

## NYS OPWDD Self-Direction

# CARE MANAGER CHECKLIST

This checklist outlines the responsibilities of the Care Manager (CM) who works with an individual who chooses to self-direct OPWDD services. In order to provide quality services to a Self-Direction (SD) participant, the CM must ensure that the procedures below are followed, and documentation requirements are complete and up to date.

- ☐ The CM will ensure that the person is enrolled in the HCBS WAIVER prior to SD approval. Required components of SD are Home and Community Based Services (HCBS) waiver services; therefore, **the individual must be enrolled in the HCBS waiver prior to the implementation of the self-directed services**. The CM must ensure that the person is approved to receive services in the HCBS waiver and that the appropriate Notice of Decision has been issued before the self-directed services can be implemented. If a SD participant loses either his/her waiver or Medicaid status, the CM must notify the DDRO SD Liaison immediately and follow through with the person to remedy the circumstances if possible.
- ☐ The CM must send a copy of the annual level of care determination (LCED) to the FI agency.
- ☐ The CM will ensure that the individual is discharged from any certified program(s) which is (are) being discontinued and replaced by self-directed services. **TABS must reflect that the person has been discharged from the certified program's roster prior to the effective date of the person's SD Budget.** Before the individual may begin implementing his/her approved SD Budget, the CM will advise the certified program from which the SD participant is being discharged to execute a DDP1 to terminate program enrollment. Each self-directed service has its own program code in TABS.
- ☐ **The CM will maintain the Care Coordination Record, as for any individual receiving CM and HCBS waiver services.** The CM note references the individual's satisfaction with all services the person receives, and specifically addresses the person's satisfaction with self-directed services. The SD Budget is reviewed in conjunction with the Life Plan reviews.
- ☐ The participant may indicate the need for a change or amendment to his/her self-directed services at the Life Plan review. **The CM will work with the broker to ensure that the proper paperwork be submitted to the DDRO to make the changes.** The CM completes a **Service Amendment Request form** when any of the following service changes are being requested; a new service, an increase in service amount, replacing a service, a change in provider.
- ☐ If an individual is using Start-Up Broker services to explore the applicability of Self-Direction, **the CM will identify Start-Up Broker services in the person's Life Plan under the Waiver section.** Please use the example at the bottom of page 2 as a reference for listing Start-Up Broker services.
- ☐ Once the initial SD Budget has been approved, **the CM will identify each waiver service in the person's Life Plan with the SD Enrollment Date** identified as per the SD Budget approval letter. The CM will also ensure that the FI agency is identified as the provider agency. Please use the service specific Administrative Memorandum as a reference for identifying each waiver service within the Life Plan.
- ☐ **The CM will work with the individual, broker and Circle of Support/Planning Team to ensure that the valued outcomes supported in the SD Plan are consistent with the valued outcomes identified in the**

**Life Plan. In addition, the CM needs to have all safeguards identified in staff action plans in the Life Plan.**

- ☐ In addition to the SD participant, the broker and CM are required members of the Circle of Support/Planning Team. The **CM must be invited to participate in Circle of Support/Planning Team meetings**. In extenuating circumstances when the CM cannot be present at the meeting, it is the CM's responsibility to participate remotely or, if this is not possible, to find out what occurred at that meeting and to determine if there are issues he/she needs to assist the SD participant to follow up on.
- ☐ **The CM will act as the link between the DDRO SD Liaison and the Circle of Support/Planning Team.** The CM will notify the DDRO SD Liaison of issues involving the SD participant, such as issues compromising health and safety or obstacles preventing the individual's plan from being fully implemented. If the Circle of Support/Planning Team is not meeting regularly and/or is not providing the level of support necessary to ensure the SD participant's well-being, the CM will notify the DDRO SD Liaison.
- ☐ **The CM will follow the OPWDD Part 624 incident reporting protocol for a SD participant and, in addition, will notify the DDRO SD Liaison if a reportable incident occurs.** The CM should also ensure that the SD participant has notified the FI of any reportable incident involving staff the FI hired or subcontracted with to provide SD supports or services, or of any incident that is otherwise reportable by the FI, if the participant or Circle of Support/Planning Team has not already done so.
- ☐ **The CM will work with the FI**, who, as the HCBS waiver service provider of record, is responsible for ensuring that the DDP-2 is updated as needed [at least once every two (2) years], **to ensure that the DDP-2 accurately reflects the SD participant's abilities**. A best practice would be to complete the DDP-2 at the Life Plan review.
- ☐ **The CM will always work with SD participant, his/her Circle of Support/Planning Team, and the DDRO SD Liaison to ensure the implementation of the SD Plan.** If a significant revision is made to the Self-Direction Plan, the CM will ensure that the person's **Life Plan is updated** to reflect the changes in accordance with the appropriate time frames which govern the amendment of a Life Plan.
- ☐ If the individuals active plan of care is a Life Plan, Fiscal Intermediary Services must be documented in the Life Plan as follows: SEE ATTACHED "Life Plan Service Listing Guide".

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**Self-Direction Participant Signature**

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**Date**

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**Care Coordinator**

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**Date**