remember you are co-employers.

14. Who decides what the employee should do when s/he works with you?

Answer: You will decide what responsibilities you want the employee to do on a daily basis when they are working with you.

15. Who is responsible for back-up support if your worker is unable to come to work?

Answer: Based on your needs, you must develop a back-up plan for support when your worker is unable to come to work. You will need to enter into an agreement with the Agency with Choice who will be responsible for providing back-up support to you depending on your needs. Not all worker absences or types of support worker require that a back-up be provided.

16. Who decides what training the employee needs to have?

Answer: This needs to be done in partnership with the Agency with Choice. The Agency with Choice is responsible for providing all the trainings required by DDS for all workers. In partnership with you, the Agency with Choice may need to provide additional trainings based on your identified needs in the ISP. If you want additional trainings, you are responsible for training your worker.

17. What is/are the responsibilities of the family/individual for training staff?

Answer: The individual/family is responsible for providing training on the daily support needs of the individual, as well as any other specific training that you want and believe are important to the delivery of quality supports and will be responsive to your unique needs.

18. Do employees need special training to work for an Agency with Choice?

Answer: The employees must receive all of the DDS required trainings. The Agency with Choice may offer you additional trainings in managing and supervising employees. If this is something you want, it needs to go into your contract with the Agency with Choice.

19. What role does the individual/family have in evaluating the employee's performance?

Answer: The individual/family can request that the employee no longer work for them. You do not have the authority to actually terminate them. The Agency with Choice must solicit your opinion both informally and formally about the performance of the employee. You should spell this out and how it should happen in the contract between you and the Agency with Choice.

20. Who decides if the employee gets a warning or is terminated?

Answer: You cannot give the employee a formal warning or terminate him/her. If you are dissatisfied with the performance of your employee you need to discuss what changes you would like to see with the employee and you need to discuss your concerns with the Agency with Choice. This process should be spelled out in your contract. The Agency with Choice

may give a warning or move to terminate a worker if warranted based on the information that you provide to them.

21. Who decides if the employee gets a raise or a bonus?

Answer: If you have negotiated a contract with the Agency with Choice for a different rate of pay than the other agency workers, you can discuss giving a raise with the Agency with Choice. Please keep in mind that you cannot exceed the rates established by DDS nor can you spend more money than your budget allows. If you decide to give the employee a raise, you must do this within your existing budget allocation which means you may receive fewer hours of support. You cannot come to DDS and ask for additional funds.

22. How do differences of opinion or conflicts get resolved between the Agency with Choice and the individual/family about a specific employee providing services to them?

Answer: If you find yourself in a difference of opinion or a conflict, you need to use the Agency with Choice management structure and grievance process to try to resolve this conflict. You can also ask your DDS service coordinator for assistance. If none of these resolve the problem you can choose to work with another Agency with Choice, engage in full self-direction, or use a traditional provider agency.

23. Is there any increase in liability to the Agency with Choice?

Answer: Based on experiences with this model of service delivery around the country, it does not appear that there is any additional liability for the Agency with Choice.

24. Is there any requirement that the individual/family have insurance in their home?

Answer: You should consider this if your family member lives in your family home.