

LifeWays Self Directed Services Forum

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Welcomes and Introductions



Let's take a moment to go around and introduce ourselves.

Start by tell us your name, organization (if any), and please tell the group what your dream vacation would consist of and why?

Fiscal Management Services

- ▶ LifeWays is required to contract with a Financial Management Service provider (Formally known as the Fiscal intermediary). The Financial Management Service provider maintains compliance with their CMH contract requirements. Financial Management Service Providers are made available to support the independent lifestyle that self-direction offers.
- ▶ The Financial Management Service providers assist people with payroll processing, taxes, budget management, and other fiscal aspects of employing staff and assists people with managing funds consistent with the Financial Management Services Technical Requirements.

Community Alliance



Melissa Frash and Sam Brown of Community Alliance



Payroll Process



Budget Reports



How to ensure your budget stays on track



Handling Withholding Letters

LifeWays



TRAINING
REQUIREMENTS



EMPLOYER/
EMPLOYEE
CHECKLISTS



SUPPORT NOTES



DENIAL LETTERS



OVERLAPPING
OF SERVICES

Trainings for CLS and Respite

- ▶ Must Be 18 years of age
- ▶ Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
- ▶ In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).
- ▶ Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by Lifeway's to demonstrate competence in basic first aid procedures. (Please reference the training grid)
- ▶ Has received training in the beneficiary's (Individual being served) IPOS.



Trainings for CLS and Respite

- ▶ After staff is hired, they have 30 days complete all the required trainings.
- ▶ Annual Trainings must be done in a timely manner in order to be compliant and ensure staff are paid.
- ▶ Annual training requirements include the following:

IPOS- Bloodborne Pathogens- Medication Administration- CPI- Recipient Rights- Self Determination- Ethical Standards- Person Centered Planning- HIPAA- Appeals & Grievances- Limited English Proficiency- Workplace Diversity

Environmental Safety is initial and is online

First Aid Every Two Years

Support Notes

- ▶ Support Notes are submitted to Fiscal Management service Provider (Community Alliance) along with the employee time sheet
- ▶ Employee(s) will not be paid if the Fiscal Management Service Provider does not receive both the support notes and the employees time sheets.

Reminder:

Time Sheets must be signed by the Guardian or Consumer. No photo copied signature will be allowed.

LifeWays Self-Determination Support Note

Employee Name:							Employer Name/Case Number:								
Task	S	M	T	W	T	F	S	Task	S	M	T	W	T	F	S
Hygiene/Personal Care								Med Set-up/Administration							
Dressing								Appointments/Errands							
Meal Preparation															
Household Care/Laundry															
Community Activities															

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided & Code:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided & Code:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

By my signature below, I certify and attest that I provided the services documented above to the consumer identified above.

Employee Signature: _____

Revised 10/09/2014

Instructions for Completing Self-Directed Services Support Note



- ✓ Writing must be clear and legible
- ✓ Employee Name: First and last name of employee (staff person providing service)
- ✓ Employer Name: First and last name of the consumer receiving services
- ✓ Task Chart: For each day worked, place checks in boxes under the day of the week worked for routine (something you typically do every time you work) supports provided that day. Blank space is provided for additional routine tasks.
- ✓ For each day worked, write the date, start time ("time in") and stop time ("time out").

Reminder:

Do not copy a form and add dates. Everyday is different and should reflect the different things you are doing to enrich the Self-Directed life.

Identifying IPOS Goals in Support Notes

- ▶ Each day worked, identify in your support note which goal(s) the individual has worked on. This **must** be pulled from the Individual Plan of Service (IPOS).
- ▶ Be sure to identify the service(s) provided and document the corresponding **service code**:
 - CLS-H2015**
 - Skill Building-H2014SB**
 - Respite-T1005**
- ▶ If you provide different services for an individual on the same day, the amount of time spent providing each service must be shown separately.

Reminder:

You MUST receive training on the consumer's IPOS and your role in supporting the consumer to achieve IPOS goals. Each goal and objective is identified by a number (goal) and a letter (objective). Use the goal number and letter to record which goals/objectives were worked on. For example: "1C".



Identifying the Support You Provided

Description: Write a narrative about what occurred during your shift and the consumer's response. Remember that this narrative must include what was done to work on goals/objectives that shift. **NOTE:** Written narrative about checklist items at the top of the Support Note is not required.

Complete check boxes at the left of each narrative to indicate what kind of support you provided to the consumer, including supports identified in the task chart.

- **Assist:** Check this box if the person is unable to complete a task independently, without staff intervention/assistance
- **Train:** Check this box if you are teaching the person a new skill by providing instruction and modeling the behavior or completion of a task
- **Observe:** Check this box if you are simply watching/monitoring the person. Observation often takes place when the person has become largely independent. In observing, staff are alert to the need for reminders, guidance or other interventions
- **Remind:** Check this box if the person needs to be reminded/verbally prompted to do something or not to do something.
- **Guide/Direct:** Check this box if physical prompts are needed for the person to stay on task.

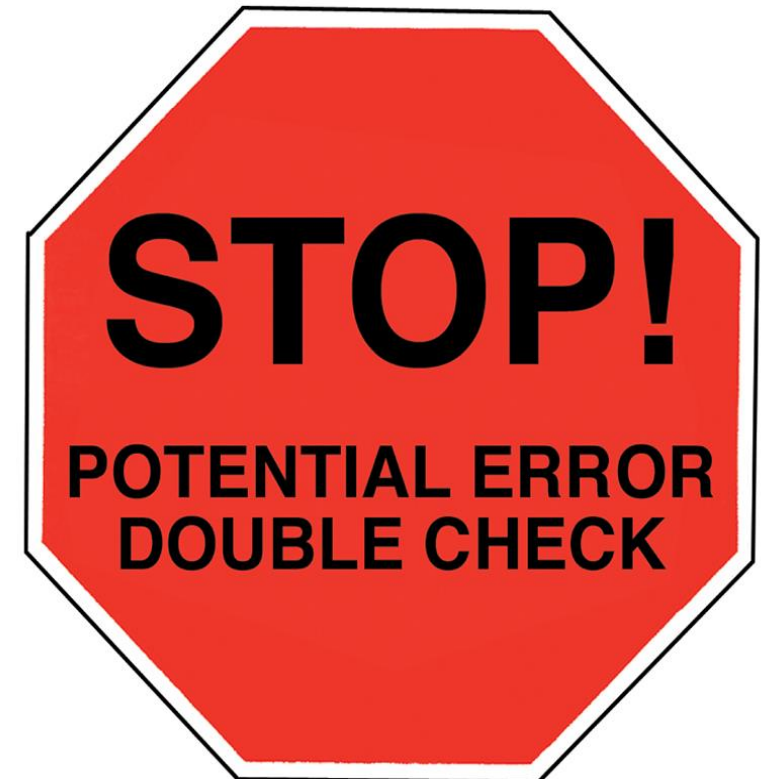
Reporting Progress within the Support Note

Please be sure to Check “yes” or “no” to indicate whether the person made progress toward IPOS goals that were worked on that day.

Signature: Sign your name at the bottom of the timesheet. This signature verifies that the information provided in the Support Note is true and accurate.

Reminder:

TIMESHEETS THAT ARE SUBMITTED WITHOUT A SUPPORT NOTE WILL NOT BE PAID.



Medicaid Fraud & Abuse

As a person receiving services that are paid for by Medicaid, you have a responsibility to protect against fraud/abuse. The following are examples of Medicaid fraud/abuse:

- ✓ Signing a timesheet you know is wrong
- ✓ Billing for services that were not provided
- ✓ Poor or no documentation to support services delivered
- ✓ Forging a signature
- ✓ Purchasing an asset (like a vehicle) or making repairs/maintenance to an asset with Medicaid dollars

All documentation is subject to review by auditing bodies and must be made available, upon request, to Lifeway's, the Mid-State Health Network, the Michigan Department of Community Health, the U.S. Department of Health and Human Services, or the State Medicaid fraud control unit.



Basic service documentation forms:

Self-Determination Support Note: submitted



with timesheets

IPOS maintained in LEO

Progress Note maintained in LEO

Overlapping Services



As a rule, Medicaid services cannot overlap; however, there are some limited exceptions. [Click this link](#) for a list of those exceptions. If you are unsure what services you are receiving, this information can be found in your Individual Plan of Service.

As an employer under a choice voucher arrangement, you are responsible for ensuring services do not overlap inappropriately. If an inappropriate overlap in services occurs, the employer is responsible for paying the employee for services provided during the overlap period.

How does Home Help play a role?

- ▶ The Home Help program is administered by the Michigan Department of Health and Human Services (MDHHS).
- ▶ Home Help provides personal care services to individuals who need hands-on assistance with Activities of Daily Living (ADLs), and assistance with Instrumental Activities of Daily Living (IADLs).
- ▶ MDHHS is responsible for approving Home Help providers for participation in the program.

Corporate Compliance

Corporate
Compliance
Role

Policy

Timeliness

Clean
Claims

Any
Questions?