SELF DIRECTION GUIDE

Manhattan Office – 333 7th Ave 9th Fl NY NY 10001 Manhattan office

LI Office – 110 JerichoTpke Suite 101 Floral Park NY 11001 516-292-3000

Contact: FI Program Manager – Jennipher Solis – jsolis@cfsny.org 516-292-3000 ext 402, fax 516-292-4090

Director – Linda Schellenberg – lschellenberg@cfsny.org 212-629-7939 ext 217

Welcome to Self-Direction If you have received this guide, you or a loved one have a Self-Direction Plan and you have chosen The Center for Family Support to be your Fiscal Intermediary. Self-Direction (formerly Consolidated Supports and Services) are Medicaid funded services that allow individuals with special needs to exercise control over their budget and have a say as to whom they work with. While Self Direction can be a life changing addition to someone’s life, there comes several responsibilities for an individual and his or her circle. These responsibilities include but are not limited to recruiting and hiring staff, training and overseeing staff, and completing monthly paperwork.

Also reference the following:

- OPWDD ADM for Community Habilitation, Fiscal Intermediary, Brokerage, IDGS and Respite. (Opwdd.ny.gov)
- OPWDD SD Guidance for Providers
## Table of Contents

SELF – HIRED SUPPORT STAFF 3
Hiring Staff 3
Hiring Family Members 3
Required State Trainings for Support Staff 3
Additional Training for Job Coaches/Developers
(NEW SEMP GUIDELINE as of 7/1/15) 3-4
Timesheets/Medicaid Billing Sheets 4
Pay Raises 4
Staff ID Badge 4
Paid Time Off 4-5
Workers Compensation 5
Disability 5
Disciplinary Actions/Resignation/Termination 6
Corporate Compliance: 6
Incident Reporting: 6
REIMBURSEMENTS 6
INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS) 6
Camp 7
Community Classes 7
Criteria for Community Classes 7-8
Coaching or Education for Parents or Spouses 8
Clinical Non-Direct Service Provision (Staff Trainers) 8-9
Health Clubs/Organizational Membership’s Community Participation 9
Paid Neighbor 10
Transitions programs for Individuals with Developmental Disabilities 11
Transportation 11-12
Items that CANNOT be funded through IDGS 13
LIVE IN CAREGIVER (LIC) 13
OTHER THAN PERSONAL SERVICES (OTPS) 14
FAMILY REIMBURSED RESPITE (FRR) 15
HOUSING SUBSIDY 15-17
CFS Fringe Chart 18
**SELF – HIRED SUPPORT STAFF:**

**Hiring Staff:** While you are responsible for selecting and conditionally hiring your employees, CFS is the employer of record and must comply with all state and federal mandates. As the employer of record, we conduct background checks to clear your staff before they can begin working and we also pay your staff’s paychecks. Anyone you wish to conditionally hire as Support Staff must complete the application process and background checks before they are able to begin working and are paid. Once the staff is cleared, he or she will be contacted either by email or phone. If the potential staff person is not officially cleared by CFS and he or she submits timesheets, he or she will not get paid. The only requirements in regard to staffing is that the potential staff person must be 18 years of age, a legal citizen, complete an application, submit to and pass a background check. If you wish for staff to meet additional requirements, you determine these criteria. The participant and their circle are responsible to find their own staff.

**Hiring Family Members:**

There are specific restrictions regarding self-hired staff who are related to the Self Direction participant. Relatives can be paid service providers as long as the following criteria are met:

1. The person must be at least 18 years of age.
2. They are not parents, legal guardians, spouses, or adult children of the participant.
3. The service is a function not ordinarily performed by a family member.
4. The service is necessary, authorized, and would otherwise be provided by another qualified provider of waiver services.
5. The relative does not reside in the same residence as the participant.

**Required State Trainings For Support Staff:**

- All support staff must annually complete state mandated training including Incident Abuse Identification, Reporting, and Processing training. Failure to complete the training at hire and as requested annually could result in suspension or termination of employment. Human Resources will be sending requests to complete required trainings. All trainings are self-study and will be online through a software called Proprofs. New staff and existing staff will receive emails with a link to the trainings online through Proprofs. All other training of staff is done by the participant, family, and circle.

**Additional Training for Job Coaches and Developers (NEW SEMP GUIDELINE as of 7/1/15)**

- Supported Employment staff hired after July 1, 2015 must complete at least 24 hours of OPWDD’s Innovations in Employment Support Trainings within 12 months and provide training documentation to our Human Resources Department.

- Supported Employment staff who were job coaches and developers prior to July 1, 2015 must obtain 24 hours of OPWDD’s Innovations in Employment Support Trainings by June 30, 2017 and provide training documentation to our Human Resources Department.
• Upon completion of either above requirement, SEMP Staff must continue to attend OPWDD’s Innovations in Employment Support Trainings and obtain at least 6 hours of continuing education annually and provide training documentation to our Human Resources Department.

**Timesheets/Medicaid Billing Sheets:**

• All timesheets must be received by the date on the payroll schedule.

• Please make sure that the timesheets are filled out in their entirety including the:
  
  • Participant’s name
  
  • Staff’s name
  
  • Appropriate title (i.e. Community Habilitation, Job Coach, Job Developer or Respite) for each Support Staff to ensure the correct pay rate is given.

• As per Medicaid regulations, staff are unable to provide support to participants once they are admitted and considered an “inpatient” in the hospital. Staff can help transport participants to and from the hospital but they cannot get paid to stay in the hospital to support the individual. They can also support the individual while in the emergency room. This is considered double billing to Medicaid.

• Please always report the dates of hospital admission and discharge to the FI Program Manager

• Staff cannot work more than 40 hours in a work week (Saturday - Friday). He or she can work Community Habilitation, Job Coaching, and Respite hours however; never more than 40 hours with one or several positions combined.

**Pay Raises:**

• The pay rate must be established in the approved budget. If it is not already in the approved budget, a cost neutral change can be completed to request it be added into the approved budget. The cost neutral change would be signed by the participant, broker, DDRO and FI.

**Staff ID Badge**

• Many places will allow staff into places for free or at reduced admission with a staff id badge. If you are interested in getting a staff ID badge, please send a photo electronically to FI Program Manager

**Paid Time Off:**

Full Time Status – (Regular schedule of 30 hours or more per week) – 15 days of their daily scheduled hours.

Part Time Status – (Regular schedule below 30 hours per week) – 5 days of their daily scheduled hours.

The above staff will have a paid time off allotment as soon as they start based on their status. This allotment will be held by anniversary year (anniversary date is the employees hire date). There is no carry-over of paid time off. However, on each anniversary date the allotment will be refilled. If there is a change of status, the amount of PTO will be either added or decreased.
Per Diem – (No regularly scheduled hours) – No Paid Time Off Benefit. Will accrue 1 hour after 80 hours worked, up to the maximum of 5 days per year. This is based on NYC Paid Sick Leave act and is not given up front but rather accrued.

Ex: Employee has a hire date of 2/12/15 and they are full time because their schedule is 30 hours per week on a regular basis. We will allocate 15 days (6 hour days) in their paid time off “bank”. If they only use 13 days by 2/11/16, they will lose the 2 days, but on 2/12/15, their bank will reflect 15 days again.

Paid time off (PTO) lumps together any time off being requested payment for (sick, holiday, vacation, personal). This benefit is for paid time off during the employees employment with CFS and as a result, the employee will not receive any unused time upon separation from employment (no cashing out). CFS will be comparing employee hours worked vs. employee status on a routine basis to ensure that the status is accurate and will make adjustments as needed in concert with the individual/family.

Since this is a self-directed program and the individual/family is the managing employer, you must obtain prior approval from the individual/family to take paid time off (for any purpose other than sick).

If you are calling in sick, due to the NYC paid sick leave act, you are entitled to use paid time off to care for yourself or another (see details on paid sick leave act at the bottom of this email.)

If you are requesting to use paid time off, you will need to indicate this on your timesheet.

Ex: Employee has contacted individual/family in advance to inform them that they are taking off on 2/12/15. On the timesheet for date 2/12/15, put the total hours off in the hours box and write across the row Paid time off. Do not put a start/stop time. The total hours should mirror their scheduled daily hours. So if they typically work 8 hours, they should indicate 8 hours.

If employees would like to know how much paid time off remains in their “bank”, have the employee email CFS directly.

Workers Compensation:

• If an employee is hurt while working with you, he or she should seek medical help if necessary. Upon seeking medical help, they should let the medical facility know they were hurt on the job and give them the address to CFS. They also need to contact Human Resources to get the necessary forms to complete. These forms are required to be submitted to our insurance carrier within 24 hours of the injury.

Disability/FMLA/Paid Family Leave:

• If an employee is out sick for more than a week for their own illness they could be eligible for disability benefits.

• Please ask them to contact Human Resources so we may get them the necessary forms to see if they are eligible for disability.
Disciplinary Actions/Resignation/Termination:

• There may be times that you have some performance issues with your employee. Performance issues could be absences, not completing necessary documentation, not competing tasks as required, and many other concerns – please call Human Resources or your broker. We will help you deal with the concerns you have.

• If an employee resigns please notify us immediately so that we may complete the necessary documentation for the resignation.

• If an employee needs to be terminated, notify us as well because there are protocols that need to be taken care of to terminate them from our system.

Corporate Compliance:

• Our Corporate Compliance Officer’s contact information and our hotline number can be found on our website at www.cfsny.org. Any questions or concerns can be directed to our hotline or to our Corporate Compliance Officer directly at 212-629-7939

Incident Reporting:

• We are mandated by New York State to Report certain classifications of incidents and abuse and neglect. Each staff member is required to report incidents as they occur, find out about them or are observed. Questions in regards to incidents, to report any incidents or to discuss whether something is an incident can be directed to our Director of Quality Assurance at 212-629-7939.

REIMBURSEMENTS

Submitting Reimbursement:

• We bill for goods and services based on the date that we are paying for the invoice. Use an expense sheet to itemize the goods and services, dates, amounts and category. Attach legible receipts or invoices. After submitting an expense report or mileage form, please expect a 10-15 day turnaround for a reimbursement check.

INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS)

Individual Directed Goods and Services (IDGS) is an HCBS Waiver Service. IDGS are services, equipment or supplies not otherwise provided through OPWDD’s HCBS Waiver or through the Medicaid State Plan that address an identified need in a participant’s service plan. The services, equipment or supplies must:

• Relate to a need or goal identified in the Individualized Service Plan

• Be for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance

• Promote opportunities for community living and inclusion

• Be able to be accommodated without compromising the participant’s health or safety

• Be provided to or directed exclusively toward the participant.
Camp:

- Funding may be requested for the cost of summer camp in New York State.  
  - Summer camp is considered Memorial Day to Labor Day.  
  - Camps can be either focused on supporting individuals with disabilities or open to the general public  
  - It must be directly related to a valued outcome in the ISP

Submitting for Reimbursement for Camp:  
- In order to get reimbursed for camp, please lay out the money first and submit for reimbursement using a completed expense report.  
- Attached to the expense report please include:  
  - A flyer or brochure explaining the camp (what it is, when, and how much it costs)  
  - An invoice from the camp showing when the child will be going or has gone  
  - Proof of payment (cancelled check, credit card statement, etc.)  
  - An ISP with a valued outcome directly related to camp  
- If the family or participant does not have money to lay out and the camp will bill us directly, we can pay the camp directly.

Community Classes & Publicly Available Training or Coaching:

- Classes must be available to the general public in any subject area that relates to a person’s valued outcomes (Art, Dance, Exercise, Cooking, Computer Training, Etc.)

- Sessions with a private trainer (physical education/exercise) may be covered as long as the service relates to a valued outcome.

- Classes must be related to a habilitative need in the individual’s person-centered plan and not just for recreational purposes.

- Classes must be non-credit bearing; IDGS funding is for non-matriculated students. The class cannot be working towards a degree.

- When signing up for classes, please try to sign up for only a month of classes at a time. We are required to bill Medicaid monthly and are not supposed to be laying out for services that have not yet been used. If at all possible, please sign up for a month of classes or sessions at a time.

- Community classes can be reimbursed under IDGS as long as the classes result in active engagement and participation in integrated community settings. In order for Medicaid to reimburse us for classes, they have to meet very specific criteria.

- To find out if a class is reimbursable, please submit a flyer about the class to us for review. Please do not lay out for a class and expect to be reimbursed before getting the flyer preapproved us.

Criteria for Community Classes: A Community Class is considered “integrated” if all these four criteria are met:

1. The setting and class is open to the broader community.

2. The setting is not certified by OPWDD.

3. The setting results in interactions with other participants who do not have an intellectual or developmental disability (other than staff).

4. The class is not being run by OPWDD or a provider agency staff who are acting in their official capacities.
In determining if a class meets the standard of being “open to the general public,” the following five questions should be asked: 1. Is it taught by staff or run by an agency that provides OPWDD services to people with special needs? (NO) 2. Is it located on the grounds where OPWDD services for people with special needs are normally provided? (No) 3. Is it open to the public? (Yes) 4. Does it have published fees? (Yes) 5. Are people who are not OPWDD eligible going to the class (staff and parents do not count) (Yes)

Submitting for Reimbursement for Classes:

• In order to seek reimbursement for community classes, please lay out the money first and submit for reimbursement using a completed expense report. Attached to the expense report please include:

  • A flyer or brochure explaining the class (brief description of class, who provides class (with contact information), intended audience, and cost of class)

  • An invoice or bill from the class • W9 from the provider (company or person)

  • Proof of payment (cancelled check, debit card/credit card statement, etc.)

  • If the family or participant does not have money to lay out and the class will bill us directly on a monthly basis, we can pay for the classes directly.

Coaching or Education for Parents or Spouses

• IDGS funding is for Parent/Spouse/Advocate to attend/participate in educational opportunities (not covered by other public programs) that assist participants and those close to them to achieve goals established in the individual’s service plan.

  • Self-directing individual is over age 18

  • May Include registration and conference fees but does not cover travel or lodging

  • Annual cap is $500.

Submitting for Reimbursement for Coaching or Education Parents or Spouses:

• In order to get reimbursed for coaching or education for parents or spouses, please lay out the money first and submit for reimbursement using a filled out expense report. Attached to the expense report please include:

  • A flyer or brochure explaining the training

  • An invoice or bill from the training

  • Proof of payment (cancelled check, debit card/credit card statement, etc.)

Clinical Non-Direct Service Provision (Staff Trainers)

Clinical Non Direct Consultants/Independent Contractors are clinical specialists who are hired for the following purposes:

• To evaluate an individual’s community and/or supported employment habilitation plan
• To train support staff on how to carry out the plan and best work with the individual

• To evaluate the effectiveness of the self-hired staff in carrying out the services in the self-directed plan and make recommendations Clinical Non Direct Consultants/Independent Contractors are not permitted to provide direct therapy.

Clinician must provide their clinical licensing from the Office of Professions in New York State to Human Resources. Clinician must complete paperwork prior to any service delivery. Besides finding a licensed therapist, there are several requirements needed before the service can be approved and used. See below: There must be a prescription written and signed off on by participant’s medical doctor with the goal of treating a specific medical diagnosis and support a specific valued outcome. The licensed and approved therapist needs to:

Health Clubs/Organizational Membership’s Community Participation:

• Funding for a gym, health club or other community organization membership may be included in the self-directed plan for reasons of health, fitness or community integration in accordance with the participant’s valued outcomes.

• The membership is for the individual only and must be in his or her name; no family memberships!

• The club/organization must offer open enrollment to the public and cannot be a private club with a closed membership where membership is available by invitation only. Before signing up for a membership, we suggest you obtain, in writing, the establishment’s policy on bringing a guest or the ability for the participant to bring their direct support staff, if they need or want. Submitting for

Reimbursement for Organizational Membership:

• We cannot pay membership dues up front and ask that the participant/family lay out for the membership and submit for reimbursement on a monthly basis.

• We must bill monthly. When signing up, please remember that we can only reimburse you on a monthly basis.

• Attach proof of the initial gym contract and how you paid for the month’s membership to a completed expense report. (Budget category for gym membership is organizational membership).

• After the first month, you will submit an expense report monthly with proof of how you paid for the membership. If you sign up for an annual membership and pay upfront, we can only reimburse you monthly.

• There is an annual cap of $1500 in this line.

Household Related Items and Services:

• This is an area under IDGS where certain services or appliances can be reimbursed for those participants living on their own.

• The service or appliance must help the individual live more independently and/or help ensure their safety. (i.e. a microwave oven for someone who cannot safely use a stove or oven)
• The service or appliance must benefit the individual and be related to a valued outcome (related to health and safety).

• Household supports include cleaning, minor maintenance, snow removal, lawn mowing.

• Contact your Self Direction Coordinator to see if something is reimbursable under this category and find out how you would go about getting reimbursed.

Paid Neighbor:

• A paid neighbor is a person hired by the participant that is living on their own. This person can be available to him or her in an emergency situation and provide the appropriate “on call” supports.

• He or she must also become an employee of CFS by filling out an application and passing a background check. He or she must be cleared by our Human Resources Department before getting paid. This person is paid automatically with a monthly stipend (maximum $800).

• This person must live within 30 minutes of the participant.

• Prior to starting, there must also be a paid neighbor agreement in place signed off on by the paid neighbor and CFS as the Fiscal Intermediary. This agreement details the responsibilities of the paid neighbor.

• If a person is called upon to provide direct services with the participant for an extended period of time, he or she would be considered Community Habilitation Staff and should fill out the appropriate timesheet and billing sheet and get paid for an hourly wage.

• A paid neighbor cannot be related to the Self Direction participant by blood or marriage.

Self-Directed Staffing Support (Lead Staff):

• Assists with hiring and scheduling self-hired support staff and assists participant with related paperwork (i.e. timesheets, staff evaluations, monthly summary notes, expense reports, etc.).

• This person must go through a criminal background check and other required screenings to link up as an Independent Contractor.

• Payment cannot be more than $20 per hour.

• A Self Directed Staffing Support is paid monthly by filling out an invoice. The invoice must be submitted within 30 days following the last day of service.

• This staff person cannot work for non-profit agency and cannot be someone actively assisting the person in making decisions (not a family member).

• A Self-Directed Staffing Support cannot also work as an employee (Self Hired Community Habilitation, Job Coach, Job Developer or Respite) with the same participant.
Transitions programs for Individuals with Developmental Disabilities:

• Tuition for non-credit bearing transition programs for individuals with IDD who have already completed their educational program (i.e. ‘aged out’).

• The coursework must address a person’s valued outcomes and address skill building and employment outcomes.

• Programs may be provided in non-site based settings on college campuses, but not in locations certified by OPWDD.

• Coursework may include training on personal care skills, and socialization skills, but this training is provided to support vocational outcomes for the person.

• To be funded via a person’s Self Direction Budget, the program cannot be funded by ACESS-VR, IDEA or other funding sources.

• Services are time-limited and cannot exceed a two year timeframe. • No room and board costs are fundable.

• Class limit is $350 per class and monthly it cannot exceed $800.

• Tuition invoice must be submitted prior to beginning of class or within 30 days of start of class.

Transportation:

Service-related IDGS transportation reimbursement takes several forms:

1. Staff person who drove his/her personal vehicle to a service-related activity or accompanied participant to service-related activity using public transportation

2. Participant who drove or was driven in his/her personal vehicle to service-related activity

3. Friend or family member who drove his/her personal vehicle to an activity directly relating to IDGS budget line (i.e. class, camp, membership). Staff person who drove his/her personal vehicle to a service-related activity or accompanied participant to service-related activity using public transportation

Reimbursable:

• When a participant is in the car with staff OR utilizing public transportation with staff to an activity/support/service directly related to a valued outcome/safeguard

Not Reimbursable:

• Using transportation like a “taxi service” (i.e. using staff to pick up participant and/or drop off participant without providing a service). For example: Staff drove participant to his/her paid employment position but did not provide on-site job coaching supports to participant.

• Transportation to and from OPWDD funded services which include the cost of transportation within billing (i.e. day habilitation programs).

• Transportation to and from medical appointments is NOT reimbursable because this duplicates a State Plan of service. Participant who drove or was driven in his/her personal vehicle to service-related activity
Reimbursable:

- When participant is using mileage OR public transportation for a service related activity/support/service directly related to approved IDGS budget line (i.e. community classes, health club membership) and directly related to a valued outcome/safeguard

Not Reimbursable:

- Transportation to and from medical appointments
- Transportation to and from OPWDD Programs where transportation costs are included in billing standard.
- Transportation to paid employment if self-directed employment services (i.e. job coaching, job development) are not received on that date. *Please Note: OTPS: Personal Use Transportation may be utilized for mileage that does not meet the IDGS: Transportation guidelines. Friend or family member who drove his/her personal vehicle to an activity directly relating to IDGS budget line (i.e. class, camp, membership).

Reimbursable:

- When a family member/friend drove participant to a service related activity/support/service directly related to approved IDGS budget line (i.e. community classes, health club membership) and directly related to a valued outcome/safeguard

NOT Reimbursable:

- transportation to family vacations or family gatherings
- transportation to and from medical appointments
- transportation to OPWDD Programs where transportation costs are included in billing standard
- any public transportation for family member/friend accompanying participant

**Filling out a mileage form:**

- When filling out a mileage form, please complete it in its entirety (month, participant name, and staff name) and submit it following the month transportation was used (i.e. send in September’s mileage in October).
- Please separate mileage forms by month (i.e. do not send in several months on the same form)
- When completing “Leaving From” and “Going To”–please enter the town you are leaving from and the town you are going to.
- Under purpose of travel write specific places you went and activities performed i.e. “supported at volunteer site-The Bristle Nursing Home”
**Items that CANNOT be funded through IDGS**

- **Academic Tutoring** - Academic tutoring is not funded through the IDGS. This service should be pursued through the school district or college setting. Academic tutoring/homework assistance is not an appropriate task for self-hired staff.

- **Automatic pill dispenser/ medication system** - Available through Assistive Technology, outside the person’s Self Direction Budget

- **Cell Phones/Telephones** - Funding for cell phones is not an allowable IDGS expense.

- **Participants’ Activity Fees, Expenses, and Meals** - Activity fees, expenses, and meals incurred by individuals are not reimbursed with IDGS funds and must be paid by the individual or his/her family.

- **Personal Monitoring Systems** - Available through State Plan

- **Staff Activity Fees, Expenses, and Meals** - Activity fees, expenses, and meals incurred by self-hired staff supporting individuals are not reimbursed with IDGS funds, but may be funded through OTPS.

- **Direct Clinician service delivery and Therapies: Physical Therapy, Occupational Therapy, Speech Therapy, Psychology (Medicaid state funded)** - On-going therapies that are provided directly to the person are funded through the individual’s State Plan Medicaid Card or, if the individual is school-aged, through the local school district, and are not funded under IDGS.

- **Experimental Therapies** - Experimental therapies are not reimbursable in any clinical category within IDGS and are not a permitted expense in the OTPS payment category.

**LIVE IN CAREGIVER (LIC):**

- Live-In Caregiver (LIC) is an HCBS Waiver Service that allows a participant to utilize a person that is not related to the individual to reside in the same household as the waiver participant and provide as needed support to address the participant’s physical, social or emotional needs so the participant can live safely and successfully in his or her own apartment.

- In exchange for supporting the individual, the LIC’s portion of the rent, food, and utilities will be reimbursed. The participant must submit for reimbursement at the end of every month. To submit for reimbursement, please attach itemized receipts and bills to an expense report and submit these expenses monthly. We must reimburse the participant for money they laid out for the LIC’s food and utilities. The LIC’s rent is typically paid directly to the landlord. We are not permitted to reimburse the LIC directly.

- If the Live-In Caregiver provides a habilitative service (not outlined in the LIC Agreement), the Live In Caregiver must fill out a Community Habilitation Support Staff timesheet/billing sheet to be paid for his or her hourly work.

- The Live in Caregiver cannot be related to the participant by blood or marriage to any degree.

- CFS must have an agreement stating specific services and responsibilities of caregiver. It must be signed by the participant, Live in Caregiver and the Fiscal Intermediary prior to taking effect.
• Live-In Caregiver must become an employee by filling out an application and passing a background check.

OTHER THAN PERSONAL SERVICES (OTPS):

• Other than Personal Services (OTPS) are service utilizing 100% state funds to help pay for items that are not funded through Medicaid.

• The maximum in this category is $3,000.

• Goods and services purchased with OTPS funds must relate to a valued outcome in the person’s ISP and increase independence or the ability to live safely in his or her home. The OTPS section of the budget is limited to the following categories of supports:

  • Phone service – cell and/or land line

  • Internet (in instances where a participant has a cable package, OTPS can be used for phone and internet only, but not the cable portion)

  • Software related to the person’s disability

  • Staff activity fees to cover meals, admissions, fees, transportation or other costs incurred by staff when providing support to the self-directing person in activities that support a valued outcome

  • Staff advertising/recruitment costs

  • Staff Training

  • Personal Use Transportation

  • Clothing (capped at $250)

  • Board Stipend (must first request and be denied for food stamps) o No expendable, cleaning products, personal toiletries or supplies, etc.

  • Utilities 16 • Other goods and services that increase independence

  • Other goods and services related to health and safety Staff Activity Fees (only for Self Hired Staff and NOT permitted for participants)

  • The main purpose of staff activity fees are for participants to be able to have their staff reimbursed for admission fees to recreational places in the community the participant wishes to attend that relates to a valued outcome (admission to a sporting event, concert, movies, bowling, museum, park admission, plays, etc.).

  • State funds should not be used for meal reimbursement for staff unless the participant has a valued outcome in their habilitation plan and ISP pertaining to skills needed when eating out.

  • As for meal reimbursement, we recommend that the reimbursements not exceed the allowed meal reimbursement of the IRS which is $7 for breakfast, $15 for lunch and $22 for dinner. Food drastically depletes the staff activity fee line and we urge families and participants to have staff bring their own meals while working. Submitting for reimbursement for Staff Activity Fees:
• Please complete an expense report and attach itemized receipts

**FAMILY REIMBURSED RESPITE (FRR)**

• Family Reimbursed Respite is a way for families to pay a person whom they trust (does not have to be an ISS staff person) to supervise their son or daughter, pay them directly, and get reimbursed through the Self Direction Budget.

• Family Reimbursed Respite is paid for with 100% State funds and is capped at $3,000 annually.

• The family designates the rate per hour. There is no set amount.

• A parent cannot be paid to provide Family Reimbursed Respite through a Self-Direction Plan.

• Anyone living in the same residence as the participant cannot be paid to provide Family Reimbursed Respite in a Self-Direction Plan.

• The person providing the respite must fill out a W9 in order for The Center for Family Support to be able to reimburse the person who laid out the money.

• The provider can no longer be paid directly. The family must lay out the money and submit for reimbursement using a family reimbursed respite expense report.

• Staff (employees) that work with the participant can also be paid through Family Reimbursed Respite. For Example: if a staff person works 40 hours in a week and a family is going away over the weekend the family can choose to pay the staff person additional money through FRR to provide respite to the participant while the family is away for the weekend. Staff cannot work more than 40 hours in a week, so paying the staff through Family Reimbursed Respite would allow the staff to work the extra hours without going over the limit. Submitting for reimbursement for Family Reimbursed Respite:

  • Complete a family reimbursed respite expense report in its entirety (month, participant name, check payable to, W9 attached or on file, date, time in/out, number of hours, hourly rate, total paid)
  
  • Attach a W9 filled out by the provider (required annually) and check box of “W9 attached”
  
  • If the W9 was already sent in for the respite provider and we should have it, please check box off “W9 on file”

**HOUSING SUBSIDY**

Self-Direction participants who choose to live independently or who share a living environment and have tenancy rights may be able to include a housing subsidy in their budgets, funded with 100% state funds. The amount a participant receives in their Housing Subsidy is calculated based on a participant’s income and depends on the Housing and Community Renewal payment standards. A person who has a self-direction plan and chooses to build in a housing subsidy:

• Must be at least 18 years of age

• Must have their name on the lease and send to ISS

• Must contribute 30% of their own income towards their rent
• Must rent a legal apartment (2 forms of egress out of the home (separate entrance), operating kitchen, operating bathroom, must be above ground, must meet all town codes) - We need proof (Certificate of Occupancy/Rental Permit from town)

• Must get us a W9 from their landlord they are renting from If a participant wishes to live in an apartment that costs more than their housing subsidy stipend, he or she is responsible to pay the difference. If the participant is receiving Section 8/HUD funding, the maximum their housing subsidy can be is $50 per month. A housing subsidy paid through Self Direction cannot be used toward living expenses of a person living in a certified adult home.

Important Reminders about utilizing a Housing Subsidy:

• Please give us at least 10 days’ notice, as much notice as possible, if you require us to make any payments.

• A person with a housing subsidy CANNOT receive Family Reimbursed Respite

• When locating an apartment for an individual, we can lay out one month’s rent and one month’s security (based on what is written in his or hers housing subsidy).

• In order to lay out money for an apartment, we need to have a lease on file for the individual. If you are waiting on the lease, we could use a processed application from a housing complex to get things going.

• Please let us know how the rent should be paid whether it is to the participant/family or to the landlord directly. It can be mailed manually or electronically deposited.

• If the rent is being sent directly to the family to then pay the landlord, we will need proof of the cancelled check that was written and cashed to pay the rent.

**Paying rent to a family member**

A family member may own the property the individual chooses to rent. However, they must make OPWDD aware of this while a Self-Direction Plan is in the process of being written or amended to add a housing subsidy. The family member that owns the property will not receive the full amount of the housing subsidy in the participant’s self-direction budget because the maximum amount to be paid to the landlord would have to be the lower of: 1. The payment standard 2. Asking rent 3. The family member’s actualized costs (taxes + utility bills/number of bedrooms)

• Mortgage payments do not count towards actualized costs. OPWDD will need proof of actualized costs when the plan is initially sent to OPWDD for approval. If the home is in trust for the individual or in third party trust, the subsidy can default to the standards. Again proof of the trust will need to be provided

**Transition Stipend** The participant may request a one-time transition stipend of up to $3,000 in their Self Direction Budget when moving out of a family’s home or a certified residential setting to an independent housing situation.

Transition stipend funds are used to pay for:

• Furniture

• Moving expenses
• Household articles Transition Stipend funds cannot be used for personal or expendable items (i.e. toilet paper, hair brushes, toothbrushes, paper towels, etc.)

Reimbursement for Transition Stipend Items:

• In order to get reimbursed for items purchased through the transition stipend, please collect your itemized receipts and complete an expense report.

• The budget category on the expense report is “transition stipend”

• Please list items purchased in the activity columns

• Attach proof of how you paid for the items

• Tax is not reimbursable

• You have one year from the initial lease date to spend the transition stipend funds. There are certain stores that we work with regularly that allow us to pay up front for your furniture or household items order. For example: Bob’s, Target (Online), and Walmart (Online). You should obtain an itemized invoice of the products to be ordered and send the invoice to your Self Direction Coordinator. Please give us as much time as possible to process these orders.

We hope that you find this guide helpful and informative! Please reach out to us if you have any additional questions. The FI Program Manager will work in close collaboration with the individual, his/her circle of support, Support Broker, Support Staff, and voluntary providers. He or she will provide oversight and guidance for Self Direction budget spending. The FIPM will track paperwork that has been submitted by the participant/family/Medicaid Service Coordinator to ensure that it is completed correctly and compliant with Medicaid regulations. He or she will also participate in ISP meetings over the phone with the participant’s planning team to track satisfaction with the service. Lastly, the FIPM will act as a point person to assist with questions concerning fiscal intermediary services (i.e. Human Resources, Payroll, Accounts Payable, etc.).
Please find our fringe rates and description of what is included based upon the status of the employee. We have a separate pooled account to cover indirect employment expenses across all of self-direction.

<table>
<thead>
<tr>
<th>Type of Fringe Benefit</th>
<th>Percentage Full Time</th>
<th>Percentage Part Time 1</th>
<th>Percentage Part Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Hours Worked</td>
<td>30 hrs +</td>
<td>19-29 hours</td>
<td>Less than 20 hrs</td>
</tr>
<tr>
<td>Social Security &amp; Medicare Tax</td>
<td>7.65%</td>
<td>7.65%</td>
<td>7.65%</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>3.65%</td>
<td>3.65%</td>
<td>3.65%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>1.30%</td>
<td>1.30%</td>
<td>1.30%</td>
</tr>
<tr>
<td>Mandated Disability Insurance</td>
<td>0.40%</td>
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<td>0.40%</td>
</tr>
<tr>
<td>Pension - contribution made after 1,000 work, profit sharing plan</td>
<td>5.00%</td>
<td>5.00%</td>
<td></td>
</tr>
<tr>
<td>Health Insurance - qualify after 3 months of employment</td>
<td>17.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Disability Insurance</td>
<td>2.00%</td>
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</tr>
<tr>
<td>Life Insurance</td>
<td>0.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>0.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Time off (2 weeks - full time, 1 week of schedule all others)</td>
<td>4.00%</td>
<td>2.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>TOTAL FRINGE WITH PTO</td>
<td>42.00%</td>
<td>20.00%</td>
<td>15.00%</td>
</tr>
</tbody>
</table>