
CHAPTER 7: COMMUNITY CHOICES WAIVER

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SELF-DIRECTION OPTION

Self-direction is a voluntary service delivery option which allows recipients to coordinate the delivery of personal assistance services (PAS) under the Community Choices Waiver through an individual direct support professional rather than a licensed, enrolled provider agency. The recipient becomes the employer of the direct service worker(s) they choose to hire to provide their supports. As the employer, the recipient or his/her authorized representative is responsible for recruiting, training, supervising, and managing the direct service worker(s). Recipients may choose to self-direct all or part of their PAS.

A required component of this option is the use of an approved contracted fiscal/employer agent who will perform the recipient's employer-related payroll functions. A portion of the recipient's overall budget is used to offset administrative costs for the fiscal management agency. After this portion has been deducted from the overall budget, the remainder is the budget amount for the individual recipient's services.

Support coordination services are also required for the development of the plan of care, budget planning, ongoing evaluation of supports and services, and for organizing the various resources the recipient needs. (See Appendix B for information on accessing the *Louisiana Department of Health and Hospitals, Office of Aging and Adult Services Self Direction Option Community Choices Waiver Employer Handbook*.)

Recipients participating in the self-direction option must:

- Be a Community Choices Waiver recipient;
- Be able to participate in this option without a lapse or decline in quality of care or an increased risk to health and welfare;
- Complete the mandatory overview training including rights and responsibilities of self-direction offered by the support coordinator;
- Understand the rights, risks, and responsibilities of self-direction and managing and using an individual budget, or if unable to make decisions independently, have a willing decision maker (responsible representative) who understands the rights, risks, and responsibilities of managing the care and supports of the recipient within his/her individual budget; and
- Comply with all state and federal laws and regulations including but not limited to minimum wage and overtime requirements.

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Direct care service workers must be at least 18 years of age on the date of hire and complete all training mandated by the Office of Aging and Adult Services (OAAS) within the required timelines. The OAAS, or its designee, will verify this compliance.

Termination of the Self-Direction Option

Termination of participation in the self-direction option requires a revision of the plan of care by the support coordinator to eliminate the fiscal agent and add the recipient's choice of a Medicaid-enrolled waiver service provider(s). Termination may be either voluntary or involuntary.

Voluntary Termination

Recipients utilizing the self-direction option can choose to return to traditional provider agency management of services at any time. The support coordinator will assist the recipient in transitioning to a traditional provider agency.

Recipients who return to traditional provider agency services must remain with the service provider for at least 90 days (3 months) before opting to return to the self-direction option.

Involuntary Termination

Involuntary termination of the self-direction option may occur if:

- The Office of Aging and Adult Services determines that the health or welfare of the recipient is compromised by continued participation in the self-direction option;
- There is evidence that the recipient is no longer able to direct his or her care, and it is determined there is no responsible representative to direct the care of the recipient;
- If there is misuse of public funds by the participant or the responsible representative;
- The recipient or the authorized representative places barriers to the payment of the salaries and related employment taxes of direct support staff over three payment cycles in a one year period;
- The recipient or the responsible representative fails to:
 - Follow the POC;

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- Provide documentation of services and expenditures; or
- Cooperate with the fiscal agent or support coordinator in preparing any additional documentation of services or expenditures; or
- The recipient or the responsible representative violates Medicaid program rules or guidelines of the self-direction option;
- There is proof of misuse of public funds by the recipient or responsible representative; and/or
- If the recipient does not receive self-directed PAS for 90 days or more.