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SELF-DIRECTION OPTION

Self-Direction is a voluntary service delivery option in the Community Choices Waiver (CCW) that allows beneficiaries to become the employers (rather than a licensed, enrolled provider as the employer) of the individuals they choose to hire to provide Personal Assistance Services (PAS) to them. As the employers, beneficiaries, or their responsible representative, are responsible for recruiting, training, supervising, and managing the individuals they choose to hire.

A requirement under this option is the use of an approved contracted Fiscal Employer Agent (FEA) who will perform the beneficiary's employer-related payroll functions.

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 beneficiary needs. (See Appendix B for information on accessing the *Community Choices Waiver Self Direction Employer Handbook*.)

Beneficiaries participating in the self-direction option must:

- Be a Community Choices Waiver beneficiary;
- 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 provided by the support coordinator;
- Understand the rights, risks, and responsibilities of self-direction;
- Manage and use an individual budget; and

NOTE: If the beneficiary is unable to make decisions independently, they must have a willing decision maker (responsible representative) who understands the rights, risks, and responsibilities of managing the care and supports of the beneficiary within his/her individual budget.

- Comply with all state and federal laws and regulations including but not limited to minimum wage and overtime requirements.

Termination of the Self-Direction Option

Termination from this option may be either voluntary or involuntary and the support coordinator will assist with the transition. A revision of the plan of care by the support coordinator is required

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in order to eliminate the FEA and add the beneficiary's chosen Medicaid-enrolled Direct Service Provider(s) (DSPs).

Beneficiaries who return to traditional DSP must remain with this DSP for at least 90 calendar days (three months) before opting to return to the self-direction option if they are eligible to do so.

Beneficiaries may choose at any time to voluntarily return to a traditional DSP.

A beneficiary may be removed from Self-Direction and required to return to traditional DSP if there are any violations of the CCW or Self-Direction program rules.