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CFS SELF DIRECTED SUPPORTS SELF-DIRECTION POLICY AND PROCEDURE MANUAL



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About Us!

CFS Self Directed Supports Inc. (CFS SDS), is a subsidiary of The Center for Family Support Inc. The day-to-day operations of CFS SDS is provided under the terms of a management agreement with The Center for Family Support Inc. The Center for Family Support has been providing supports and services to individuals with IDD since 1954 and self-directed services since 2014. This subsidiary was created in 2020 to support the ever-growing self-directed services and supports that individuals are expressing an interest in.

The mission of CFS SDS is to provide opportunities for individuals with intellectual and developmental disabilities and their families to direct and manage their services and support. To that end, we are committed to being responsive and flexible and truly person-centered in our approaches.

We provide the following services - Fiscal Intermediary, Self-Hired Community Habilitation, Self-Hired Respite, Brokerage, Self-Hired Supported Employment, Live In Caregiver, and Individual Goods and Services. In addition, we provide the following 100% state funded services – OTPS, Family Reimbursed Respite and Housing Subsidy. CFS SDS does not operate any site-based programs and is strictly focused on Self Direction.

The following services are in line with OPWDD's vision, mission, and values. Self-Directed services and supports allow individuals to create a unique plan with the support of their family, friends, and others. Individuals have choice in where they live and how they participate in their communities. This allows individuals to maximize their opportunities with the services and supports that they want and need.

This organization is strictly focused on supporting individuals to be able to access Self Directed services and supports. One of our long-term goals is to also be an organization that can develop new and innovative models for sustaining self-direction in the future.

To ensure quality and effectiveness of the services that we provide, CFS SDS has a management agreement with The Center for Family Support which includes purchasing of Executive Leadership, Finance, Quality Assurance, Administration, Human Resources, and Information Technology. The Center for Family Support will provide senior leadership to provide oversight of the program standards. The Center for Family Support has an effective Quality Assurance department that provides audit of program requirements. The Center for Family Support provides financial reporting, accounts payable, billing and payroll to CFS SDS. The management agreement will provide the services necessary to ensure quality and effectiveness.

For up-to-date information and resources please visit our webpage <https://www.cfsny.org/self-directed-services/>.



SECTION 1: INTRODUCTION TO SELF-DIRECTION

What is Self-Direction

Self-Direction is a service model for people with intellectual and/or developmental disabilities that promotes personal choice and control over the delivery of OPWDD's HCBS Waiver and State funded services. OPWDD has a broad range of options available for Self-Direction, allowing a person the ability to develop a plan that is customized to best meet their interests and needs. Individuals interested in utilizing Self-Direction must be eligible for OPWDD services and enrolled in HCBS Waiver. [Click here for more information on OPWDD Eligibility Process & Guidelines](#)

Employer Authority

The person self-directing their services is responsible for:

- hiring staff
- setting staff's schedule
- arranging for backup staff
- training staff
- requesting staff termination

Budget Authority

The person makes choices about the goods and services he/she wishes to receive and selects who is paid to provide them or how they are purchased in line with state and federal regulations. A person who chooses to have Budget Authority can receive and budget for services that are Direct Provider Purchased, Agency Supported, or Self-Hired.

How is your SD budget amount determined?

The Personal Resource Account (PRA) is the maximum amount of funding that is used to budget for a person's support and services. It is reviewed annually. The PRA is determined by the person's Developmental Disabilities Profile (DDP-2) scores. The DDP-2 assesses a person's needs in the areas of medical, sensory/motor, cognitive/communication, behavior, self-care/daily living skills, clinical services.

What is a Broker?

The Broker is a professional that is responsible for:



- providing support to a person who chooses to take on Budget Authority
- educating the person and their family on Self-Directed service options
- assisting with developing and maintaining a Self-Direction budget
- writing the Staff Action Plans
- assisting the person with creating their Circle of Support
- facilitating Circle of Support Meetings
- other support tasks Brokers can be independent contractors or may work for an agency.

OPWDD pays the Broker for working with you on your self-directed plan.

What is a Fiscal Intermediary (FI)?

The FI is a non-profit agency that serves as “employer of record” for Self-Direction plans with Budget Authority.

The FI is responsible for:

- performing background checks on staff
- collecting service-related documentation
- paying for or reimbursing budget-approved goods and services
- providing payroll/benefit services
- monitoring and reporting on the yearly budget

CFS Self Directed Supports is a Fiscal Intermediary and this manual reviews more in detail the policies and procedures related to the above areas.

What is the Circle of Support?

The Circle of Support (COS) is a group of advisors chosen by the self-directing person to help create a support and spending plan by identifying goals and needs. The COS is required to meet at least two times per year. The term Circle of Support might also be referred to as Planning Team.

A Circle of Support must include:

- The person self-directing services
- Broker
- Care Manager (Cm)

Other members may include:



- family members, friends
- teachers, paraprofessionals, guidance counselors
- staff supporting the self-directing person
- anyone the self-directing person trusts to provide guidance

<https://opwdd.ny.gov/types-services/self-direction>

SECTION 2: SELF-HIRED STAFF

A – Self Hired Community Habilitation & Respite

Within self-direction, an individual can choose to self-hire staff to deliver Community Habilitation and Respite services. An individual should work with their Support or Start up Broker to identify if either or both options make sense to be included in a self-direction budget. The individual can plan and budget both hourly rate of pay and scheduled hours (within budget and program parameters). Once an individual is approved for these services, they can identify staff to be hired by CFS (as Fiscal Intermediary).

Self-Hired Community Habilitation can be utilized to have a Direct Support Professional to support a person to achieve his/her goals that are identified in their Life plan in a variety of areas including:

- Adaptive skill development
- Community inclusion and relationship building
- Development of social skills
- Travel training
- Money management
- Leisure skills
- Appropriate behavior development to help the individual access their community.

Community Habilitation may include supports like personal care, supervision, and protective oversight, but these components do not constitute the entirety of the services. The service is implemented through home visits and community activities as set by a schedule between the individual being supported and the staff.

Self-Hired Respite can be utilized to have a Direct Support Professional to provide one on one oversight and supervision to provide relief to a caregiver in a person's home or in the community.

In this model, individuals assume the role of managing employer and the fiscal intermediary is the employer of record for the self-hired staff.



We recommend that individuals and their team learn about how to be a managing employer. Please click the link to check out our recorded training on topics related to self-hired staff:

[Tips to Managing Self Hired Staff](#)

[Self-Hired Staff Hiring Process](#)

[Individual/Parent Approval of Staff Time](#)

[Strategies for Hiring Staff](#)

[Hiring Family Members](#)

[Self-Hired Comm Hab Plan/Services/Monthly](#)

B - Co-Management Model (Oversight of Staff)

In Self-Direction, when utilizing self-hired staff, there is a co-management relationship between the Fiscal Intermediary and Individual/Family. As the Fiscal Intermediary, CFS Self-Directed Supports is the employer of record, and the Individual/Family is the managing employer.

The Individual/Family is responsible for selecting and offering conditional employment to hiring employees. As the employer of record, CFS Self Directed Supports is responsible to comply with all federal and state mandates. We conduct background checks and work with the applicant to complete the onboarding process before they can begin to work.

As the managing employer, the individual/family are responsible for supervising and managing self-hired staff. This includes the following:

- Ensuring that all required service documentation is reviewed/completed in a timely fashion. This includes ensuring that self-hired staff complete the monthly note before the 15th of the month. If not completed by the 15th of the month, the individual/family or broker must complete.
- Reviewing attendance roster entries regularly but at minimum of once per week and ensuring dates/times/services are accurately recorded and communicate any discrepancies. **CFS-SDS reserves the right to approve/deny PTO, attendance rosters, and/or Broker Invoices as needed.
- Ensuring that staff provide face-to-face services. We are not able to bill for services that are not face to face unless indirect services are authorized.
- Following the established budget and staff schedule. Yes, there is some flexibility, however, the services being provided should be consistent with what is in the plan.
- Requesting prior approval for overtime and only request if this is an emergency need, as overtime rate of pay is not funded in the self-direction budget.



- Ensuring that there are sufficient funds in the budget and not scheduling staff if there are not sufficient funds available. If staff are going to be providing transportation or staff activity fees, there needs to be sufficient funds in the budget for these expenses.

More information can be found in our recorded view on [Tips on Managing Self-Hired Staff](#)

C – Fringe Rates and Benefits

Apart from employee wages, there are extra costs related to self-hired workers. These extra costs are called "indirect" costs. They cover things like the employer's share of payroll taxes, expenses for workers' compensation and unemployment insurance, and the cost of providing health insurance for eligible employees. Some organizations also choose to offer extra benefits to employees, such as life insurance, retirement plans, and paid time off. These indirect employment costs are included in the overall expense of providing a service. To get reimbursed by Medicaid, they need to be accurately included when submitting a service claim to Medicaid and appropriately accounted for in an individual's Self-Direction budget.

CFSSDS has a separate pooled account to cover indirect employment expenses across of the Self-Direction budgets we administer. This pooled account is funded by fixed percentage surcharges on the wages of self-hired employees, so that each payment of employee wages yields a corresponding and proportional payment into the FI's pooled fringe account.

CFSSDS has multiple packages and as a result we charge differing fringe rates which reflect the cost differences among the various packages offered. Please see below for the four different packages we offer with the rounded fringe amount and each benefit that is included. It must be noted that the fringe rate is based on the employee's status and full number of hours they work for CFSSDS. So, each budget would need to reflect the correct fringe when self-hired staff are working across multiple individuals. We will provide at least two months' notice before adjusting benefits packages and or fringe assessment rates.

Type of Fringe Benefit	Full Time 1 - 30-40 Hours Health Insurance	Full Time 2 - 30-40 Hours Without Health Insurance	Part Time 1 - 20-29 hours (Pension)	Part Time 2 - Under 20 hours
FICA (Social Security and Medicare Tax)	7.65%	7.65	7.65	7.65
Unemployment	1.21%	1.21	1.21	1.21
Disability Insurance	0.58%	0.58	0.58	0.58
Paid Family Leave	0.17%	0.17	0.17	0.17
Long Term Disability	0.05%	0.05	0.05	0.05
Workers Compensation Insurance	2.65%	2.65	2.65	2.65
Metro Commuter Tax	0.11%	0.11	0.11	0.11
Pension (Profit sharing - eligible after working 1,000 hours annually)	5%	5	5	
Health/Dental Insurance	11.81%			
Life Insurance	0			
Paid Time Off *3 weeks - full time, **1 week of scheduled hours for all others	*7%	*6%	**3%	**1.5%
Rounded Fringe	36%	23%	20%	14%

Please find our most current CFSSDS employee benefits flyer on our website. This provides a summary of each benefit included and the appropriate contact person if the employees have more specific questions. To access a different fringe category, a change of status will need to be completed along with an approved self-directed budget with the appropriate fringe rate indicated.

<https://www.cfsny.org/self-directed-services/#families>

D - Indirect Time and Overtime Parameters

The hours for staff are billed based on face-to-face direct service delivery time. If there is a need for indirect time (not face to face direct service delivery), you will need to get prior approval from the FI Program Manager before this happens. The only exception to this is the time that staff spend completing the annual refresher training, which is required and is paid as indirect training time.



Overtime occurs when an employee works a total of more than 40 hours in a weekly period from Saturday – Friday. The Department of Labor requires us as the employer of record to pay staff at time and a half their regular rate of pay. As a result, this can create a scenario in which we cannot bill for these excess wages. Due to this, we do not authorize overtime unless there is an emergency need. Evero is set up to alert employees and prevent clocking out for over 40 hours.

E - Onboarding Process

Once the Individual/Family has offered conditional employment to a potential new hire, they need to contact their Support Broker to request that they complete an Employee Clearance Form. This form will request demographic information on the new hire as well as information on rate of pay, hours per week and status. Once we have received this form, our onboarding team will reach out to the potential new hire to start the hiring process.

[SDS New Hire Workflow.pdf](#) This includes the steps needed to onboard a new hire including completion of job application, background checks, references, I9, tax set up, direct deposit and ending in the online orientation being completed.

Self-Hired staff cannot begin to work until they have completed the hiring process and have received the final hire email with their start date. The final step in the process includes setting up the new hire with a user account in EVERO. Employees receive training in the online orientation and have access to training resources to learn how to use EVERO's mobile app.

[SDS Hire Process Overview.pptx](#) This document provides information on the new hire process and details on what is included. It also includes legalities in interview questions. It is important to know what interview questions are acceptable and which are illegal under the EEOA, NYSHRL and NYCHRL and other labor laws. [Self-Hired Staff Hiring Process Training](#)

F - Hiring Family Members

There are specific restrictions when hiring individuals who are related to the individual being supported. Relatives can be paid if they meet the following criteria.

1. Must be 18 years older.
2. Must not be parent, legal guardian, spouse, or adult children of the individual being supported.
3. Performs a function not ordinarily performed by a family member.
4. Provides a service that is necessary, authorized, and would otherwise be provided by another qualified provider of waiver services.
5. Does not reside in the same residence as the individual being supported.
6. Cannot be the person that is designated to assist the individual to approve staff roster entries or given parent portal access.

In addition, due to potential conflicts of interest that can arise, we request that individuals and families review our recorded training on this topic. [Hiring Family Members Training](#)



G – Staff Evaluations

DSPs are required, per OPWDD, to be evaluated 30 days, 90 days and annually from the date they were hired by the family they provide services to. The DSP Evaluation Written Tool will be sent in a separate email only to those of who at due to complete one. If you need assistance with completing this tool, please contact your Broker or FI Program Manager. Please also find the recorded video which shows you step by step instructions on how to complete the evaluation tool. This is a good opportunity to reflect on what is working and not working with self-hired staff and evaluate them in a meaningful way. If you receive an email with the DSP Evaluation Written Tool, we ask that you complete it within two weeks from the date received. CFSSDS also requires that a DSP evaluation be completed for any staff who you are requesting a rate of pay increase for.

Here is the instructional video on how to complete evaluation. If you are unable to click the link, copy and paste into the web browser. [How to complete DSP Evaluation Tool](#)

To learn more about the DSP core competencies, please watch this video - [DSP Core Competencies](#)

H – Staff Paid Time Off

Paid time off (PTO) lumps together any time off being requested by the staff (sick, holiday, vacation, personal, bereavement). This benefit is for paid time off during the employment period with CFS and as a result, the staff will not receive any unused time upon separation from employment (no cashing out). Self-hired staff will have a paid time off allotment as soon as they start. This allotment is determined based on the status of the staff and the amount of time can be found in the welcome email. 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. A change of status needs to be requested when a permanent schedule change is made. CFS will be comparing employee hours worked vs. employee status on a routine basis to ensure that the status is accurate and will adjust as needed in concert with the individual/family.

Since this is a self-directed program and the individual/family is the managing employer, staff must obtain prior approval from the individual/family to take paid time off (for any purpose other than sick). Staff can request PTO which mirrors their scheduled days and hours, not days/hours that they are not regularly scheduled to work. They have been provided with a PTO request form to complete and have individual or designee sign to approve the request. Once this is done, staff will need to email the form to CFS SDS staff to enter Paycom. They can keep track of their PTO allocation in Paycom. If staff are calling in sick, due to the NYC paid sick leave act, they are entitled to use paid time off to care for themselves or another. If the purpose of PTO request is for Sick, they should indicate the total hours that mirror their scheduled daily hours on the PTO request form.



**The PTO policy and time off request form are on our website <https://www.cfsny.org/self-directed-services/#selfhired>

CFS-SDS reserves the right to approve/deny PTO, attendance rosters, and/or Broker Invoices as needed.

I – Staff Training

Staff are required to complete an online New Employee Orientation prior to being cleared to work.

They are paid a stipend of \$75 in their first direct deposit. This training is approximately 4 hours.

Included in this orientation includes the following topics:

- Intro to CFS (Mission, Vision & Values)
- Personnel Practices – Employee Handbook
- Human Growth and Development
- Self-Determined Life
- Abuse Prevention
- Corporate Compliance
- Community Safety
- EVERO
- Sexual Harassment Prevention
- HIPAA
- OSHA
- Choking Prevention
- Electronic Visit Verification

In addition, annually thereafter, staff are required to complete an online annual refresher training course on the above topics. This is also completed in an online format and staff are paid 4 hours for this training. Failure to complete this required training will result in disciplinary action including suspension until they are in compliance with this requirement.

As the managing employer, the individual/family or designee are responsible for providing individual training to the self-hired staff on the staff action plan and safeguards. Comprehensive person-centered training is recommended to promote good outcomes.

J - Disciplinary Actions

There may be times that the participant/designee has concerns regarding a staff's work performance. Performance issues include, but are not limited to absences, not completing necessary documentation, not completing tasks as required or other concerns. Please call your FI Program Manager to help handle these concerns.

As employer of record, CFS is also responsible for ensuring that staff meet the required expectations as employees. As a result, if there are performance issues with an employee, CFS can initiate disciplinary action. We will request that the individual and family work with self-hired staff on a plan of corrective



action to improve performance areas. If improvement is not made by the employee, CFS will initiate further disciplinary action up to and including termination.

K – Employee Resignation/Termination/Change of Status

If an employee resigns, please let your FI Program Manager know immediately and complete the employee separation form so that CFS may complete the necessary documentation to process the resignation. Similarly, if a staff needs to be terminated, notify your FI Program Manager immediately so that CFS may follow the necessary protocols to terminate the employee from the system.

Please complete a change of status form if you are requesting a change such as rate of pay or hours per week. If staff are in good standing but you no longer need them to work with you, you can recommend them to CFS, and we can share their resume with others. For staff to maintain active status, they do need to work at least once in a 90-day period.

[Link to complete Employee Separation or Change of Status Form](#)

Section 3: GOODS AND SERVICES

A – How to Find and Use Goods and Services

A high percentage of individuals utilizing Self-Direction utilize their budgets to purchase goods and services. During the initial Start-Up phase, individuals and their circle of support members will work with their Start-Up Broker to identify interests, needs and valued outcomes as part of the person-centered planning process. This is an important step so that the team can then work on a plan to locate goods and services that can support the individuals' interests, needs and valued outcome.

Person centered planning might include community mapping, which will help to identify places in the individual's community which might be able to support valued outcomes.

B - Prior Approval Process

Fiscal Intermediaries are responsible for and held accountable for reviewing all service documentation that supports billing for compliance with applicable requirements. This includes the OPWDD Self-Direction Guidance, ADMs, OPWDD FI training and direct communication from OPWDD staff.

It is the expectation of OPWDD that every item and service is thoroughly vetted within a category prior to reimbursement to ensure the good/service meets the standards for Medicaid billing and is conflict free.

We utilize online fillable forms to review all requests for goods/services which can be found on our website. <https://www.cfsny.org/self-directed-services/#goods> We encourage individuals and families



to work with their Brokers to complete these forms thoroughly so that they can be reviewed. Invoices for goods and services without an approved justification form cannot be reviewed.

Please find goods and services review process.

- [1\)](#) Broker or individual/family submit request for community class to the FI for review.
- [2\)](#) FI will review current regulations, guidance, and standards to make a decision. Please note that in addition to reviewing regulations, guidance and standards, FI might also seek input and feedback from an internal advisory committee and/or external committee made up of FI agency representatives.
- [3\)](#) Class might be approved, denied, or it might be returned to address red flags and provide more information.
- [4\)](#) If a class is denied, individuals/families should continue to work with their team to explore alternative ways (both within SD and outside of SD) to fund requested classes or alternative classes that meet the criteria. Please note, if a class is denied, any changes to the documentation submitted may be considered Medicaid fraud. This could include changing the published flyers or websites etc.
- [5\)](#) If an individual/family wish to grieve this decision, they can submit a formal grievance to the Director of Quality Assurance as per the grievance policy. The formal grievance would include the nature of the grievance, the program the grievance is related to and what actions have been taken to date.
- [6\)](#) The Director of QA will bring the concerns to Senior Leadership team to meet and compose a formal response including any changes that will be made. A formal response will be given to the individual or advocate.
- [7\)](#) If the FI is terminating a service (ex: terminating a class that was already approved), the FI will initiate 633.12 Due Process and issue a “Notice of Proposed Change” to the individual, their family, and Care Manager in writing. The individual will be given the right to initiate a formal due process procedure if they object to the change.

B - Expense Reimbursement Process

OPWDD requires that CFSSDS wait until the services have been completed before claiming reimbursement. As a result, we are unable to prepay for these services and supports. To make payment, we must receive an acceptable bill, invoice, or claim for payment after services have been rendered. This can be provided at the end of each class or a mutually agreed upon timeframe such as weekly or monthly.

It is our preference that the self-directing individual and/or advocate utilize the EVERO portal for the active self-directing role in the variety of needed tasks including uploading invoices/receipts for goods and services etc. However, we recognize that there might be instances where the individual/family is not able to utilize the portal due to lack of technology skills or due to a language barrier. We recognize that the individual might request that the Support Broker assist with some, or all tasks in the EVERO



portal. To grant EVERO parent portal access, the Individual and Broker will need to complete a portal access request and attestation form. This access can be rescinded at any time.

We expect that individuals or their authorized designees upload expense reimbursement requests into EVERO, our online software system no later than the 10th of the month following the service date. We work diligently to approve invoices in a timely manner. Please allow up to 30 days from the date of your request for reimbursement. If invoices are incomplete, we will return them within the EVERO system to allow individuals to resubmit. EVERO uses the term reject, however, often, we are communicating to you that invoices are missing information such as approved justification form or detail on receipt etc.

We use a bill payment software, bill.com, to process payments. Individuals and families who are seeking reimbursements are set up as vendors in our system. We prefer that “vendors” be set up with direct deposit (called epayment in bill.com) and to have this set up, the FI Program manager can send a form that needs to be completed with request for voided check to be attached. Otherwise, checks are sent via check.

C - Direct Pay Vendor Process

CFSSDS can also reimburse other vendors directly if the following conditions are met:

- The self-directing individual or designee requests that reimbursement be made directly to the vendor and has freely selected this vendor to provide approved services.
- The services that will be provided have gone through a prior approval process in which the self-directing individual, designee or broker has completed and received back an approved justification form which supports the requirements identified in the IDGS category.
- The vendor has signed the Vendor policy <https://www.cfsny.org/self-directed-services/#vendor> which indicates that the vendor has reviewed and understands program and agency standards.
- The vendor has submitted a W9 form and has been entered into CFS accounts payable system as an approved vendor.
- The vendor has provided to the self-directing individuals or designee an acceptable bill, invoice or claim for payment which meets both billing and accounting standards. In general, receipts and invoices would contain the following minimum elements: date of service/payment, description of good/service(s), name of vendor with contact information, amount paid/requested and signatures. We can use our discretion if we need additional information.
- This document will be uploaded by the self-directing individual or designee into our electronic system, EVERO, for approval by CFSSDS staff. Vendors are not authorized to send bills, invoices or claim for payments directly to CFSSDS.
- Vendors will work with the self-directing individual or designee to ensure that appropriate funding is available to meet the services being provided.



- Vendors agree to follow all applicable state and federal laws regarding privacy including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). CFS is a Medicaid provider and has certain protections in place for vendor protection as well as ours. CFSSDS reserves the right to request additional documentation to support the bill, invoice or claim for payment. CFSSDS reserves the right to delay payment until appropriate documentation is received. Any vendors who are on the NYS Medicaid Exclusion list will not be approved as vendors with CFSSDS (this list is checked at minimum every 30 days). Vendor shall not knowingly a) present or cause to be presented a false record or fraudulent claim for payment or approval, b) make, use or cause to be made, or used, a false record or statement material to a false or fraudulent claim. Vendor should immediately notify the agency if it becomes aware of any billing irregularities or any suspicious activity that may indicate fraud.

D - Expenditure Reporting Process

CFSSDS utilizes the EVERO software which tracks expenses in real time. In EVERO, when an invoice is entered, we request the field "Date Service Occurred/Will Occur" be entered to reflect the date that you are entering the invoice. The date in this field will determine which budget year the expense will be drawn from. Please note that we bill Medicaid based on the date we pay the invoice. If you accidentally enter a prior date, we might edit the date to reflect the current date you entered. As such, funds will be drawn from the budget that covers this date. It is important to enter invoices in a timely fashion. We generate and share expenditure reports before the last day of the following month which can be found in EVERO.

For more information on the topic of Goods and Services watch the following video: [All About Goods and Services](#)

E – Medicaid Funded Services (chart with policy links and agency practices)

The charts below provide information on each category of service, the links to OPWDD regulations that have more detailed requirements, any CFS links to forms or training videos and our CFSSDS business practices.

Category	OPWDD Links	CFS Links	CFS SDS Practice
Camp	OPWDD IDGS Chart	IDGS Camp Justification Form Overview of IDGS	1)Complete and obtain an approved justification form. 2)Submit Invoice/Proof of Payment once session has been completed/attended.
Community Class	OPWDD IDGS Chart	IDGS Community Class Justification Form* Community Class Recorded Training	1)Complete and obtain an approved justification form. 2)Submit Invoice/Proof of Payment once session has been completed/attended.
Coaching and Education for Parents/Spouses/Advocates	OPWDD IDGS Chart		1)Submit Invoice/Proof of Payment with Flyer of Educational workshop
Clinical Consultant Independent Contractors (Non-Direct)	OPWDD IDGS Chart	This category has specific requirements which you can find on the OPWDD IDGS chart. We handle these on a case-by-case basis due to the complexity of the requirements. Non Direct Clinical	1)Email FI Program Manager to request a justification form and attestation form to be completed by the clinician. 2)Once approved, have clinician complete invoice form and individual/designee submit in EVERO for payment.

		Consultant Invoice.docx	
Clinical Consultant Direct Provision of Therapies	OPWDD IDGS Chart	<p>This category has specific requirements which you can find on the OPWDD IDGS chart.</p> <p>We handle these on a case-by-case basis due to the complexity of the requirements.</p>	<p>1)Email FI Program Manager to request a justification form and attestation form to be completed by the clinician.</p> <p>2)Once approved, have clinician complete an invoice form (CFS template or their own) and individual/designee submit in EVERO for payment.</p>
Health/Club/Organizational Memberships	OPWDD IDGS Chart	IDGS Organizational Membership Justification Form	<p>1)Complete and obtain an approved justification form</p> <p>2)If membership is required to be paid in advance, we require that invoice is submitted on a prorated basis or at the end of the membership term. For example, \$1200 annual membership could be reimbursed at \$100 each month.</p> <p>Note - Membership is for the individual only; no family memberships allowed with IDGS funding.</p>
Household Related Items and Services	OPWDD IDGS Chart	IDGS Household Related Items and Services Justification Form *	<p>1)Complete and obtain an approved justification form.</p> <p>2)Submit Invoice/Receipt of good/service after it has</p>

			been purchased or service rendered.
Interpretation Services	OPWDD IDGS Chart		Submit Invoice/Proof of Payment once interpretation service has been provided. Note - funding is not available for translation of written words, only live interpretation.
Paid Neighbor	OPWDD IDGS Chart	Paid Neighbor Agreement.docx	1)Paid Neighbor must go through employee onboarding process to be available to provide direct support if needed. 2)Complete a Paid Neighbor Agreement and submit signed copy to FI Program Manager to set up recurring payments.
Self-Directed Staffing Support	OPWDD IDGS Chart	Self Directed Staffing Support Agreement.docx SD Staffing Support Invoice.docx	1)SD Staffing Support person needs to be cleared as a 1099 vendor and complete background check. 2)Complete SD Staffing Support Agreement and return signed copy to FI Program Manager. 3)Submit SD Staffing Support Invoice into EVERO for payment.
Transition Program for Individuals with IDD	OPWDD IDGS Chart	IDGS Transition Program Justification Form*	1)Complete and obtain an approved justification form. 2)Submit Invoice/Proof of Payment once session has been completed/attended.
Transportation	OPWDD IDGS Chart	Copy of Transportation log.xlsx	1)Reimbursements for self-hired employees must be submitted by the employee using the

		Transportation Training for Individuals & Families Transportation Training for Self Hired Staff	<p>EVERO mobile app mileage module within 4 weeks of date of service.</p> <p>2)Reimbursements for individuals/families must be submitted on the invoice module to add trips Or transportation module Or invoice module with transportation log</p> <p>Note – Parking fee and tolls are not reimbursable expenses for the self-directing individual via IDGS. They can be reimbursed via staff activity fee if the staff is driving to a service-related activity.</p>
Items unable to be funded in IDGS	OPWDD IDGS Chart Page 11-12		
Live In Caregiver	Live In Caregiver OPWDD ADM SD Guidance OPWDD Page 22 Fact Sheet # 79A: Companionship Services Under the Fair Labor Standards Act (FLSA) U.S. Department of Labor (dol.gov)	Training on Live In Caregiver LIC Agreement 10 01 20 (1).docx Live In Caregiver Agreement Individual & FI (2).docx	<p>1)Live-In-Caregiver must go through employee onboarding process to be available to provide direct support if needed.</p> <p>2)Complete two LIC agreements. Once is between Individual and the LIC & the other is between CFS and the Individual.</p>



F - State Funded Services (chart with policy links and agency practices)

The charts below provide information on each category of service, the links to OPWDD regulations that have more detailed requirements, any CFS links to forms or training videos and our CFS SDS business practices.

Category	OPWDD Links	CFS Links	CFS SDS Practices
Phone	SD Guidance OPWDD Page 29-30	OTPS Overview	<ol style="list-style-type: none"> 1. If landline: Cost of phone line itemized on bill (cost of phone line/adults in the household= reimbursement) 2. If cell phone: Phoneline identified on bill and equation followed for all taxes/fees on the phone plane (Taxes & Fees/ # of lines= Percentage of fees covered) Total Cellphone Line Reimbursement Equation (% of Fees Covered + Line costs = Total Phone Reimbursement) 3. We can't pay for insurance and accessories 4. In description indicate dates of service (MM/YY) 5. Proof of payment- auto pay qualifies as proof of payment
Internet	SD Guidance OPWDD Page 29-30 SD Guidance OPWDD Page 29-30		<ol style="list-style-type: none"> 1. Dates of service, cost of service 2. Reimbursement Calculation: cost of internet/adults in the household= Total Reimbursement 3. Proof of Payment - auto pay qualifies as proof of payment
Software related to individual's disability	SD Guidance OPWDD Page 29-30	Complete OTPS justification form https://www.cfsny.org/self-directed-services/#goods	<ol style="list-style-type: none"> 1. Approved Justification Form 2. Must prove that Adaptive Tech. Waiver was approached (If item can be covered under waiver) 3. Cannot be educational based 4. Itemized receipt and proof of payment
Staff Activity Fee	SD Guidance OPWDD Page 29-30	Training on staff transportation and staff activity fees	<ol style="list-style-type: none"> 1)Reimbursements for self-hired employees must be submitted by the employee using the EVERO mobile app staff activity fee module within 4 weeks of date of service. 2)Reimbursements for individuals/families must be submitted on the invoice module Or staff activity fee module. 3)Itemized (with full details) receipt for

			activities out in the community not for activities in the home, grocery, or convenience store shopping and/or projects that require supplies. 2. Proof of payment
Staff Advertising	SD Guidance OPWDD Page 29-30		1. Itemized receipt 2. Proof of payment
Staff Training	SD Guidance OPWDD Page 29-30	Complete OTPS justification form https://www.cfsny.org/self-directed-services/#goods	1. Itemized receipt 2. Proof of payment 3. Proof of Training Attended
Personal Use Transportation	SD Guidance OPWDD Page 29-30		1. Must pass all 4 OTPS guidelines 2. Reimbursements for individuals/families must be submitted on the invoice module to add trips Or transportation module Or invoice module with transportation log. Note – Parking fee and tolls are not reimbursable expenses for the self-directing individual via OTPS. They can be reimbursed via staff activity fee if the staff is driving to a service-related activity. <i>Note - At a conference in 2022, OPWDD clarified that use of OPWDD funds for a flight for a family trip would not meet the 1st test of OTPS in support of a valued outcome. There would be limited times when a flight would be covered, and it would be limited to health or safety (for example a specialty doctor).</i>
Clothing	SD Guidance OPWDD Page 29-30		1. Itemized receipt 2. Proof of payment
Board Stipend	SD Guidance OPWDD Page 29-30	Complete OTPS justification form https://www.cfsny.org/self-directed-services/#goods	1. Approved Justification Form 2. Itemized grocery receipt with proof of payment (We can't reimburse for food paid for with SNAP benefit) 3. We cannot pay for any non-food items or bottle deposits

Utilities	SD Guidance OPWDD Page 29-30		<ol style="list-style-type: none"> 1. Dates of service, cost of service 2. Complete the equation (cost of utilities/adults in the household=reimbursement) 3. Proof of payment- auto pay qualifies as proof of payment
Other Goods and Services that Increase Independence	SD Guidance OPWDD Page 29-30	Complete OTPS justification form https://www.cfsny.org/self-directed-services/#goods	<ol style="list-style-type: none"> 1. Proof of payment 2. Itemized receipt 3. Approved Justification Form (with clinical justification)
Other Goods and Services that Increase Health and Safety	SD Guidance OPWDD Page 29-30	Complete OTPS justification form https://www.cfsny.org/self-directed-services/#goods	<ol style="list-style-type: none"> 1. Proof of payment 2. Itemized receipt 3. Approved Justification Form (with clinical justification)
Excluded Items	SD Guidance OPWDD Page 30		
Family Reimbursed Respite	SD Guidance OPWDD Page 34	FRR Claim Form CFS.pdf	Submit fully completed FRR claim form in Invoice module.

For any item or service to be approved for OTPS funding in any category, it must pass ALL of the following four tests:

1. Be related to a valued outcome in the person's plan
2. Increase the person's independence and/or health and safety
3. Not be an OTPS excluded item (see page 29 of the SD Guidance)
4. Not be funded through any other source

Section 4: HOUSING SUBSIDY

Category	OPWDD Regulations	CFS Links	Practices
Housing Subsidy	Housing Subsidy ADM	Overview of Housing Requirements - CFS NY Housing Resource Website	<p>1) Work with CM and Broker to obtain prior approval for housing subsidy and/or transition stipend from OPWDD.</p> <p>2) Once appropriate housing unit is secured, submit completed housing documents including but not limited to valid/executed lease agreement with end date, Quality Checklist, Participant Agreement, proof of income with Budget Amendment including funds for housing subsidy to FI Program Manager.</p> <p>3) Once approved budget is received select payment options – direct pay to landlord on a recurring basis OR month to month submissions for direct pay or for reimbursement (submitted before the end of the month). For direct pay to landlord on a recurring basis, landlord must complete a vendor policy and application form.</p> <p>4) Complete and submit housing documents annually for recertification.</p>
Housing - Transition Stipend	Transition Stipend Application Housing Subsidy ADM Page 10-11		<p>1) Review page 10-11 of OPWDD Transition Stipend Allowable Expenses.</p> <p>2) Submit to FI Program Manager receipts for allowable expenses purchased no later than 90 days before and 90 days after the individual moves.</p>



Section 5: DIRECT PROVIDER PURCHASED SERVICES

The administrative memorandum [22-ADM-06](#) issued by the Office for People with Developmental Disabilities (OPWDD) provides guidelines and requirements for reporting and utilization of Direct Provider Purchased (DPP), Agency Supported (AS), and contract services delivered by providers other than the Fiscal Intermediary (FI) agency. Here are the key points summarized from the policy:

1. Purpose: The ADM outlines the reporting requirements for provider agencies when individuals who self-direct their services with Budget Authority utilize DPP/AS/contract services from agencies other than their FI.
2. FI Requirements: The FI agency, which supports participants who self-direct their individualized budgets, must coordinate with the Care Manager and review the Life Plan to ensure that the Self-Direction Budget includes all the participant's services. The FI must share monthly expenditure reports with participants, including DPP/AS/contract services, to track spending and prevent exceeding the Personal Resource Account (PRA).
3. DPP/AS/Contract Services Requirements: Agencies providing DPP/AS/contract services must report billing information to the FI agency in a timely manner. The FI agency must include these services in the monthly expenditure reports and overall budgeted PRA. The DPP/AS/contract agencies must report service utilization by the 15th day of the following month, including specific information such as service dates, units utilized, and costs.
4. Accountability: The Self-Direction Budget reflects the planned service units authorized for DPP/AS/contract agencies. FIs must send the current Self-Direction Budget to the DPP/AS/contract agency, and any changes to service units must be reflected in the budget. Expenditure reports produced by the FI must match the actual utilization reported by the DPP/AS/contract agencies. If a DPP/AS/contract agency fails to report timely, the FI may estimate based on the planned service amount. Over-utilization beyond the PRA may be subject to recoupment for both the FI and DPP/AS/contract agencies.

To achieve these requirements, CFSSDS will reach out to all Direct Provider agencies and request that they complete an agreement form [DPP Agreement Form Link](#) for each service provided by their agency. The unit information indicated must correspond with the approved self-direction budget. If changes are needed, providers need to work with the individual/advocate and their support broker. If changes are made, a new Agreement Form will need to be completed by the Direct Provider agency.

In addition, direct provider agencies are required to send to us monthly service-related billing for the individual for the prior month. This is due before the 15th of the following month. Direct providers can click this [Utilization Form Link](#) to complete the Utilization form which will be automatically sent to us to enter into our system and share with the individual/family on their monthly expenditure report. They can use the same form to indicate multiple services provided by the agency or multiple months if they are reporting historical info.

More information can be found in our recorded video on this topic [Direct Provider Purchased Services](#).



Section 6: SELF DIRECTION FOR SCHOOL-AGED CHILDREN

Approval of a Self-Direction Budget is contingent on the participant's enrollment in the HCBS waiver. Enrollment in the waiver requires the identification of a need for ongoing waiver services that are not available through other sources.

For children who are at least four years of age and younger than seven years of age, it would be unusual for Community Habilitation to be justified as typical support comes from family and school. Social skill building can often be achieved through FSS programs. This age group is typically more appropriate for respite and FSS support use. If the family, Support Broker, and Care Manager (CM) determine that Community Habilitation is appropriate for a child in this age range, clear age appropriate habilitative goals and outcomes must be included within the child's Staff Action Plan and would be subject to audit protocols for the waiver service.

For all children who are eligible to receive service from the State Department of Education (SED), those services must be utilized before self-directed services. Self-directed services cannot be duplicative, nor can they overlap with SED services. The schedule for waiver service must not overlap with the planned schedule for educational instruction. If a child is homeschooled, the times when the homeschooling actually takes place can be considered, instead of standard school hours, as the times when SED services are occurring.

SD participants who are in K-12 cannot use community habilitation or respite hours during regular scheduled school hours (8-2) including on sick or snow days or if they are using home instruction. Family Reimbursed Respite (if available) can be utilized during these hours. This is due to the Federal rules stating Medicaid Home and Community-Based Services (HCBS) Waiver services (including Community Habilitation and Respite) cannot be provided to individuals enrolled in K-12 education during scheduled time for educational instruction.

If an individual is over 18 but under age 22, and chooses to disenroll from school, they can be considered for an adult budget if documentation is received that demonstrates that they are no longer eligible for state education services.

To ensure that we are meeting these standards, CFS will request that the family submit a school schedule form indicating the school schedule and provide updates when changes to the schedule happen. We will utilize the EVERO software to enter school schedules. This feature will prompt Self-Hired staff to not proceed to clock in during scheduled school hours.

A - Provisional Eligibility for Children Under Age 8

[The OPWDD Eligibility Guidelines \(Click to review\)](#) go over the provisional eligibility criteria for children up to the age of 7 with developmental disabilities. Provisional eligibility is established when there is evidence of developmental delays, but a full determination of eligibility cannot be made. The determination is subject to review and must be reevaluated at least once before the child turns 8. Children with provisional eligibility who reach their 7th birthday generally cannot receive additional services, unless under exceptional circumstances approved by the Commissioner.



Provisional eligibility is typically granted to infants and young children with substantial delays, and reviews are often conducted between the ages of 6 and 8. The document specifies potential outcomes of the review process, including renewal of provisional eligibility, determination of full eligibility, or determination of ineligibility.

All documentation used for eligibility determinations becomes a permanent part of the individual's clinical record and must be maintained by the designated department. The document also outlines situations where eligibility redeterminations may occur, such as before the expiration of provisional eligibility, when new information is presented, or when there has been a significant break in services.

For children initially determined provisionally eligible, a reevaluation is required before their 8th birthday. The family or authorized representative is notified about 12 months prior to the provisional eligibility expiration date, and updated clinical information must be provided by the child's 7th birthday to facilitate the review process. Failure to provide timely documentation may result in a delay in the eligibility determination and potential lapses in services. **Provisional eligibility expires on the child's 8th birthday, and services cannot be billed for after that date unless updated information is under review, or a notice of eligibility termination has been issued by the designated department with a request for continuation of aid.** The child's representative will be responsible for taking all necessary steps to have eligibility redetermined and maintain communication with the FI Program Manager to ensure that services can be maintained.



Section 7: BROKERAGE SERVICES

The policy and procedure for CFS Self-Directed Supports Broker outlines the requirements and guidelines for support brokers who assist individuals in self-directing their services. Here is a summary of the key points:

1. **Compliance:** Support Brokers must meet all service, programmatic, and payment standards outlined in the Administrative Memorandum. Failure to maintain or obtain required documentation may result in termination of approved contractor status.
2. **Support Brokerage:** Support brokers help individuals in developing and managing self-directed budgets and daily tasks associated with self-direction. They provide training and support in areas like community inclusion, independent living, budget management, negotiating with providers, and employer responsibilities.
3. **Support Broker Services:** These services include assisting individuals in developing and maintaining planning teams, updating staff action plans, and ensuring comprehensive self-directed budgets that address necessary safeguards.
4. **Staff Action Plans:** Brokers are responsible for creating and updating staff action plans for self-hired community habilitation and supported employment staff. These plans need to be reviewed at least twice a year and distributed to relevant parties.
5. **Planning Team/Circle of Support Meetings:** Planning team meetings should occur at least twice a year, with one meeting coinciding with the life plan review. The team helps individuals in making personal choices and achieving their goals.
6. **Support Broker Qualifications and Training:** Support brokers must complete OPWDD-approved training in areas like person-centered planning, self-directed budgeting, and self-advocacy. They also need to attend annual professional development training and broker certification requirements.
7. **Support Broker Service Documentation:** Documentation should include details like the individual's name, broker's name, service description, start and stop times, date, and signatures. Invoices must be submitted by the 10th of the following month within EVERO. Individuals and families need to approve broker invoices by the 15th of the following month within EVERO. **CFS-SDS reserves the right to approve/deny PTO, attendance rosters, and/or Broker Invoices as needed.

The procedure involves requesting documentation from brokers and other parties, follow-up communication, and potential payment delays or termination of approved contractor status for non-compliance.



Section 8: GRIEVANCES AND DUE PROCESS

Informal Procedure for Addressing Grievances –

At times, during the course of services, individuals may have concerns regarding aspects of their programming which do not rise to the level of an objection. We encourage individuals to work with their planning team through open communication to address these issues. A person's service team can be comprised of Direct Support Professionals, Care Manager, Support Broker, and FI Program Manager. Individuals are encouraged to communicate with those whom they trust in their natural support network as well as their service team to address issues that arise. Individuals can discuss concerns during their life plan meetings, team planning meetings, present issues to CFS Human Rights Committee, and request that program leadership be contacted to work on resolutions.

Formal Procedure for Addressing Grievances –

If an individual's concerns have not been satisfactorily reviewed and/or resolved, a formal letter of grievance can be submitted to CFS Director of Quality Assurance. The formal letter of grievance should include the nature of the grievance, what program it is related to and what actions have been taken to date. Once this has been received, the Director of Quality Assurance will meet with the Senior Leadership Team to compose a formal response. We have a fillable form that you can complete which will go to our Director of QA automatically.

[Click to Review and Attest to Receipt of CFSSDS Grievance Policy*](#)

[Click to complete SDS Grievance Form](#)

Formal External Procedure for Addressing Grievances –

An individual has further rights to due process under state regulation to address any objections. The first step would be to send a formal letter of objection to CFS Director of QA, which indicates their objection to a change or concerns that were not satisfactorily reviewed and/or resolved. CFS Director of QA will do an independent review and issue a formal response with the outcome. If a satisfactory outcome cannot be reached, the individual has the right to complete a formal written objection to regional DDRO Director for an Administrative Hearing.



Section 9: OUT OF STATE/COUNTRY SERVICES

The [19-ADM-02R](#) provides specific circumstances under which services may be delivered outside of NYS or outside the country.

For out-of-state service delivery, HCBS Waiver services can be provided by an authorized OPWDD provider under certain conditions, including maintaining the same scope, frequency, and duration as services delivered in NYS. The services requested outside NYS, and the travel arrangements should be derived from their Life Plan. Service provision should not take place in certain site-based locations outside NYS, and the individual's safety should be ensured, including the administration of medications.

Regarding out-of-country service delivery, HCBS Waiver services can be provided to individuals temporarily residing outside the United States in specific locations: the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, or Canada. The travel arrangements should be derived from the individual's Life Plan, and their safety and medication administration should be considered.

General guidance includes the requirement to describe out-of-state/out-of-country service delivery in the individual's annual Life Plan and ensuring it does not overlap or duplicate any other Medicaid service. OPWDD authorized providers must adhere to regulatory guidelines, maintain appropriate service documentation, and retain records for six years.

At a conference in 2022, OPWDD clarified that use of OPWDD funds for a flight for a family trip would not meet the 1st test of OTPS in support of a valued outcome. There would be limited times when a flight would be covered, and it would be limited to health or safety (for example a specialty doctor).

To meet these requirements, CFS has a justification form that needs to be completed and submitted prior to any out-of-state services being submitted for funding. [Out of State Services Justification Form](#)



Section 10: REMOTE SERVICE DELIVERY

This [21-ADM-03](#) outlines the requirements for using technology to remotely deliver certain services authorized under OPWDD's Home and Community Based Services (HCBS) 1915(c) Waiver. The ADM specifies that remote service delivery can be used as an alternative when face-to-face service delivery is not possible or as part of an individual's service delivery plan. The use of remote technology must ensure privacy, dignity, and integration in the community for the individual receiving services. The ADM highlights the roles and responsibilities of the individual and/or their family/representative, the service provider, and the Care Manager in planning and implementing remote service delivery. It also addresses the need for periodic consent and review, as well as the documentation and billing requirements for services delivered remotely using technology.

[Justification Form for Remote Services for Self-Hired Staff - Click to Complete](#)

[Remote Services Policy and Consent Form - Click to review and complete](#)



Section 11: CORPORATE COMPLIANCE PROTOCOLS AND PROTECTIONS

The [SDS Compliance Standards 2022.docx](#)

for CFS Self Directed Supports focuses on compliance protocols and protections in our use of the EVERO software system for service delivery documentation and billing. The policy covers various aspects, including electronic signatures, user setup and password policy and dual signature document approval. In addition, protocols related to self-hired community habilitation and respite services, meeting, staff action plans, response to services documentation, monthly summaries, broker services, additional validations, goods and services, fiscal intermediary, and billing.

Some key points from the policy are:

1. **Electronic Signature:** EVERO uses an electronic signature process to mimic a live signature, including date/time stamp, printed name, and job title. Users need to agree to the NYS electronic signature rule and enter their password to apply their signature.
2. **User Set up and Password Policy:** Users are assigned roles based on their job title and program type. Users set up their own password following secure rules, and passwords expire every 180 days. Passwords must meet specific criteria to ensure security.
3. **Dual Signature Document Approval:** Key compliance documents require two signatures, usually from the author and approver. Users' permissions and roles determine their ability to approve various documents.
4. **Self-Hired Community Habilitation & Respite:** Families identify staff and send their information to CFS for clearance and onboarding. CFS acts as the employer of record, while the individual/family manages the staff. Staff receive training, and services are recorded using the EVERO Digital Agency Mobile Application. EVV compliance is ensured through real-time recording, but there is also a manual visit verification process.
5. **Meetings:** Staff Action Plans require documented meetings, including details such as participants, meeting type, outcomes, and progress.
6. **Staff Action Plan:** Staff Action Plans are closely linked with the Life Plan and contain goal types, provider-assigned goals, POMS (if applicable), frequency, staff responsibilities, current level of performance, strategy types, and staff actions.
7. **Response to Services Documentation:** The response to service is automatically created from the Staff Action Plan, ensuring up-to-date and active information. Individual responses are required for each service documented.
8. **Monthly Summary:** Monthly summaries are required for Community Habilitation Service. They include individual responses, monthly progress for each goal, and additional information entered by the author. Completion is required by the 15th of the following month.



9. Broker Services: Brokers receive clearance and training and document their services in EVERO. They submit a Broker summary, which is reviewed and approved by the CFS admin team before payment and billing.

10. Additional Validations: The EVERO system includes validations to prevent overlapping time, except for specific cases where indirect time is indicated. Community Habilitation IRA rules are also checked.

11. Goods and Services: Prior approval processes are in place for goods and services. Individuals/family members or their designees upload invoices with necessary information, which are reviewed by the FI admin team and approved before payments are generated.

12. Fiscal Intermediary: The CFS admin team reviews and signs the individuals' Monthly Expenditure Report. The FI admin team reviews billing and separates individuals who are not eligible for billing.

13. Billing: EVERO has a user-friendly billing module that allows for final review before billing. EVERO is used to bill directly to EMEDNY, and EVV data is sent to the DOH EVV aggregator before billing. The Billing dashboard helps identify any eligibility issues.

Overall, the policy ensures compliance and efficiency in utilizing the EVERO software system for self-directed supports provided by CFS.

[Click here for Recorded Training - Compliance SDS - What individuals and families need to know](#)



Section 12 – LIFE PLAN/FISCAL INTERMEDIARY REVIEW

CFSSDS request that our FI Program managers attend Life Plan meetings on a semi-annual basis. We request that individuals and families keep the FI Program Manager informed of any change in CCO or Care Manager and ensure that CFSSDS staff are included in Life Plan meetings. At the Life Plan meeting, the FI Program Manager will complete a Fiscal Intermediary Review which will audit various compliance and program standards. This includes a review of the Life Plan, Staff Action Plan (for Community Habilitation), Level of Care, DDP2, CR4, Monthly Notes, updates on Self-Hired staffing, program enrollments, updates on Broker services and any other budget matters. The FI Program Manager will issue a written summary of the review with a request for any missing information or documents to ensure compliance standards are met.



Section 13 – MEDICAID COMPLIANCE

NY Social Service Law 363-d and 18 NYCRR 521.3 requires providers to develop and implement an effective compliance program aimed at detecting fraud, waste, and abuse in Medicaid funded programs. Compliance program guidelines are set out by the NYS Office of Medicaid Inspector General (NYS OMIG). We have a Corporate Compliance plan, a Corporate Compliance Officer, Corporate Compliance Specialist, and a committee. We have policies and practices in place to ensure we are complying and are not vulnerable to OMIG audit findings.

Contact us when you know or suspect suspicious behavior or identify a potential incident including potential Medicaid fraud, waste, or abuse. This includes if you know or suspect another party of falsifying documentation, such as: staff indicating hours that they did not work, or invoices submitted for services that were not provided.

The agency has appointed Corporate Compliance Officer, Radhina Hernandez, who is responsible for implementation and administrative oversight of the plan. Radhina can be reached at 212.629.7939 extension 294 or by email at Rhernandez@cfsny.org. While we encourage and prefer direct communication, you may also voice concerns anonymously by calling the CFS Corporate Compliance Hotline at (888) 206-0027 FREE or via Internet at ethics-point, click on “File a Report” and follow the on-screen instructions.

[Compliance SDS - What individuals and families need to know](#)

[SDS CC Policy Dec 2023rh.doc](#)

Section 14 – INCIDENT REPORTING

To protect individuals from harm, OPWDD and its provider agencies adhere to Title 14 of New York Codes, Rules and Regulations Part 624 (14 NYCRR Part 624), a regulation designed to protect people receiving OPWDD services. All providers must do the following:

- Ensure that untoward events or situations are reported.
- Ensure immediate care and protection for the individual involved in the incident or allegation of abuse.
- Investigate why incidents and abuse occur and take steps to prevent a similar incident from happening again.
- Establish a Standing Committee to review incidents and examine trends.
- Develop procedures and provide staff training to prevent similar incidents in the future.



This means that individuals and families are responsible for reporting any suspected incidents including allegations of abuse/neglect immediately. Once reported, the individual/family will need to provide detailed information so that CFS can properly report the incident to OPWDD, investigate and present it to our Incident Review Committee.

Reportable Incidents include the following:

- Injury (which requires more than first aid)
- Death
- Medication error (if results in adverse effects)
- Missing Person
- Restraint including authorized use of medication or mechanical devices to immobilize the person.
- Possible Criminal Act (by the individual with disability)
- Sensitive Situations – those not covered by other categories but need to be addressed.

Allegations of Abuse Incidents include the following:

- Mistreatment
- Neglect
- Physical abuse
- Sexual abuse
- Unauthorized or inappropriate use of restraint, aversive conditioning, or time out
- Violation of a person's civil rights.

Section 16 – MEDICAID & LIABILITY FOR SERVICES

Individuals who wish to apply and receive OPWDD services including Community Habilitation and Respite, must be approved for Full Medicaid Coverage. Full Medicaid Coverage is defined as the minimum level of Medicaid coverage necessary to pay for the services being requested or received. In addition, to receiving OPWDD HCBS Waiver services, individuals must take all necessary steps to enroll and maintain enrollment in HCBS Waiver. An individual who does not obtain Medicaid and/or HCBS Waiver enrollment to pay for services is liable for the full cost of services.

Individuals should work with their care manager to provide all paperwork needed to maintain Medicaid and HCBS Waiver enrollment. In addition, the individual and their representatives should work with their Care Manager to appeal any adverse decisions.

For more information on this topic, please review the recorded video. [Medicaid for OPWDD Services - What Individuals and Families Need to Know](#)



Section 17 – HIPAA

This is a federal law which stipulates that protected health information (PHI) of individuals served may only be disclosed or shared with other service providers or personal representatives of the individuals for the purposes of treatment, payment for services or other routine business operations (TPO). All other disclosures may only be enacted with the written authorization of the individual served or their personal representative. Any disclosures made outside of these provisions are considered violations of personal confidentiality and penalties may be levied. CFS-SDS policies and practices address and are consistent with the stipulations of HIPAA Law.

Section 18 – RESOURCES

<https://inthedriversseat.org/>

<http://www.nyselfd.org/>

[Self-Direction in NY - A Practical Guide for Families](#)

[https://opwdd.ny.gov/providers/self-direction-providers#info-for-fiscal-intermediaries-\(fi\)](https://opwdd.ny.gov/providers/self-direction-providers#info-for-fiscal-intermediaries-(fi))