Introduction

If you are reading this handbook, you most likely have chosen to self- or family-manage your Medicaid waiver services through the Self and/or Family-management option. With this option, an individual may manage services or ask family members, parents, friends, a guardian, or others involved in his or her life to assist. The individual receiving services, or family member, is the “employer of record”, unless the individual is under age 18 or has a guardian, in which case the parent or guardian will be the employer.

A Glossary, which explains the meaning of many of the terms used in this handbook, can be found in Appendix A.

Using a self-management model allows you more control over your budget and the people who work with you. This model of self-management means that you must take on the responsibilities of the employer. You will do the advertising for employees, interviewing, hiring, supervising, and firing them. See the Guide for People Who Are Self or Family Managing (Appendix B).
You are not alone in this new option. Rather, you will be in partnership with a Supportive Intermediary Service Organization (SISO) who will help you by giving you core services such as orienting you to self-management, training your workers on core values that are required by the Division of Disability and Aging Services (DDAS), helping you with paperwork, and monitoring to make sure that your needs are being met and that you are safe. In addition, you can buy services from the Supportive ISO, such as that of a Qualified Developmental Disabilities Professional (QDDP) (See QDDP Guidelines, Appendix C) oversight or specific help with an employee issue. And, you will work with a fiscal ISO who will pay your support people for you.

At any time, you can decide that you no longer want to self- or family-manage your waiver. At that time, you would go to your Designated Agency for services.

This handbook is written from the perspective of the person who is self-managing but is meant to include those who family-manage, also. This handbook follows the “Guide to Self and Family Management of Medicaid Funded Developmental Services.” (See Appendix B)
Intake and Assessment
**Intake and Assessment**

Intake and assessment is done at the Designated Agency (DA) when a person first applies for services. In order to be eligible to receive Medicaid waiver services, an individual must be eligible for Medicaid (Health Insurance).

**Ongoing Medicaid Eligibility**

Medicaid eligibility is evaluated periodically and can change. It is up to the individual to make sure he or she applies and is eligible for Medicaid. Any changes in an individual’s Medicaid eligibility must be reported to the Supportive Intermediary Service Organization (SISO).

**Reassessment of Eligibility for Developmental Services**

A full reassessment of eligibility for services is done by the Supportive ISO when the individual enters first grade, transitions from high school or Department of Children and Families custody, or if the individual is no longer believed to have a developmental disability. The person must participate in the reassessment process.
Individual Needs Assessment

The DA is responsible for doing the initial needs assessment at intake to determine if the person is eligible for funding. And then, at least annually, an updated needs assessment “Periodic Review” must be completed by the Supportive ISO. The “Periodic Review” form can be found in Appendix D. The individual must be involved with the intake and updated needs assessment processes, along with other people agreed to by the individual. The results of the needs assessment may result in a change to the individual’s funding (Authorized Funding Limit). The person has a right to appeal a reduction in services.

Authorized Funding Limit (AFL) and Funded Areas of Support

Based on the needs assessment, the person will create an individualized budget. The needs assessment will identify the number of hours of services necessary to support the person in each area. The person can ask the Supportive ISO for assistance in developing the budget. The budget cannot be more than what the DA budget would be if DA were providing services. Once the budget is created, it goes to the funding committee for approval. The approved budget is
sent to the Supportive ISO and the AFL is assigned. The person cannot change the amount of the AFL or the identified funded areas of support. Only the Supportive ISO can. A person can change the distribution of funding across the funded areas of support as identified in the needs assessment and ISA (Individual Support Agreement). The person must notify the Supportive ISO of any changes made within the funded areas and the ISO will make the changes to the waiver and notify the Fiscal ISO.

Changes in services that are no longer needed or cost less must be reported to the Supportive ISO and changed in the individual's budget. The unneeded funds are returned to the Supportive ISO funding committee.

**Funding Requests**

The periodic review may show a new need for a person which may require more money. If the person has a new need in a funded area that costs less than $4,000 (This amount may change yearly. Please check the current State System of Care Plan (Appendix E) for the correct funding amount.), he/she must review his/her budget first to see if he/she can manage to shift dollars to cover the need. If not, then he/she may apply to the Supportive ISO for more money.
Planning and Service Provision
Individual Support Agreement (ISA)

(See ISA Guidelines in Appendix F)

It is the responsibility of the individual to develop his/her ISA. The ISA must be written by, and/or from the perspective of, the individual. Others, as chosen by the individual, may be involved in the development of the ISA.

The individual’s personalized budget, based on funded areas of support in the AFL, is part of the ISA.

The individual (and guardian if there is one) must approve the ISA.

A Qualified Developmental Disabilities Professional (QDDP) must also approve and monitor the ISA to ensure its implementation and documentation. The person must arrange for the QDDP when self/family-managing, which may be done by hiring someone privately or buying this service from the Supportive ISO.
Review and Change of the Individual Support Agreement

(See ISA Guidelines in Appendix F for more detail on ISA requirements.)

It is the responsibility of the individual to review and change his/her ISA as required. Others, as chosen by the individual, may be involved in the review and change of the ISA.

The individual (and guardian if there is one) must approve any changes. A QDDP must also review the ISA and periodic review and approve any changes.

Medicaid Funding

Medicaid funding cannot be sent directly to the individual, or the individual’s spouse, domestic partner, parent, adoptive parent, stepparent, or legal guardian. Authorized funding goes from the Supportive ISO to a Fiscal ISO to reimburse payroll/expenses.

Evaluation and Assessments Pertaining to Services

The person, or whoever is identified as the entity responsible in the ISA (e.g. Independent Support Broker (ISB) or QDDP), must obtain any evaluations or assessments identified as needed in the ISA.
Medical and Clinical Services

(See Health & Wellness Guidelines in Appendix G.)

For a person self/family-managing, s/he must ensure compliance with DDAS’ Health & Wellness Guidelines. The QDDP or ISB may or may not coordinate medical and clinical services. However, for individuals who are receiving 24-hour home support through the Medicaid waiver, the Service Coordinator/ISB is responsible to ensure that the individual is complying with these guidelines.

Overall Health and Safety

The ISA must address any known health and safety concerns, as identified in the needs assessment. The person must be responsible for monitoring his/her overall health and safety. This includes taking or authorizing action in order to help keep him/herself healthy and safe.

The person needs to address health and safety issues in his/her ISA, as required by the ISA Guidelines and the Health and Wellness Guidelines, including health documentation.
**Individual Case Record**

You must establish and maintain a complete and up-to-date individual case record, as required. The Supportive ISO will assist by providing technical assistance.

You must provide the following documents to the Supportive ISO unless originated by the Supportive ISO:

1. Emergency Fact Sheet (See example on page 12 & 13)
2. Guardianship documentation
3. Initial Assessments/evaluations supporting eligibility
4. Annual needs assessment/periodic review
5. ISA and all component parts, reviews, and changes.
6. Critical Incident Reports (See form in Appendix H)
EMERGENCY FACT SHEET

INDIVIDUAL

Date of Birth: _____/_____/_____

Sex: M __  F __

Marital Status: ________________  Religion: __________

Address: ________________________________________

Phone: (________) ____________________________ (optional)

Guardian: ______________________ Phone: __________ (if applicable)

Address: ______________________________________

Next of Kin: ______________________ Phone: _________

Address: ______________________________________

Social Security No.: ____/____/____  Insurance Information: ________________________

Health Care Providers:
(physicians, therapists, dentist, etc.)

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<th>Service</th>
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Medical Problems List:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Allergies:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Medications:  Dosages:  (attach medication sheet to this sheet if necessary)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Date of Last Tetanus Immunization: _____/_____/_____  Date of Last MMR: _____/_____/_____ (if indicated)

Date of Last Annual Physical Exam: _____/_____/_____
EMERGENCY CONSENT FORM
(optional, but encouraged)

I hereby give consent for _______________________ to receive emergency medical treatment.

(insert name of individual)

_____/_____ to _____/_____ _________________________

(Insert period of consent)

Legal Guardian (Parent or Legal Guardian if under 18)

The signature here authorizes consent for emergency treatment only, not verification of information on this sheet.

Other Interested Individuals (providers, friends, etc.):

Name: __________________________ __________________________
Address: __________________________ __________________________
Phone: __________________________ __________________________
Relationship: __________________________ __________________________

Name: __________________________ __________________________
Address: __________________________ __________________________
Phone: __________________________ __________________________
Relationship: __________________________ __________________________

Other Individual Pertinent Information:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Date Completed ☐ or Updated ☐: _____/_____/_____

13
Critical Incident Reports (CIRs)

A critical incident report must be filed when there is:

- Death
- Restraint
- Injury
- Medication Error
- Hospitalization
- Missing person
- Suspected abuse, neglect, or exploitation
- Other Critical Incidents (fire, theft, or destruction of property; criminal acts; other unusual or significant incidents)

The person must report all critical incidents to the Supportive ISO within the timeframe required by DDAS policy. The person must follow-up on CIRs as required. The QDDP must review and sign off on all CIRs. (See Critical Incident Report (CIR) Guidelines: Appendix H)

Behavior Support Plan and Other Plans

(See Behavior Support Guidelines: Appendix I)

The person must arrange to have these plans developed and implemented, if it is deemed necessary in the ISA, by someone with the necessary skills and training. The person may contract with a service provider to arrange for the development of these plans. Plans with restrictions will need to be reviewed by the DA/SSA’s internal review committee and by the State’s Human Rights Committee.
**Complaints and Appeals**

(See Complaint & Appeals Regulation: [Appendix J] or through a videotape of the Complaint and Appeals regulations available through the Supportive ISO).

The person is responsible for filing complaints and appeals. The person may have someone assist him/her with filing a complaint or an appeal. A “next friend” (described in the regulations) can also file a complaint or an appeal for the person.

A complaint can be filed about the quality or accessibility of your services. An appeal can be filed about eligibility or if services are reduced, stopped, or denied.

**Crisis Support**

The person needs to try to anticipate and plan for situations in order to avoid crises. Follow-up to any personal crisis situation is the responsibility of the person. The responsibility for arranging relief workers & emergency back-up coverage is that of the person and is not the responsibility of the Supportive ISO or DA/SSA’s Crisis Supports.
Quality Assurance (QA)

(See Guidelines for Quality Services (Appendix K)

The person self/family-managing is responsible to comply with required policies and guidelines, which are located in the Appendices. Failure to do so may impact on the person’s ability to self- or family-manage their supports.

The person and others providing support must take part in the DDAS’ quality review process and in make any changes required by that process. Additional QA activities in which the person or others may participate include consumer surveys, family surveys, and QA activities conducted by the service provider. During DDAS’ review, someone will come to your home and interview you and your staff, such as an ISB or support worker. They will also talk with anyone involved in overseeing your services.
Employer Responsibilities
**Employer Responsibilities**

When you self-manage you hire your own support workers and become the “employer of record.” Your parents, stepparents, guardians, or spouse cannot be hired to support you. As someone who self-manages and employs workers, you have many responsibilities including:

- **Signing on with the Supportive ISO.** A Supportive ISO is there to support you in self- or family-managing by providing orientation and training to you and your support workers, providing the services of a QDDP, as requested; and helping you in your role as an employer, as you request. Everyone who self- and/or family manages must sign on with the Supportive ISO. It is also the responsibility of the Supportive ISO to assure that you have a current ISA, emergency fact sheet, and other required paperwork. The Supportive ISO will assist with your periodic review/needs assessment annually. You will not have a choice of Supportive ISO providers. A brochure telling about the Supportive ISO is available in Appendix L.

- **Signing on with a Fiscal ISO.** A fiscal ISO is there to help you with the financial part of being an employer. They will provide payroll services to your employees, conduct background checks for your employees, and manage your tax liability as an employer. Before you hire anyone, you **must** have signed up with a fiscal ISO.
There is one fiscal ISO in Vermont. A brochure telling about the fiscal ISO is available in Appendix M.

Managing Personnel Issues with Support Workers:

- Hiring employees including advertising, interviewing, doing reference checks, and completing necessary hiring paperwork.
- Training employees on your personal needs and assuring that they attend the core training provided by the Supportive ISO.
- Managing employees including supervising, evaluating, firing, and verifying, and signing timesheets.

Managing the Medicaid Waiver/Complying with regulations:

You must complete all paperwork required by the Medicaid Waiver, such as the ISA and budget, and following DDAS regulations, such as the Individual Support Agreement (ISA), Emergency Fact Sheet, annual needs assessment, Health and Wellness Guidelines, etc. Following is a complete list of DDAS policies which apply to people who self- or family-manage:

- A Guide for People who are Self/Family Managing Medicaid-Funded Developmental Services (Appendix B)
- Qualified Developmental Disabilities Professionals: Definition, Qualifications, and Roles and Endorsement of Individuals Acting Independently as QDDPs (Appendix C)
- Periodic Review (Appendix D)
- System of Care Plan (Appendix E)
Job Responsibility

The employer is responsible for writing the job description for the support workers he/she hires. Others may assist the employer to write a job description and/or recruit potential support workers. The job description will tell people who are interested in the job what they will be expected to do.
Job Title: Support Worker (Example 1)

The support worker will be hired to support me on the job and in my apartment. The hours of support are:

Monday: 9:00 a.m. – 3:00 p.m.
Tuesday: 3:00 p.m. – 7:00 p.m.
Wednesday: 9:00 – 12 noon
Thursday: 3:00 p.m. – 7:00 p.m.
Friday: 9:00 a.m. – 12:00 p.m.

The support worker will:

- Provide me transportation to and from my job
- Support me in the duties of my job, as needed
- Support me in keeping my apartment by helping me do things such as grocery shopping, cleaning, laundry, and paying bills.

These hours and areas of support may vary as my needs change. Health insurance benefits and paid vacation time are included.

Experience: I would like someone who has provided support to someone else for at least one year and who supports people with a disability to be as independent as they can be.
Job Title: Independent Support Broker (Example 2)

The ISB is there to support me in self-managing my services. The hours for this position are flexible depending upon my needs and scheduled meetings.

The job includes:

- Assisting with the development and implementation of my ISA.
- Helping me to develop my goals.
- Helping me to develop community options.
- Helping me to choose supports that fulfill the goals of my ISA.
- Helping me to monitor my budget and to use it creatively.
- Monitoring my supports for quality on an ongoing basis.
- Helping me to hire new workers, or make day-to-day arrangements, as necessary.
- Assisting me with paperwork, as needed.
- Helping me to address unidentified needs that may come up.

Applicants should have experience working as an Independent Support Broker and have a flexible schedule. QDDP a plus. A good sense of humor is necessary!
Finding Your Employees

After you have written a job description and know what you want and need in an employee, you are ready to begin the hiring process. The first thing that you need to do is decide how to let people know that you are looking to hire a support worker(s) or ISB.

The best support services come from those that you already know. Think about family members, friends, neighbors, your church, or social circles. Let them know that you are looking to hire a support person(s). They may be interested and could do the job with training or they may know someone else who may be interested. Or, as an employee leaves, you could ask him or her for names of people she or he knows that might be interested.

If the people you know don’t have any ideas, you can advertise. Advertising can be done in the newspaper or on bulletin boards in places such as churches, colleges, or grocery stores. It costs money to advertise in a newspaper but doesn’t to post a notice on a bulletin board. Lots of people read the newspapers everyday so you would most likely reach more people advertising in a newspaper.
Newspaper ads should include the description of the job and the qualifications that you are looking for. Here are some examples:

**SUPPORT WORKER** wanted to support a woman with a developmental disability on her job and in her apartment. 25 hours per week, including weekends. Will train the right person, must be outgoing and have a great sense of humor. Call 511-5252 between 1 p.m. and 6 p.m.

Energetic, nature-loving man seeks a support person to assist him in getting around his community. Must have own transportation and be creative. Outdoor activities and some support with self-help skills on evenings and weekends. Pay based on experience. Call 511-5252.
**Screening Applicants and Scheduling Interviews**

Once an ad has been placed in the paper, you should be ready to give information to and ask questions of people calling about the job. Keep a job description and list of questions near your phone. When a person calls, describe the job and explain the hours that you need covered. Then, you ask the person calling some basic questions:

- Are you available ___ (state the hours you need them?)
- Can you make a commitment for one year?
- Is your schedule flexible?
- Do you have experience providing support? If not, are you willing to attend training and learn from me and my team?
- Why do you want the job?
- Do you have reliable transportation? (If that is needed.)
- What other commitments do you have that may get in the way of the job/schedule I need?

If you like the way the person answered your questions, set up a time for an interview. Ask the person to bring to the interview, in writing, the names and phone numbers of 3 references.
Application

Prior to the interview, you should develop a list of questions that you would like to ask the person. In addition, you may want to have an application available for the person to fill out. (See example on the next page.)
Job Application

Name____________________________________________________________

Address___________________________________________________________

Phone Numbers: Home___________ Work___________ Other___________

Social Security Number____________________________________________

Date available to start work________________________________________

Hours willing to work (please check all that apply):

__________ Full Time __________ Days
__________ Part Time __________ Nights

__________ Weekends

Are you willing to do emergency work and be “On Call”, if needed? __________

Do you have a reliable means of transportation? ________________

Do you have a valid driver’s license? __________________________

Have you been convicted of a felony or misdemeanor or other offense? ______ If so, please explain_____________________________

List your past three employers, job responsibilities, and beginning and end dates of employment:

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<thead>
<tr>
<th>Employer</th>
<th>Job Responsibilities</th>
<th>Dates</th>
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</table>
What experience do you have that may relate to and be helpful in this job? __________________________________________________________

Why do you feel that you would be good for this job? ____________
________________________________________________________________

Expected Wages: _________________________________________________

References: (List at least two)

1. Name: ______________________________________________________
   Address: ____________________________________________________
   How does this person know you? _______________________________
   How long has this person known you? __________________________

2. Name: ______________________________________________________
   Address: ____________________________________________________
   How does this person know you? _______________________________
   How long has this person known you? __________________________

3. Name: ______________________________________________________
   Address: ____________________________________________________
   How does this person know you? _______________________________
   How long has this person known you? __________________________

__________________________________________  ____________________
Signature                                           Date
Interview Process

Your goal in the interview is to learn as much as you can about the individual and to see if they are comfortable with you and being in your home. Some points to keep in mind:

• First impressions are important.
  - Does the person acknowledge you or the person who will be receiving services? Does s/he seem comfortable with you?
  - Was the person on time?
  - Does the person present in a manner in which you are comfortable (e.g. clean and neat).

• If you choose to use an application, the person should fill it out next.

• Review the application with the person and ask questions about his/her background. Does the person seem like a match for you?

• There are questions that are legal to ask someone you are interviewing and some that are not.
Here are some possible questions to ask:

1. What experience have you had working with people with disabilities?

2. What is your favorite aspect of dealing with people with disabilities?

3. Availability and reliability are very important for this job. Tell me your situation and how you think it would fit with the job.

4. Discuss flexibility and time commitment, including weekends and holidays.

5. Are you creative? Give me an example of how you are creative.

6. Have you had experience in school or with other organizations that would help you with this job?

7. Tell them the worst aspects of the job and ask them if that is a concern to them.

8. Discuss your ISA goals and ask for ideas on how they might help you to accomplish your goals.

9. You could also give them a difficult situation that they may encounter with you and ask them how they would handle it.
You cannot ask questions about age, religion, sexual orientation, gender, nationality, race, marital status, parenting responsibilities, or disabilities.

Here are some questions that are not legal to ask:

1. What is your maiden name?
2. Where were you born or what nationality are you?
3. When were you born?
4. What is your religion?
5. What is your race?
6. How much do you weigh or how tall are you?
7. Do you have a physical or mental disability?
8. Can I take a picture of you?
9. Do you have or plan to have children? Or what are your parenting responsibilities?
10. Are you married?
11. Have you ever been injured on the job or filed or received workers compensation?
Show the person your job description. Discuss the rate of pay and work schedule. Be prepared to answer any questions they may have about you or the work.

Ask for the written names of references from the person and ask for permission to call those or additional references.

When the interview is over, tell the person that you will get back to them. It is best not to hire on the spot, as you don’t have a chance to really think about the person and check references.
Reference Checks

You are responsible for conducting reference checks on any employee that you plan to hire. This means that you will talk to people who know the person you plan to hire and ask them questions to make sure that the person you want to hire will be a good worker for you.

Often, people hiring will talk with three different people before hiring the worker. If you want someone to support you on the job and in your home, you would want to talk with someone that person has supported before and someone who has had that person in their home. Sometimes that is not possible, and you have to talk to other people who know the person to see if the person has the skills to provide the support that you want.
Questions to ask when checking references include:

1. How do you know this person? If the person worked for you, what did he or she do?
2. How long have you known this person?
3. If the reference is/was an employer, was the person reliable? Did s/he come to work as scheduled?
4. What was the thing that you liked best about the person?
5. What is one thing that you would have liked to change about the person?
6. Would you hire this person again? (If the reference is a former employer.)
7. How do you think that this person would do as a support worker? (If the person has not done this type of work before).
Reference Check Form

Support Worker Name: ______________________________________

Date: ____________ Person Called: ___________________________

How do you know _____(person you are hiring)?: ________________
___________________________________________________________________________

Dates Employed: ____________________________________________

Attendance Record: _________________________________________

How would you rate this person’s work: Excellent: _____ Good: __
Below Average: _______?

What were the best things about this person?__________________

What are the weak points of this person?______________________

Would you recommend this person?  Yes: _____ Yes, with some
concerns: _____ No: _____

Would you hire this person again?  Yes: _____ Yes, with some
concerns: _____ No: _____

Reference check done by:___________________________________
Hiring Process

Once you decide to hire someone, you start the hiring process by setting up a meeting with the person. During the meeting, you talk about:

- How the employee will be paid. The fiscal ISO will give you the paperwork that your employee will need to fill out so they can pay the employee. You need to talk to your employees about the following:
  - A background check will be completed. To be hired, the person must pass the background check.
  - The amount you will pay including benefits, if any.
  - How they can earn a raise in pay.
  - How to fill out a time sheet and when to return it to you.
  - When they will be paid (the fiscal ISO will give you a pay schedule).
  - How and when to let you know they will be late or need time off and how much time off they will get.
  - Discuss grounds for termination such as being consistently late or not showing up for work, unable to perform the job to your liking, ignoring your work, refusing to do work, or being dishonest.
  - They will be part of the Quality Assurance process (See Appendix K).
If the employee is agreeable to the things you outlined above, then you make an agreement with the person you have hired. A hiring agreement should include:

- Days and hours to be worked
- Pay rate and schedule
- Job description
- Time off – how much and how to ask for it
- Behavior that you will or won’t accept such as smoking
- Guests – can the person bring someone with him/her to work?

Some employers talk about what is expected and others do it in writing. When it is done in writing, it is called a contract. A contract is an agreement between you and the employee. It gives the roles that you and your employee will each take. Having things in writing can help if there is a disagreement later. Both the employee and employer sign the contract and each person gets a copy of it.
Background Checks

(See Background Check Policy Appendix N)

The employer must request that the Fiscal ISO conduct background checks for anyone who will be paid with DDAS funds to provide direct supports. The background check must be completed within 60 days for DDAS funds to be used to pay the support worker. A person can be hired pending the outcome of the background check.

If a problem turns up in the background check, or the background check has not been completed within 60 days, DDAS funds cannot be used to pay the support worker. The employer is responsible for using the information from the background checks when making hiring or contracting decisions in accordance with the DDAS Background Check Policy.

The forms necessary to do background checks are available through the Fiscal ISO.
Housing Safety/Accessibility

The person who is living in a home other than that of his/her family and is receiving home supports needs to have a DDAS Housing and Safety inspector perform a housing/safety/accessibility check. The person informs the Supportive ISO who can arrange this inspection. If you move to a new home and receive home supports, a new housing/safety/accessibility check will need to be completed.

If the inspector finds problems, the person needs to ensure all necessary changes are made and reported to the Supportive ISO as being completed. If you do not pass the inspection the first time a second inspection will be set up. If you fail the second one and you do not comply with the inspection, after 60 days DDAS can suspend your waiver funding.
Training Workers

The employer must provide or arrange for training for all support workers, including job and person-specific information. This includes DDAS training requirements for pre-service and in-service, such as mandatory abuse reporting and universal precautions. You can contract with the Supportive ISO to assist you in training your worker and/or to assist you with any employment problems that you may have.

According to the regulations for the DD Act (see Appendix O), before working alone with a person who receives support funded by the Division, each worker must demonstrate knowledge or be trained in all the following:

- Abuse reporting requirements
- Health and safety
- Individual specific information
- Values
Within three months of being hired, workers must be trained in or demonstrate the knowledge and skills necessary to support individuals, including:

- The skills necessary to implement the person’s support plan (ISA)
- Employer rules and expectations
- Basic first aid. (Workers must be trained in blood-borne pathogens and universal precautions within the time frames required by state and federal law.)

It is a good idea to keep an employee training checklist so that you can demonstrate that you have provided the required training as well as any additional training that your employee has received. There is an example of a training checklist on the next page.
# Employee Training Checklist Form

**Employee Name:** ________________________________

**Date of Hire:** ________________  **Annual Review Date:** __________

**Address:** ________________________________  **Phone:** _________

**Name of person receiving support:** ____________________________

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<td>Abuse reporting requirements</td>
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<td>Health and safety</td>
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<tr>
<td>Individual specific information</td>
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<tr>
<td>Values</td>
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<td><strong>Within three months, the following training must be provided:</strong></td>
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<td>The employer’s mission</td>
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Payroll and Employer Paperwork

The employer has the responsibility to complete the paperwork related to payroll and other employer responsibilities\(^1\) and provide the Fiscal ISO with this information.

The Fiscal (ISO) will help the person fulfill these responsibilities when self/family-managing services.

Forms to be completed by the Employer (you) include:

- **Form 2678 – Employer Appointment of Agent**
  You, the employer, complete this form. It authorizes the Fiscal ISO to act on your behalf in withholdings and filing of employer and employee related taxes.

- **Consumer Information Form** – This is a form that the Fiscal ISO asks all employers to fill out to provide them with basic information.

- **Form 2848 – Power of Attorney – Declaration of Representative** – This form gives the Fiscal ISO a very limited power of attorney that allows them to interact with the Internal Revenue Service (IRS) and with federal agents.

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\(^1\) Payroll/paperwork responsibilities regard, minimally, the following: Worker Compensation, Unemployment Insurance, IRS, FICA & FUTA/SUTA, and Immigration Law. Additional considerations include: employee benefits (e.g., sick time, vacation time, health and dental coverage, retirement, life insurance) and other liability issues (e.g., personal and property insurance, professional insurance).
**Relationship with Intermediary Service Organizations**

It is expected that the employer will be in direct contact with the Fiscal ISO if there are questions or concerns about support person/employee’s pay. The employer may also use the Supportive ISO as a source of information.

**Supervise/Monitor Workers**

The employer must monitor, supervise, evaluate, and support his/her employees. It is important to communicate with the employee regularly providing both praise and constructive feedback when something needs to change. At least annually, a formal evaluation should be completed.

**Suspend/Terminate (fire) Workers**

The employer is responsible to suspend or terminate (fire) support workers.

There are situations in which you should consider terminating an employee immediately. For example, if the person is dishonest, committed fraud, stole from you, or is taking advantage of you in any way, you will want to terminate them right away.

If you are uncomfortable with your employee’s job performance you should explain your concerns and see if there is improvement within
a certain time frame. It is a good idea to write down what you told the employee. For example, if you talked to an employee about being late for work on a regular basis, you would write down the date you talked to the person and the agreement that the employee made with you regarding getting to work on time.

When talking with an employee about a problem, ask him or her to share her or his view of the problem and assure the person that you want to work together to find a good solution. If there is something that you can do to make the situation better, be prepared to do that. With the employee, develop a plan to address the problem.

If the employee’s behavior does not change, you may want to terminate his/her employment. You should decide if you want the employee to leave right away or if it is all right for them to work for a short period of time. You should be prepared for people not showing up for work for the last few days of work if they have been asked to leave.

You can contract with the Supportive ISO to assist you with employment problems.
**Relief Workers and Emergency Back-up Coverage**

All people who self- or family-manage must develop and use an individual emergency back-up plan. They are used when your regular worker is sick or on vacation.

The employer is responsible for arranging for relief workers and emergency back-up coverage. This includes making sure temporary workers are adequately trained and informed about the specific needs if the individual and job.

The DA crisis services should not be used for an “emergency” that could have been predicted. For example, if your staff person did not show up for work this would not be something for which you would contact the DA or Supportive ISO. You might contact the DA if you are feeling like you want to hurt yourself and this is not something that has happened before so you do not have a safety plan.
System Reporting
Collect and Report Data

The person must report initial and any change in demographic (e.g., name, address, marital status, etc.) data to the Supportive ISO.

Information Sharing

Information that is collected through your employee time sheets and reported to the ISOs is shared with DDAS in order to meet mandatory state reporting responsibilities. This information will also be used to provide you with reports to monitor your spending. This report will help you to know if you are staying within your budget.
Appendices

Appendix A: Glossary

Appendix B: Guide for People Who Are Self/Family Managing Medicaid-Funded Developmental Services

Appendix C: Qualified Developmental Disabilities Professionals: Definition, Qualifications, and Roles and Endorsement of Individuals Acting Independently as QDDPs

Appendix D: Periodic Review Form

Appendix E: System of Care Plan

Appendix F: Individual Support Agreement (ISA) Guidelines

Appendix G: Health and Wellness Standards and Guidelines

Appendix H: Guidelines for Critical Incident Reporting

Appendix I: Behavior Support Guidelines for Support Workers Paid with Developmental Services Funds

Appendix J: How to File a Complaint About the Quality of Your Services & How to Appeal a Decision About Getting Services or How Much Support You Get
Appendix K:  DDAS Guidelines for Quality Services (Under revision)

Appendix L:  Supportive ISO Brochure

Appendix M:  Fiscal ISO Brochure

Appendix N:  Background Check Policy

Appendix O:  Regulations Implementing the Developmental Disabilities Act of 1996
Appendix A:
Glossary
### Glossary

| **Authorized Funding Limit:** | The total dollar amount from the funded areas of support, plus a share of administration, that you have to spend on your personal services. It is not the waiver budget, which may include other items that benefit everyone receiving services like the Vermont Crisis Intervention Network. |
| **Behavior Support Plan:** | A plan designed to support a person to change his or her behavior. The plan is developed in the context of a person-centered planning process that focuses on helping the person live the life he or she desires. |
| **Complaints and Appeals:** | A complaint is when you formally let your agency know that you are not satisfied with the quality or accessibility of your services. Complaints regarding the Supportive ISO follow the complaint procedures. Complaints regarding the quality of your services are the responsibility of you and your team. An appeal is made if you feel a decision that you are not eligible for services; or to deny, reduce, or stop benefits you have requested. |
| **Consumer:** | A person with a developmental disability who receives funding through the Division of Disability and Aging Services. |
| **Critical Incident Reports:** | A report submitted to the Supportive ISO when there is a death; restraint used; injury, medication error, hospitalization; missing person; suspected abuse, neglect or exploitation; fire, theft or destruction of property; criminal acts; or other unusual or significant incidents. |
| **Designated Agency (DA):** | A nonprofit organization designated by the Department to coordinate planning and administer funds for consumers with developmental disabilities within a region of VT. People go to the DA to apply for services. The DA provides direct supports to people as well as makes referrals to other agencies. |
| **The Department:** | The Department of Disabilities, Aging, and Independent Living. |
| **Direct Consumer Funding:** | A funding option where the individual/family manage the Medicaid waiver with the support of a Supportive ISO. |
| **The Division or The Division of Disability and Aging Services or (DDAS):** | The State division that oversees services and financial matters for the developmental service system throughout the State of Vermont. Their main office is in Waterbury. |
| **Eligibility:** | Determination of whether or not a person qualifies for developmental services as defined in the DD Act (Appendix J ). |
| **Employee:** | The individual that the person hires to provide support. |
| **Employer:** | A consumer, family member, or independent contractor who employs a support worker. An employer is responsible for selecting, scheduling, training, supervising, and terminating a worker. An employer determines the wages to be paid and the hours of employment of the support worker. |
| **Employment Contract:** | An agreement between the person receiving services (or his/her family member/guardian) and the |
**Equity Fund:** Local funding committees can apply to this fund if they need more than $4,000.00 (See System of Care Plan for the amount as it can change) to meet the needs of a person in their area. This money usually comes from people who no longer need it because they have died, moved away, or left services.

**Family member:** A person related by blood, marriage, or adoption to a consumer. Other people may be considered a family member depending on the situation.

**Fiscal agent:** A person or organization qualified under IRS rules to pay taxes and provide payroll services on behalf of participants.

**Fiscal Intermediary Support Organization (ISO):** A fiscal agent that is under contract with DDAS to handle payroll duties for those who choose to self or surrogate manage services.

**Funded Areas of Support:** Different types of support and the amount of money the DA estimates your supports will cost. Areas of support are home supports, employment supports, community supports, respite, clinical interventions, crisis services, service coordination, and transportation.

**Guardian:** A person who has been appointed by a court to supervise and protect the interests of another person who is found to not be able to make decisions on her or his own. A guardian may be a family member or friend. If there is no one who is able to
be the private guardian, a public guardian is assigned. A private guardian is appointed through the Probate Court. A public guardian, for adults with developmental disabilities is appointed through the Family Court and works for the Division of Disability and Aging Services.

**Independent Support Broker (ISB):** An individual hired by the individual or family member to help manage services. The responsibilities of the ISB may include helping the person develop and follow a budget, assisting with employer responsibilities, finding back-up staff coverage or anything else that the individual requests to help make services happen. This person may or may not be a QDDP.

**Individual Support Agreement (ISA):** An individualized plan that tells about an individual’s services and supports. It is an agreement between the individual, guardian (if there is one) and the support people. It describes what an individual would like to be different as a result of receiving developmental disability services and how the person wishes to be supported. It also tells who is responsible to make the plan work.

**Individual Case Record:** A place that, at a minimum, the individual’s emergency fact sheet, guardianship documentation, assessments/evaluations supporting eligibility, needs assessment, ISA and all component parts, reviews and changes, and critical incident reports are kept.
**Intake and Assessment:** When an individual is new to the system, the Designated Agency does an intake and assessment to determine whether the person is eligible for services according to the eligibility criteria determined by the Developmental Disabilities Act.

**Medicaid:** A federal program that pays for health care and long-term support expenses for people who meet eligibility requirements. Benefits are paid with federal and matching state dollars.

**Needs Assessment:** An assessment done by the agency when a person first applies for developmental services to see if s/he is eligible to receive funding. The person and members of her or his circle of support take part in the assessment. Each year, before the ISA is updated, the person’s needs are reviewed to see if there are any changes in support needs. If there is, the amount of money the person can use to pay for services may increase or decrease.

**Payment:** Money or benefits paid to or on behalf of a support worker or compensation for goods and services needed by the consumer.

**Qualified Developmental Disabilities Professional (QDDP):** An individual who meets federal and state criteria and provides the following required tasks: Medicaid waiver initial eligibility assessment, Medicaid waiver annual eligibility assessment, approve and monitor the ISA, review and change of ISA, and quality
assurance. A QDDP cannot be the individual, or individual’s spouse, domestic partner, civil union partner, parent, adoptive parent, stepparent, legal guardian, or paid home provider. Independent QDDP’s not working for a DA/SSA must be endorsed by DDAS.

**Quality Assurance:** A DDAS process to evaluate and monitor what happens at the individual level (by the Supportive ISO or ISB, or other QDDP) and at the state level (by the Community Alternatives Specialist at DDAS). The DDAS process puts together evaluation and monitoring systems designed to improve the quality and quantity of services in the State of Vermont. This process includes review of the services received by individuals, agency review, housing/safety and accessibility review, satisfaction surveys, and a review of records to assure that the Medicaid guidelines are being followed.

**Self- or Family-Managing:** When an individual or a family member chooses to manage all of her or his services. This means that the person or family member has the responsibility of hiring workers and overseeing the funding and other part of her or his supports. The person or family member may choose to hire an Independent Support Broker to help manage her or his affairs.

**Support worker:** A person who is paid to provide some or all of the supports a consumer needs to maintain community living.

**System of Care Plan:** A statewide plan developed by the Division of Disability and Aging Services every three years and updated every
year. It describes what supports will be provided, who may be eligible for funding, how funds will be spent, and what programs need to be developed. To create this plan, the Division gathers information from people with disabilities, advocacy groups, family members, State and Local Standing Committees, support workers, and agencies. Each Designated Agency also develops a Local System of Care plan.

**Waiver or Home and Community-Based Waiver:** Funding that allows community services to be provided to people eligible for Medicaid who otherwise would be at risk of being in an institution.