

NEW YORK STATE OFFICE FOR THE AGING

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TO: Area Agency on Aging Directors

SUBJECT: Implementing Consumer Directed In-home Services under EISEP

PURPOSE:

This Technical Assistance Memorandum (TAM) provides guidance to local Area Agencies on Aging (AAAs) regarding the implementation of Consumer Directed In-home Services (CDIS) under Expanded In-home Services for the Elderly Program (EISEP). The guidance is based on 2011 amendments made to EISEP regulations, (see 9 NYCRR sections 6654.15, 6654.16 and 6654.17).

BACKGROUND:

Under the Older Americans Act (OAA), the aging network has consistently valued consumers and their informal supports, finding creative ways to enable them to remain independent with dignity and choice in the services they receive. CDIS is a service delivery option within EISEP that increases consumer control and participation in his/her in-home care.

The New York State Office for the Aging (NYSOFA) and ten AAAs have had the opportunity to gain experience in developing and implementing consumer directed programs through two Administration on Aging (AoA) grants. In 2008, New York was one of 14 states to receive a Nursing Home Diversion Modernization (NHDM) grant. The NHDM grant was implemented in three pilot counties with the AAA serving as the lead agency. In 2009, New York was awarded a Community Living Program (CLP) grant, which was the successor to the prior-year NHDM grant. The CLP grant allowed for the expansion of consumer directed programming to an additional seven counties.

The NHDM and CLP grants were specifically designed to provide consumer directed services to individuals at high risk of nursing home placement and spending down their

income and assets to the Medicaid eligibility level. The goal of the grants was to enable the participating individuals to maintain their independence and remain in their communities.

In 2011, NYSOFA revised the EISEP regulations to allow for a consumer directed option for provision of in-home services. When implementing CDIS under EISEP, consideration needs to be given to the core component of consumer direction which involves shifting the control to the consumer, or a consumer representative, in some or all of the following: budgeting; care planning; decision making; arranging for services and staffing. The manual and enrollment forms developed through the NHDM and CLP grants have been field tested by the participating counties, modified for CDIS under EISEP and are being shared in this TAM. The manual will provide AAAs the information and resources necessary to develop, implement and administer a consumer directed option within EISEP and also includes valuable lessons learned by the NHDM and CLP grantees to further explain the process involved in the design and implementation of the consumer direction option for in-home services. The manual is broken into four modules, Program Development, Staff Training, Assessment Process, and Care Planning and Budget Development.

This TAM also consists of enrollment forms that can be used by AAAs when enrolling participants into the program. These forms include the: *Agreement to Participate in Consumer Directed In-home Services under EISEP*, *Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP*, *Consumer Rights under Consumer Directed In-home Services under EISEP*, *Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP*, *Goals and Options Work Sheet for Consumer Directed EISEP In-home Services*, and *Goals and Needs: Summary for Care Plan under Consumer Directed In-home Services under EISEP*. AAAs can elect to use these forms which meet the legal requirements of the current EISEP regulations and also incorporate the suggestions made by pilot AAAs based on field testing. If, in the event that AAAs develop and administer new forms, they must ensure that those forms meet all requirements found in the current EISEP regulations.

Enclosures

Module 1: Program Development

Module 2: Staff Training

Module 3: Assessment Process

Module 4: Care Planning and Budget Development

Attachment 1: Agreement to Participate in CDIS under EISEP

Attachment 2: Agreement to Participate with a Consumer Representative in CDIS under EISEP

Attachment 3: Backup Plan and Emergency Contact Information for CDIS under EISEP

Attachment 4: Goals and Options Work Sheet for CDIS under EISEP

Attachment 5: Individual Consumer Directed Care Plan and Budget for CDIS under EISEP

Attachment 6: Consumer Rights for CDIS under EISEP

PROGRAMS AFFECTED:

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|---|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1 | <input type="checkbox"/> Title III-C-2 |
| <input checked="" type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input type="checkbox"/> CSE | <input type="checkbox"/> SNAP | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Title V | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |

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Module 1: Program Development

As with any new service, there is an initial time commitment required when planning, developing and implementing CDIS under EISEP. This requires strategic planning which necessitates focus, resources and staff commitment. Two of the main steps involved in establishing CDIS under EISEP are engaging key stakeholders to obtain the necessary local support and developing the required infrastructure, which (for CDIS under EISEP), means contracting with a Financial Management Services (FMS) agency. The remainder of this module further explains each of these steps.

Step 1: Engaging Key Stakeholders: The agency must engage, educate, and gain investment of its advisory committee, its oversight committee (elected officials) and other stakeholders.

Educating and gaining the investment of your advisory committee on consumer directed care will be very important. The AAA advisory committee can ease the way to a AAA's Board (elected officials or non-profit boards) making a determination to proceed. Further, the AAA advisory committee can act as public ambassadors for consumer directed care.

Engaging and informing those who have fiscal oversight of the AAA is critical. Certain things are different for consumer directed care. Board approval will be necessary to contract with an FMS provider. Educating and gaining the investment of your elected officials (and the non-profit Board of Directors) at the earliest point after you have made the commitment to include consumer direction in your agency's set of services will be very important as you proceed.

Service providers are also an important group to engage as it is reasonable to anticipate some concern or reluctance towards the implementation of CDIS on the part of traditional home care providers. Therefore, after making the commitment, but before implementation, it is a sound strategy to engage with home care providers on consumer directed care. Consider doing so in venues where there are others present, such as the AAA's NY Connects Long Term Care Council or a human services provider coalition. Inviting discussion of concerns, soliciting input and educating community providers of long term services and supports (LTSS) is important in diminishing provider resistance and setting the scene for the providers' active participation as the program is implemented.

Step 2: Forming a Partnership with a Fiscal Management Services Agency (FMS): Once your agency has received approval to move forward, steps will have to be taken to develop a partnership with an FMS. Under traditional EISEP, most AAA's are often responsible for the payment of services directly. In consumer directed care, the consumer, (or their

representative) often authorizes payment for services rendered. With direct control over payments comes the responsibility of managing employee benefits, something that is best handled by professionals trained in the intricacies of the rules and regulations governing employee benefits. Therefore the AAA leadership must find an entity that will serve as an FMS.

When developing your partner agreement with an FMS, you will need to decide what actions, beyond the mandatory responsibilities, (if any) you want them to perform. While they must provide the mandatory responsibilities, they may or may not be inclined to perform other actions. Contracting with a FMS can be a lengthy and complex undertaking. Therefore, it is important to start the process very early following the decision to provide consumer directed care. Boards, be they governmental or not for profit, need to understand the role of the FMS and why contracting with a provider of this service is essential well before they are asked to approve a FMS contract.

In larger communities there may be multiple FMS providers, smaller communities may only have one and, in some cases there may not be any FMS providers established in your county. If the latter scenario is your situation, you would look to contiguous counties for possible FMS providers. For AAAs that will undergo a bidding process to acquire a FMS provider or who will require a sole source designation from the governing authority, it will be important to build this activity into your implementation time line.

Role of the FMS: The FMS will perform many functions to support the consumer (and/or consumer representative), all of which will be detailed in a contract with the AAA. These may include:

- Managing the screening of potential in-home services workers (which may include both health screening and background checks);
- Orienting the consumer (and/or consumer representative) and hired in-home services workers in areas such as submitting timesheets, disaster preparedness, safety, etc;
- Maintaining liability insurance, making payments for workers' compensation and taxes related to the employment of in-home services workers, managing fringe benefits (e.g., health insurance, sick leave), and issuing paychecks to the in-home services worker chosen by the consumer (and/or consumer representative);
- Maintaining a file on each consumer that includes certification of all required documents;
- Training for the consumer (and/or the consumer representative) and/or the in-home services worker if requested by the consumer (and/or consumer representative) as identified or detailed as part of the contract with the AAA; and

- Providing monthly expenditure reports under the consumer’s approved care plan and individual budget to the AAA, the consumer (and/or consumer representative) and case manager/care coordinator. The FMS is also responsible for adjusting the report if services are underutilized in any months. Additionally, the FMS must adhere to all other reporting requirements, including audits or quality assurance performance measures, which are detailed under their contract with the AAA.

Depending on the contract with the AAA, the FMS may have other responsibilities and/or be required to perform other activities. For example:

- Paying for other services authorized under the care plan and budget;
- Collecting cost share payments from the consumer (and/or consumer representative);
- Completing reports related to services to AAAs, case managers/care coordinators, and consumers (and/or consumer representatives).

In CDIS under EISEP, the FMS will offer services under “an agency with choice” financial management services model. The FMS will be the “employer of record” and handle the payroll functions and all the necessary paperwork related to in-home services workers. They may also provide additional supportive services to the consumer (and/or consumer representative), such as providing emergency back-up staff and referrals. If in-home services are to be self-directed, the consumer (and/or consumer representative) will be the “managing employer” and recruit, interview, select, hire, train, schedule, supervise and if he/she decides to, end the employment of in-home services workers.

Involvement of the FMS in Employment of In-home Services Workers: The FMS will provide case managers/care coordinators and consumers (and/or consumer representatives) with written information that describes and clarifies all of the following:

- The process for hiring an in-home services worker;
- The relationship between the consumer (and/or consumer representative) and the FMS, with the consumer (and/or consumer representative) as the managing employer and the FMS as the employer of record;
- The support and assistance a consumer may expect from the FMS;
- How much and when in-home services workers will be paid;
- What, if any, benefits the in-home services worker is eligible for;
- What training and orientation will be provided by the FMS to the consumer (and/or consumer representative) and/or the in-home services worker and what training is the responsibility of the consumer (and/or consumer representative);

- What paperwork a consumer (and/or consumer representative) must submit (such as timesheets) to the FMS so that an in-home services worker may be paid;
- Procedures for resolving consumer (and/or consumer representative) concerns; and
- Removal of an in-home services worker whom a consumer (and/or consumer representative) no longer wishes to employ.

When a consumer (and/or consumer representative) selects a potential in-home services worker, he/she will call the FMS to inform them of his/her selection of the hired in-home services worker. The potential in-home services worker will also be directed by the consumer (and/or consumer representative) to contact the FMS to begin employment processes, such as health screenings that meet NYS Department of Health (DOH) criteria, and any background checks if required by the FMS or the consumer (and/or consumer representative) or the AAA.

A representative of the FMS may also be in contact with the consumer (and/or consumer representative) to explain:

- Employment policies and procedures; and
- The responsibilities of the consumer (and/or consumer representative) in hiring, training, scheduling, supervising and if necessary, ending employment of in-home services workers.

The discussion between the FMS and the consumer (and/or consumer representative) will include procedures for time sheet completion and sign-off. The discussion will also address how the consumer (and/or consumer representative) should handle certain situations, such as when the in-home services worker does not report to work, concerns about job performance of an in-home services worker, or when there are situations where a worker completes more hours than were authorized under the care plan and budget.

Role of the FMS in the In-home Services Worker Backup Plan: Although the development of an in-home services worker backup plan is generally the responsibility of the consumer (and/or consumer representative), the FMS can play a role in its development as well. In most cases the backup workers will be from the consumer's informal supports. However, the FMS can assist the consumer (and/or consumer representative) in finding individuals to serve as a substitute in-home services worker. If the consumer (and/or consumer representative) chooses, the backup plan can include these additional resources available through the FMS, particularly in the event that the primary backup worker for the consumer is unavailable.

Elements of a Contract with FMS: The contract between the FMS and AAA will outline the scope of work of the FMS, detailing the tasks of the FMS, as well as standards and requirements

they must meet. Recommended elements for a contract between AAA and FMS include the following:

- Standard county requirements for fiscal reporting and audits;
- Standard billing and related documentation requirements;
- Other standard county contract requirements;
- Format for monthly expenditure reports to be sent by the FMS to the AAA, case manager/care coordinator, and consumer (and/or consumer representative);
- How the AAA, case manager/care coordinator, and consumer (and/or consumer representative) will be notified by the FMS when hours worked by an in-home services worker(s) exceed the amount that is budgeted under the care plan and budget, and steps to be taken and by whom (the FMS, the AAA, the case manager/care coordinator, the consumer {and/or consumer representative}) to adjust the hours;
- Specification of who will calculate (AAA) and who will collect (FMS or AAA) cost-share amounts from consumer (and/or consumer representative) and at what time intervals;
- Steps to be taken and by whom (the FMS, the AAA, the case manager/care coordinator, the consumer {and/or consumer representative }) when cost share payments are not made;
- Expectation that the FMS will be the “employer of record” for any in-home services worker hired through CDIS under EISEP and will be responsible for:
 - Payment within a timeframe specified in the contract of in-home services workers based upon timesheets received by the FMS;
 - Payment within a timeframe specified in the contract of employer taxes, social security, unemployment, workers’ compensation and liability insurance;
 - Management of all new employee health screenings and background checks. The screening and background checks should be specified in the contract and the contract should indicate which related costs are included in the administrative portion of the rate paid and which are the responsibility of the in-home services worker);
 - Orientation of the consumer (and/or consumer representative) to what services and supports including in-home services worker training they may receive from the FMS. A fact sheet explaining this orientation should be provided to the AAA, case manager/care coordinator, and consumer (and/or consumer representative) and included in the consumer file and as part of the contract as an appendix;

- Notification each month to the AAA and case manager/care coordinator of any complaints, grievances or concerns received from the consumer (and/or consumer representative) or the in-home services worker;
 - Provision of a status update on any outstanding complaint/grievance consistent with the FMS written grievance policy (a copy of which should be provided to the AAA, case manager/care coordinator, and consumer {and/or consumer representative} and in-home services worker); and
 - Notification in writing to the consumer (and/or consumer representative) and the case manager/care coordinator of what paperwork such as timesheets should be submitted by the consumer (and/or consumer representative) and when.
- Procedures and policies for adjusting the budget provided for each individual care plan;
 - Procedures for changing or ending the contract between the AAA and the FMS; and
 - The duration and cost of the contract.

Module 2: Staff Training

At this point, your AAA has obtained the necessary support to proceed with CDIS under EISEP and has been successful in developing the infrastructure required to allow for an FMS agency to work as an intermediary between the consumer(and/or consumer representative), the in-home service workers and the AAA. This next section can be used to help AAAs equip their staff with the information and skills needed to manage consumer directed services.

It may be difficult to envision how consumer directed care is different from how services are currently being provided. Hasn't the aging network always provided compassionate support for frail older adults and their families? Hasn't the aging network always honored the wishes of the consumer in care planning? The answer is a clear yes. However, consumer directed care is different from existing practice. In some instances, moving to a consumer directed model may bring an element of resistance. This is particularly true for the case manager/care coordinator who has been doing their very best on behalf of older adults and their families. It can be expected that resistance will decrease as staff grow to understand the positive outcomes associated with this approach and have received training on the provision of consumer directed care.

Training Agency Staff: Just as it is important for the AAA leadership to grasp the value and importance of offering consumer directed care, so too is it essential for those who assist others in obtaining and managing LTSS within the AAA.

Substantive training on all the aspects of consumer directed care for those who will engage in the implementation and operation of the consumer directed care initiative is essential. Therefore, all case managers/care coordinators should complete the on-line Consumer Directed Training that has proven helpful for NHDM and CLP grantees. It provides an overview of consumer direction and helps the case manager/care coordinator better understand this new approach to service delivery. Further, establishing a mentoring relationship with one or more AAAs that have fully implemented and operated consumer directed is highly recommended.

Experiences of the NHDM and CLP grantees:

- Training takes time. Make and take the time to do it well.
- Ongoing training is necessary.
- Train the intake staff. They need to be knowledgeable about this service option.
- Consider cross training with Local Department of Social Services (LDSS) and EISEP staff.

Module 3: Assessment Process

The following section describes the assessment process as it relates to CDIS under EISEP. Counties may approach assessments in a variety of ways. The case manager/care coordinator may complete the entire assessment, or some/all elements may be completed by NY Connects staff or other AAA or subcontracted staff. Even if other staff has the primary responsibility for completing the assessment, it is highly recommended that the case manager/care coordinator be involved in the assessment of potentially eligible individuals. This process provides the case manager/care coordinator the opportunity to explain the program and determine interest in participating. It also begins the process of developing a relationship with the consumer for future work together, e.g., development of the care plan and budget.

The steps involved in the completion of assessment include:

1. Confirmation of financial eligibility;
2. Completion of the COMPASS or COMPASS like Assessment containing the NYSOFA required Minimum Data Set;
3. Readiness to participate in consumer-directed care;
4. Determination of ability to self direct (including, when appropriate, the use of a consumer representative); and
5. Confirmation of Agreement for Participation.

Confirmation of Financial Eligibility: Follow financial eligibility guidelines for EISEP.

Note: At the time of the initial assessment, not all of the financial information collected on the EISEP Financial Information form is completed – the cost share calculation and cost share agreements will be completed when the care plan and budget are developed (There is more information on the care plan and budget, as well as, cost share in Module 4 of this manual.)

Finally, regardless of financial eligibility for CDIS under EISEP, assessors will continue with the assessment process as individuals may be eligible and interested in other AAA programs.

Confirmation of Functional and Cognitive Eligibility through COMPASS or COMPASS-like Assessment: When assessing individuals for community based LTSS, AAA staff complete an assessment such as the COMPASS, or its equivalent, that meets the Minimum Data Set required by the NYSOFA. This is a comprehensive assessment document to determine eligibility, identify needs and guide the choice of services in the traditional service delivery system. For CDIS under EISEP it helps provide additional information on the health, mental, cognitive and

functional needs of the consumer and also gathers information on the formal and informal support already available to the consumer. Specifically, data is gathered on all of the following:

- Demographics
- Formal supports
- ADLs
- Assistive equipment
- IADLs
- Housing/Home safety
- Cognitive and Behavioral Issues
- Need for Mental Health & Emotional Supports
- Health Status and Diagnoses
- Medications
- Nutrition & Nutrition Risk
- Informal Supports
- Income

The information gathered in the COMPASS helps provide information on:

- A broader picture of the health, functioning and cognitive issues,
- Available informal supports,
- Potential individuals who may serve as a consumer representative if one is needed, and
- Needs and supports (or lack of supports).

The consumer's wishes, needs, priorities and preferences will be emphasized during care planning, and information from the COMPASS also will be used by the case manager/care coordinator in the discussions during the care planning process.

In addition to the COMPASS or COMPASS-like assessment tools, other assessment instruments, such as self-assessment tools used in some counties, also may be completed.

Readiness to Participate in Self Directed Care: The CDIS under EISEP offers consumers a different approach to services, particularly an opportunity to exercise greater control over the services they will access. Some individuals may be reluctant to explore the consumer-directed approach. Some consumers may feel that their level of need is such that they would prefer that "someone else," such as a traditional case manager, be the decision-maker. Others may feel overwhelmed by the information they need to grasp in order to participate. Additionally, they may be concerned about how long it may take before they actually receive services. However, there will be some who will recognize and welcome an opportunity to exercise more control,

have more choices, and get the services that they think they really need and want. The readiness and willingness to participate will be greatly influenced by:

- How well information about the CDIS under EISEP is presented,
- Whether consumers see an opportunity to receive services that better meet his/her needs and wants,
- If consumers feel they understand both the responsibilities and supports available to them, and
- A belief that the services being offered will contribute to his/her quality of life, well being, and ability to stay in his/her home and community.

The CDIS under EISEP Questions and Answers document is available to help answer these questions and to present information clearly. It is important to review:

- How the program will work,
- Why the consumer is eligible,
- The different relationship a consumer will have with in-home services workers in CDIS under EISEP,
- The responsibilities of the consumer in CDIS under EISEP,
- What is a consumer representative and who can be one,
- What supports will be provided by the case manager/care coordinator,
- What a FMS is and how FMS staff can help the consumer (and/or consumer representative),
- The importance and significance of the care planning and budget development process,
- How the care plan and budget will be monitored, and
- What happens if a consumer changes his/her mind about participation in CDIS under EISEP.

With consumer directed programs, it is important to remember that some consumers will be ready to begin; others will want to think about the program and should be given time to do so; still others will want to appoint or consider appointing a consumer representative (again this may take a few days to finalize and arrange) and others may say no.

Self Directing or Appointing a Consumer Representative: A consumer will be considered capable of self directing if the person is able to participate in decisions about his/her own care. Case managers/care coordinators may make this judgment based on past experience with this individual or the person's ability during an interview to state their needs and preferences regarding care, and their stated interest in being involved in the program. They must also be willing to:

- Work with the case manager/care coordinator to develop and manage a care plan and budget,
- Work with the FMS who will be the employer of record of their in-home care worker(s) on hiring workers and in the completion of time records and other documentation, and
- Report changes in his/her needs and functional status or other circumstances and his/her use of the services and supports provided under the care plan.

Under this service, a consumer may decide to direct all or some of his/her own services and supports or he/she may choose to use a family member or another individual as a consumer representative. Discussing the responsibilities of the consumer (or consumer representative) under this service option provides an opportunity to “check in” with the consumer both on his/her understanding of what is involved and his/her readiness to take on these responsibilities. CDIS under EISEP is based upon a belief that most persons are able and interested in being self directing, so case manager/care coordinators will seek to answer the consumer’s questions and to illustrate how the program will support the consumer who chooses to be self directing. A consumer who appears to be overwhelmed by the receipt of a lot of information about this new program does not necessarily indicate an inability or lack of desire to self direct. Rather, it may point to the need to explain the program more clearly, answer questions that arise and give the consumer some additional time to think about the program.

To the greatest extent possible, the decision to be self directing will rest with the consumer. The case manager/care coordinator may decide the consumer is not appropriate for CDIS under EISEP if:

- Consumer appears unable to understand the requirements of the program,
- Cognitive or other difficulties are judged so advanced that a person is not able to participate in making decisions about his/own own care,
- Consumer appears to be a danger to self or others.

If a case manager/care coordinator decides that a consumer is otherwise eligible for the program is not able to be self directing or is unable to find a consumer representative, this must be documented with the specific reasons and noted in the assessment. The decision should be reviewed and supported by a supervisory staff member and documented in the care plan.

Use of a Consumer Representative: A consumer may also choose to have a person assume the role of consumer representative who will participate in the development and management of

the care plan and budget on the consumer's behalf. In order to be considered capable of designating a representative, the potential consumer must be able to both:

- Positively identify the representative, and
- Affirmatively indicate that he/she wants the representative to coordinate part of or all of his/her services and supports.

Such designation of a consumer representative may be withdrawn, limited or changed by the consumer at any time. The case manager/care coordinator will also offer guidance on this issue if problems in the management of the care plan and budget are experienced.

If the potential consumer is not capable of participating in decisions about his/her own care or is unable to designate a consumer representative, the case manager/care coordinator will determine if the potential participant is a good candidate for CDIS under EISEP or if more traditional services should be pursued.

Considerations for inclusion in CDIS under EISEP are:

- If there is a legally appointed guardian or conservator who may act on the potential participant's behalf and who then chooses CDIS under EISEP on behalf of the potential participant AND is willing to assume the role of consumer representative for the purposes of the program;
- If the potential participant has previously designated a representative to be responsible for coordinating their care and that individual is currently performing and is willing to continue performing this representative role;
- If the potential participant is not able to designate a representative but has an individual involved in his/her life who has a strong personal commitment to the potential participant, demonstrates knowledge of the potential participant's preferences, and is willing to be the consumer representative, then the case manager/care coordinator may deem that individual appropriate to serve as the potential participant's representative.

Requirements to be a consumer representative include all of the following:

- At least eighteen (18) years old,
- Relationship between the representative and the potential participant appears caring and supportive, and
- The designated representative is ready, willing, able and available to serve as the representative.

In addition, in order to serve as a designated representative an individual must understand that he/she may not:

- Be paid for any goods or services under this program.

For many, the choice to have a consumer representative will not be because the consumer feels unable to self direct, but rather he/she would like some assistance in managing the care plan. Case manager/care coordinators should discuss with consumers the limits they wish to place on the decision-making ability that the consumer assigns to a consumer representative. They should also discuss with the proposed consumer representatives the responsibilities of self direction and their willingness and ability to manage this role.

A more difficult situation occurs when the assessment process indicates cognitive or mental health difficulties, or indications of self neglect or poor money management skills. Again, CDIS under EISEP is based upon a belief that most individuals are able and interested in being self-directing. Therefore, a case manager/care coordinator should discuss these concerns with the consumer and explore what level of assistance he/she needs and if he/she is interested in selecting a consumer representative to help with the management of their care plan and budget. There will be situations where consumers with cognitive impairments have previously specified their desires around care, including giving a family member or others the ability to make decisions about their care on their behalf. In these circumstances, they may still be seen as self-directing. However, in such circumstances where a consumer is unwilling or unable to identify or accept a consumer representative, then the consumer is not eligible for this program.

Confirmation of Eligibility and Agreement for Participation: When a consumer is financially and functionally eligible and is able and willing to self-direct (or select a consumer representative who is willing and able to on the consumer's behalf) then he/she is eligible to participate in CDIS under EISEP.

When a consumer decides to participate in CDIS under EISEP during the assessment visit or subsequently, he/she will be provided a copy of the **Consumer Rights Under Consumer Directed EISEP In-home Services** form and required to sign the **Agreement to Participate in Consumer Directed In-home Services under EISEP** form indicating he/she is choosing to participate in the program. If he/she is appointing a consumer representative, the consumer, consumer representative and case manager/care coordinator will each sign the **Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP** form.

Module 4: Care Planning and Budget Development

Person-centered planning maximizes independence, creates community connections, works toward achieving an individual's goals and desires, and addressing identified needs. The care planning and budgeting process is the core of consumer-directed programming. Care planning processes draw on a strengths-based approach to enhance the inherent strengths and skills that individuals possess, including their connections to others. Using a strengths-based approach to person-centered planning means that, rather than problems and deficits being identified and targeted with services, strengths are identified by consumers and case managers/care coordinators and utilized to empower consumers to more comprehensively address both their needs and wishes. The following section will highlight the important steps involved in the care planning and budgeting process.

Care Planning Meetings: Once the initial assessment has been completed and the consumer has chosen to participate in CDIS under EISEP, the case manager/care coordinator will initiate the care planning and budgeting process with the consumer (and/or the consumer representative) to achieve the following:

- Identify his/her goals, needs, priorities, and preferences;
- Determine whether the consumer wishes to be self directing or if a consumer representative will be selected or appointed;
- Establish the consumer (and/or consumer representative) as the decision-maker for a care plan and budget that reflects the consumer's choice(s);
- Determine the types of services available under the CDIS under EISEP (see below for detailed list of services);
- Determine the services that the consumer (and/or consumer representative) will direct him/herself, and what will be managed in a more traditional manner;
- Set the amount of funds available for services, and for what time period;
- Schedule at least two in-person meetings and establish additional phone calls before the plan is complete; and
- Develop a care plan and a budget.

The case manager/care coordinator will review with the consumer (and/or consumer representative) the following list of services that are available in addition to the CDIS under EISEP in-home services. They include, but are not limited to,

- Social or medical adult day care
- Home delivered and/or congregate meals
- Nutrition education and counseling
- Caregiver support including training, counseling, support groups, and respite
- Health promotion
- Dementia specific services
- Transportation
- Medication management
- Benefits assistance
- Options Counseling
- HIICAP
- Goods and equipment

The case manager/care coordinator will explain and remind the consumer (and/or consumer representative) that under CDIS under EISEP, a participant may hire individuals, including family members, to be an in-home services worker providing personal care.

Identifying Personal Goals and Needs: The consumer (and/or consumer representative) should include as many goals as they wish and identify which goals are most critical for quality of life. The case manager/care coordinator will write each of the consumer goals on a **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services**, listing one goal per page. This form will become part of the consumer's file.

Often the process of determining goals will help identify what is most important to the consumer. Sometimes an example that is relevant to the consumer's situation may help the consumer (and/or consumer representative) to understand what this means. See below for an example.

Personal Goals: Example

Mrs. Smith notes that her arthritis makes it difficult for her to walk, get in and out of upholstered chairs, and stand for any length of time. As a result, her house has not been cleaned in a while, most of the meals she eats are frozen, and she rarely uses her living room.

She also does not drive anymore and thus rarely leaves her home to socialize. Mrs. Smith explains that another consequence of these limitations is that she is no longer able to host family members on holidays in her home, and that these limitations and consequences taken together mean that she is no longer able to enjoy and utilize her living space; she feels very isolated, and is not sure it is worthwhile to continue living in her own home. Through the care planning process, she identifies four care plan goals.

Goal 1: Maintain a clean home.

Goal 2: Have freshly prepared meals.

Goal 3: Improve ability to get around the house.

Goal 4: Spend more time with family and friends.

The number of goals is not limited. And while one service may address multiple goals, the total number of goals does still need to be practical.

Next, the case manager/care coordinator and the consumer (and/or consumer representative) will discuss the needs that have been identified in the assessment process. Data from the **COMPASS** or its equivalent and other assessments will be used here. In particular, needs for ADL/IADL supports, the management of health conditions, the involvement of informal supports, nutrition, home safety concerns, and mental health will be highlighted. Possible strategies to support the consumer will be discussed, including how available informal resources and the consumer him/herself can better manage some of the concerns highlighted. Sometimes it will seem like there are more needs than there are resources, and some concerns will not easily be resolved. A discussion of priorities may be helpful. Relating needs to the personal goals previously identified may help establish priorities. The outcome of this discussion will be agreement on needs that relate to each of the consumer goals. The case manager/care coordinator will write a short statement of each of the needs associated with the identified goals on the **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services** Worksheet.

Developing Options to Meet Identified Needs: The case manager/care coordinator will explain to the consumer (and/or consumer representative) that the care plan and budget offer opportunities to arrange for and organize services in ways that meet the consumer's personal goals as well as his/her needs and wishes. In order to offer consumers the greatest possible

flexibility in exploring innovative approaches to address needs while at the same time attaining personal goals, the consumer (and/or consumer representative) and case manager/care coordinator will explore several different options.

When determining the cost of the options, the case manager/care coordinator and the consumer (and/or consumer representative) should consider whether it may be possible to address multiple needs with one service. In such an instance, estimate the time needed for each part of service; for example, where in-home services provides both meal preparation and housekeeping, the meal preparation may take four hours/week and the housekeeping may take 10 hours/week.

For each option, the case manager/care coordinator will record any known information, such as provider, cost, availability, etc. The case manager/care coordinator should work with the consumer (and/or consumer representative) to price out care plan options and explain to the consumer (and/or consumer representative) that the actual cost share, if any, to the consumer will be calculated upon completion of an **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP** form. The Individual Care Plan and Budget may be used by case manager/care coordinator or agencies may develop their own care plan and budget form, provided it includes all the components of the provided form.

There is an opportunity to supplement in-home services with goods. While CDIS under EISEP only pertains to in-home services, goods can be acquired in the traditional manner outlined in EISEP. Consumers (and/or consumer representatives) have input in the decision of what goods are necessary, but the AAA is responsible for purchasing those goods in accordance with EISEP guidelines. That means the FMS does not have a role in the purchase of or payment for goods. While the AAA will be responsible for purchasing goods within the traditional EISEP framework, there is opportunity to involve the consumer (and/or consumer representative) in the process. For example, for some goods, additional pricing information, specialized assessment, or obtaining competitive bids may be required. This will likely involve additional time before a care plan and budget can be finalized. Together, the consumer (and/or consumer representative) and case manager/care coordinator will determine who will be responsible for collecting the remaining information regarding possible vendors/providers, cost and/or availability of the particular good and record it on the **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services**. The consumer (and/or consumer representative) and case manager/care coordinator will agree to a date by which all the necessary information will be obtained. Where the consumer has few supports, the case manager/care coordinator may provide additional assistance, always seeking to support and empower the consumer (and/or consumer representative) in directing his/her own care.

The following is an example of a **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services** Worksheet in development:

EXAMPLE: Goals and Options Work Sheet for Consumer Directed EISEP In-home Services					
Identified need	Service/ Good	Full Cost	Other Information	Info. to be gathered	
				By Whom	By When
Consumer Goal: Maintain a clean home.					
Need assistance with cleaning house due to limited mobility as a result of arthritis.	Option 1: Neighbor cleans house.	\$80.00 (\$8.00/ hr X 10 hrs/wk.)	Determine if neighbor is available and willing	Consumer	3/31/09
	Option 2: Cleaning Service	???	Identify cleaning service and get quotes	Consumer	4/10/09
Consumer Goal: Have freshly prepared meals.					
Need assistance with meal preparation due to limited mobility as a result of arthritis.	Option 1: Home Delivered Meals	\$40.95 (\$5.85/ meal X 7 meals/ wk)	Current waiting list. Wait approx. 1 month.		
	Option 2: Neighbor prepares meals	\$32.00 (\$8.00 X 4 hours/ week)	Determine if neighbor is available and willing	Consumer	3/31/09
	Option 3: Delivery of pre-made food from grocery store (e.g. roasted chicken and salad)	???	Is this service available and how much does it cost?	Care Coord.	3/31/09

If the consumer (and/or consumer representative) chooses to self direct the in-home services worker, the case manager/care coordinator will explain again that under this program, the consumer (and/or consumer representative) is responsible for the day-to-day management and

supervision of the in-home services worker, and the FMS is the employer of record. These are often new concepts for consumers (and/or consumer representatives). The responsibilities of managing such a worker and deciding who might be a suitable worker may be daunting for the consumer. As part of the process of finalizing the care plan, the case manager/care coordinator should check with the consumer (and/or consumer representative) about his/her understanding of this concept, including the role of the FMS agency and provide further explanation as needed.

SAMPLE SCRIPT: The Role of the Financial Management Services (FMS) Agency

The choice and flexibility offered by consumer-directed care come with some responsibilities. You can choose to direct and manage all of the services in your care plan, or just some of the services. This includes acting as the employer for individuals who provide in-home services to you under your care plan. You would be doing this as laid out in your care plan and the budget that is developed.

Monthly budget: Participants in CDIS under EISEP have staff from an agency, called a FMS agency, to help you manage a monthly budget. You do not handle any money directly. The FMS will do this for you. If you choose to self-direct your personal care, the FMS will help you with some duties related to your in-home services worker.

Money management and training: The FMS will provide you with an orientation so you will have a good understanding of what your role is and what their (the FMS) role is. They also provide an orientation for your worker. In terms of training for your worker, it is your job to provide that training so that tasks are performed the way you want them done. If you need some training to help you do this, you and I (case manager/care coordinator), with the help of the FMS, will arrange it.

Payroll: The FMS handles the payroll for the worker and makes sure that all the taxes are paid. The rate of pay for how much you pay the worker who provides your in-home care is established by the FMS based on rates that have been approved by New York State. I (case manager/care coordinator) will provide you with further information about this topic in a few minutes.

Ongoing support: I (case manager/care coordinator) will provide you with ongoing support to make sure that this program is meeting your needs and to address any questions or issues that might arise.

Consumer-Directed In-home Services Workers: Identification, Selection and Management: It can be difficult for the consumer (and/or consumer representative) to identify potential in-home services workers and to list who currently provides help with his/her care. Visualizing and categorizing the individuals who currently assist consumers on an informal basis, as well as other family, friends and/or neighbors who may be willing to assist, may make this task easier

for consumers (and/or consumer representatives). This is often a first step in identifying potential in-home services workers available and willing to provide assistance as a paid employee.

One approach is to ask the consumer or consumer representative to imagine him/herself at the center of a “support circle,” and start by identifying people who are closest to him/her (often family and friends and sometimes neighbors), then add other friends and neighbors, then people such as co-workers (perhaps of the consumer representative) and other people he/she knows, but who are not necessarily friends, and then individuals he/she pays to provide services. In this way, a fuller picture of who might be available to provide in-home services to the consumer emerges. Information gathered through the **COMPASS** on informal supports can be introduced here as probes to gather expanded information.

If the consumer (and/or consumer representative) is interested in pursuing or at least exploring the use of one or more of these individuals as an in-home services worker, the consumer (and/or consumer representative) should be encouraged to contact those individuals as soon as possible to determine if they might be interested in this role or perhaps willing to serve as a back-up worker in an emergency.

It might be helpful to identify several individuals as possibilities and rank them according to preference. This will save time if it turns out that the first individual is not interested or available.

Consumers or consumer representatives must be made aware that, to be an in-home services worker, an individual must meet all of the following requirements:

- Be aged 18 years or older,
- Not be the consumer representative, and
- Has not been convicted of Medicaid or other benefits fraud or any form of abuse, neglect or exploitation.

The case manager/care coordinator will explain to the consumer (and/or consumer representative) that they are responsible for the day-to-day management of the in-home services worker. The consumer (and/or consumer representative) will recruit, hire, schedule, supervise, train or arrange for training for the in-home services worker, and, if they determine it to be necessary, dismiss their in-home services worker. A FMS agency will formally hire the individual the consumer (and/or consumer representative) has decided to select, arrange for any standard background checks, and ensure all health requirements are met. This agency also will be responsible for payroll and payroll taxes, liability insurance, workers’ compensation, and

any employee benefits. The number of hours and the duties to be performed will be specified and agreed to by the consumer (and/or consumer representative) and the case manager/care coordinator within the care plan and budget. The consumer (and/or consumer representative) will be responsible for reviewing, signing and returning timesheets to the FMS as specified in any agreement. The consumer (and/or consumer representative) also will be responsible for monitoring the hours of the in-home services worker, using monthly reports provided by the FMS to ensure that time used is within the terms of the care plan and budget. The consumer (and/or consumer representative) is responsible for managing the budget including monitoring the hours of the in-home services worker.

Backup Plan and Emergency Contact Information: The case manager/care coordinator will work with the consumer (and/or consumer representative) to develop a backup plan using the **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP** form. This form will become part of the consumer's care plan and file. A copy of the backup plan and emergency contact information will be maintained by the consumer (and/or consumer representative) and selected sections will be located in the consumer's home in a designated location so that the in-home services worker can refer to it as needed. Specific names and contact information will be entered for individuals available to provide care when the usual in-home services worker is not available for work or is asked by the consumer (and/or consumer representative) not to return, as well as emergency and/or contact information for other supports. All of this information should be gathered and the form completed by the consumer (and/or consumer representative) as part of the process of finalizing the care plan and budget. Frequently, the backup worker will be from the consumer's informal supports and frequently will not be paid. The FMS may be helpful in finding backups for in-home services workers when the consumer (and/or consumer representative) is unable to do so or if the backup worker that the consumer (and/or consumer representative) has identified is not available. Where the backup plan includes persons who will be paid as an in-home services worker, these individuals will need to meet the same health and background requirements as other FMS employees.

If a consumer has two different in-home workers providing services and supports (at different times and together equaling the amount of services and supports authorized), one worker can be the backup for the other in-home services worker, provided neither worker exceeds 40 hours for the week.

Once the **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP** form is completed and signed, it becomes a part of the care plan and is shared with the FMS and reviewed periodically by the case manager/care coordinator and the

consumer (and/or consumer representative) to determine its continued viability and appropriateness.

Should it become necessary to revise the backup plan and emergency contact information, the consumer (and/or consumer representative) will notify the case manager/care coordinator. A new **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP** form will be developed. The revised plan will then become part of the consumer's file, will replace the copy located in the consumer's home, and will be shared with the FMS.

Calculating Cost Share: The CDIS under EISEP provides the opportunity for cost sharing. The following list describes cost sharing options.

- **EISEP FUNDED SERVICES:** Apply existing EISEP cost sharing requirements for consumer payments (in-home personal care services, ancillary services and non-institutional respite) funded by EISEP.
- **Community Services for the Elderly (CSE) FUNDED SERVICES:** Apply EISEP cost sharing requirements except for social adult day and EISEP-like ancillary services.
- **Older Americans Act (OAA) FUNDED SERVICES:** For services which cost sharing is permitted under the OAA, apply existing EISEP cost sharing requirements. *Cost share cannot be applied to congregate and home delivered meals, information and assistance, outreach, benefit counseling, and case management services.* Local programs may exclude additional services from applying cost sharing.

When OAA funding is being used for a service, a consumer cannot be discharged from that service for non-payment of cost share under this program.

- **One Time Purchases** that are not on loan from the AAA (e.g. durable medical equipment, assistive devices /assistive technology, appliances), Home Modifications and Repairs, repairs to equipment, using CSE or OAA funds.

Based on the care plan, the case manager/care coordinator will explain to the consumer (and/or consumer representative) how cost share is determined, the amount of cost share required and how the consumer is billed for each of the care plan items.

The method for calculating the cost share differs depending on whether it is a recurring monthly, recurring other than monthly or one time only cost. Because the amount may differ from month to month, it may be helpful for the case manager/care coordinator to lay out a

schedule of monthly cost shares for the duration of the care plan and provide a copy to the consumer (and/or consumer representative).

Finalizing the Individual Care Plan, Budget and Related Documents: Based on the discussions in the initial planning meeting, the additional information gathered during the fact finding period and documented on the **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services** worksheet and the results of subsequent discussions, the case manager/care coordinator will develop a written care plan and budget using the **Goals and Needs: Summary for Care Plan Under Consumer Directed In-home Services under EISEP** form (See “Resources”), which will become part of the consumer’s file, and an **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP** form. A care plan and budget will address:

- The consumer’s goals, needs, preferences and priorities;
- How the goals, needs, preferences and priorities will be met, e.g. services, goods, provider, schedule, and time period for services;
- Budget reflecting the costs associated with goods and services.

The **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP** form is a model form and includes all the necessary components of a care plan and budget that would be given to the consumer. If agencies choose to develop their own care plan and budget form, that form must have the capacity to capture all of the following components:

For each recurring service/good

- Type of service/good;
- Provider;
- Number of units each time provided;
- Frequency of service/good;
- Date expected to begin;
- Monthly consumer cost share; and
- Total consumer cost share for recurring services/goods.

For each one time service/good

- Type of service/good;
- Provider;

- Estimated month to be received;
- Consumer cost share; and
- Total consumer cost share for one time services/goods.

The case manager/care coordinator will meet in person with the consumer (and/or consumer representative) to review the completed care plan, budget, and any estimated cost share fee(s) associated with the care plan and make any necessary final changes. At this time, the case manager/care coordinator will inform the consumer (and/or consumer representative) of the consumer's rights under the program and provide a copy of the **Consumer Rights Under Consumer Directed In-home Services under EISEP** and obtain the appropriate signatures on the program participation documents.

In cases where the consumer will be self directing, signatures will be necessary on the following forms:

- **Agreement to Participate in Consumer Directed In-home Services under EISEP;**
- **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP.**

In cases where the consumer has chosen a consumer representative, signatures will be necessary on the following forms:

- **Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP;**
- **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP.**

Once all the paper work is completed, the case manager/care coordinator will establish a date for:

- Any follow-up calls to be made by the consumer (and/or consumer representative) or case manager/care coordinator;
- The next in-person visit; and
- The date for next formal review (reassessment) of the consumer and care plan and budget.

Sharing the Care Plan and Budget and Other Documents: The case manager/care coordinator will keep the originals of the following documents in the consumer's file:

- **Agreement to Participate in Consumer Directed In-home Services under EISEP** or (if appointing a consumer representative) **Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP**;
- **COMPASS**;
- **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP Form**;
- **Goals and Options Work Sheet for Consumer Directed EISEP In-home Services**;
- **Goals and Needs: Summary for Care Plan Under Consumer Directed In-home Services under EISEP**;
- **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP**.

The case manager/care coordinator will provide the consumer (and/or consumer representative) with a copy of the following documents:

- **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP**;
- **Agreement to Participate in Consumer Directed In-home Services under EISEP** or (if appointing a consumer representative) **Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP**;
- **Backup Plan and Emergency Contact Information for Consumer Directed In-home Services under EISEP**;
- **Consumer Rights Under Consumer Directed In-home Services under EISEP**;
- Information describing the services provided by the FMS agency.

Relevant documents, as agreed to with the AAA, will also be sent to the FMS.

Monitoring the Care Plan and Budget: It will be the responsibility of the consumer (and/or consumer representative) and the case manager/care coordinator to monitor the care plan and budget. At minimum, there will be monthly contacts between the consumer (and/or consumer representative) and the case manager/care coordinator. The content of which should be

documented in the consumer's file. Each will receive and review a monthly expenditure report from the FMS and will discuss any discrepancies or need for changes to the care plan or budget.

Modifying the Care Plan and Budget: There may be a need to modify a care plan and/or budget. If this need arises, the case manager/care coordinator will discuss and plan with the consumer (and/or consumer representative). Changes agreed to will be documented by the case manager/care coordinator in case notes and reflected on the **Individual Consumer Directed Care Plan and Budget for Consumer Directed In-home Services under EISEP** form. These changes may be added to the existing care plan and budget and initialed by the consumer (and/or consumer representative). Next, a revised care plan and budget must be developed and signed-off on by the consumer (and/or consumer representative). After a formal review of the care plan, the consumer (and/or consumer representative) and case manager/care coordinator will sign off on their agreement to the changes.

**Agreement to Participate
in Consumer Directed In-home Services under EISEP**

This required form serves as the consumer agreement to participate in the consumer directed program. The form identifies the responsibilities of the consumer and case manager regarding consumer directed in-home services.

Consumer Agreement:

I, (Name of the Consumer) _____, wish to receive consumer directed in-home services and plan to direct my own care.

**Agreed Upon Terms and Conditions
Using Consumer Directed In-home Services**

Consumer Responsibilities:

I agree to comply with all of the following:

- I will inform the case manager if I am unable or do not want to continue to receive consumer directed in-home services.
- I will be responsible for training in-home services worker as appropriate.
- I will provide oversight and supervision of the in-home services being provided as agreed to and reflected in the care plan.
- I will work with the Fiscal Intermediary to fulfill all required responsibilities related to in-home services workers.

I understand that:

- The case manager will offer me ongoing support in the coordination of my care plan.
- The case manager reserves the right to contact the Fiscal Intermediary to discuss their provision of services to me.

**Agreement to Participate
in Consumer Directed In-home Services under EISEP**

Case Manager Responsibilities:

- Collaborate with the consumer on the development of a care plan that supports the consumer’s goals, needs, preferences and priorities.
- Offer ongoing support in the coordination of my care plan. This assistance may include identifying resources that are available to assist you.
- Connect you to a Fiscal Intermediary that will handle the following functions: payroll and all taxes, withholding, and workers’ compensation; assist in securing the health assessment for the employee hired to provide consumer directed in-home services; and a background check, as per AAA protocols.
- Provide assistance and support to you in regard to your responsibilities to the Fiscal Intermediary.
- Review your emergency backup plan, and contact you if further information is needed.
- Work with you to identify the steps that need to be taken if you have problems providing oversight and supervision to the in-home services.

Your Case Manager is NOT responsible for:

- Directly interviewing, hiring, training, scheduling or supervising employees providing person – centered, consumer directed in-home services to you (the consumer).
- Firing employees providing services to you (the consumer).
- Telling your employees if you are unhappy with their work.
- Finding emergency back up to the people who are providing your (the consumer’s) in home services.

Agreement to Participate

I understand and accept the responsibilities for consumer directed in-home services as listed in this agreement for the time period designated in the care plan.

County to add a Hold Harmless clause here

Consumer Signature

Date

**Agreement to Participate with a Consumer Representative
in Consumer Directed In-home Services under EISEP**

This required form serves as the consumer representative agreement to participate in the consumer directed program. The form specifies the responsibilities of the consumer, the consumer representative, and case manager regarding consumer directed in-home services.

Consumer Representative Agreement

I, (Name of the Consumer) _____, confirm that I have asked (Name of the Consumer Representative) _____, to be my Consumer Representative.

I have been advised of the roles and responsibilities for the consumer and/or the consumer's representative in this program, and have had the opportunity to have my questions about consumer directed in-home services answered to my satisfaction. I agree to fulfill the responsibilities as a representative of the consumer. I am aware that if I have any further questions or concerns I may contact the case manager for assistance.

I attest to the following:

- I am at least 18 years of age;
- I voluntarily agree to serve as a representative for (Name of Consumer) _____.
- I am not being paid as a caregiver or in-home services worker for (Name of Consumer)_____.

Agreed Upon Terms and Conditions for the Consumer Representative

As the Consumer Representative, I understand that:

- I am acting on behalf of and for the previously named consumer and to the greatest extent possible, the decisions I am making are based on my knowledge and understanding of the consumer's goals, needs, priorities and preferences.
- Unless I have been legally appointed as a guardian or a conservator, the consumer may choose to relieve me of my representative decision-making authority at any time.
- I will not be paid and cannot be paid for being a consumer representative.
- I cannot be an employee of the consumer.
- The case manager will offer me ongoing support in coordination of the consumer's services and supports.

Agreement to Participate with a Consumer Representative in Consumer Directed In-home Services under EISEP

- The case manager reserves the right to contact the consumer's Fiscal Intermediary to discuss provision of service to the consumer.

In addition, as the Consumer Representative, I agree to:

- I will be responsible for training in-home services worker as appropriate.
- Work with the Fiscal Intermediary to fulfill the required responsibilities related to in-home service workers.
- Notify the case manager if I am unable to continue to function as the consumer representative.
- Notify the case manager if the consumer is unable to continue receiving consumer directed in-home services.
- Keep the consumer's information confidential and shared only as needed to implement the care plan.
- Accept the decisions of the case manager/care coordinator and the consumer regarding my assignment as representative.

Agreed Upon Terms and Conditions for the Case Manager

Case Manager Responsibilities:

- Collaborate with the consumer on the development of a care plan that supports the consumer's goals, needs, preferences and priorities.
- Offer ongoing support in the coordination of the care plan of the consumer. This assistance may include identifying resources that are available to assist you.
- Connect you to a Fiscal Intermediary that will handle the following functions: payroll and all taxes; withholding; workers' compensation; assist in securing the health assessment for the employee hired to provide consumer directed in-home services; and a background check, as per AAA protocols.
- Provide assistance and support to you (the consumer) in regard to your responsibilities to the Fiscal Intermediary.
- Review your emergency backup plan, and contact you (the consumer) if further information is needed.
- Work with you to identify the steps that need to be taken if you have problems providing oversight and supervision to the in-home services worker.

**Agreement to Participate with a Consumer Representative
in Consumer Directed In-home Services under EISEP**

Your Case Manager is NOT responsible for:

- Directly interviewing, hiring, training, scheduling or supervising employees providing person-centered, consumer directed in-home services to you (the consumer).
- Firing employees providing services to you (the consumer).
- Telling your employees if you are unhappy with their work.
- Finding emergency back up to the people who are providing your (the consumer's) home care.

Agreement to Participate in Consumer Directed In-home Services

I understand and accept the responsibilities for consumer directed in-home services as listed in this agreement for the time period designated in the care plan.

County to add a Hold Harmless clause here

Consumer Signature

Date

Consumer Representative Signature

Date

**Backup Plan and Emergency Contact Information
for Consumer Directed In-home Services under EISEP**

Consumer Name

Consumer Representative

This **Backup Plan and Emergency Contact Information** form was developed for you to use in an emergency or if your scheduled employees cannot provide your care, services, or supports.

BACKUP PLAN:

IF REGULARLY SCHEDULED EMPLOYEES/SERVICE PROVIDERS CANNOT PROVIDE MY CARE, SERVICES, OR SUPPORTS, I WILL CONTACT ONE OF THE PEOPLE ON MY LIST.

In the table, below, list who you will call to come and work that day in the event that your in-home services worker fails to report for their shift or task. (Examples: friends, family, past personal care providers, church members, other volunteers.)

<i>Care/Service</i>	<i>Person's Name</i>	<i>Days/Times NOT Available</i>	<i>Phone Number</i>

Consumer or representative should initial each item to indicate agreement:

- A. _____ I have talked with family and friends listed above about the times they can be available and/or with backup service providers as needed about employment, pay, their availability, and my personal care needs in the event that my regularly scheduled in-home services worker is not available.

- B. _____ I understand that I may only get essential needs met when my in-home services worker is unexpectedly not available. I will keep a current list of my needs and tasks essential to my health and safety that must be performed in a given day in an agreed upon location.

**Backup Plan and Emergency Contact Information
for Consumer Directed In-home Services, *continued***

EMERGENCY CONTACTS:

Relative(s)

<i>Name</i>	<i>Phone</i>	<i>Address</i>

Physician(s)

<i>Name</i>	<i>Phone</i>	<i>Address</i>

Case Manager

<i>Name</i>	<i>Phone</i>	<i>Address</i>

Others

<i>Name</i>	<i>Phone</i>	<i>Address</i>

Consumer or representative should initial each item to indicate agreement:

1. _____ I have made and posted in a known location the above list of emergency contacts (an emergency call list) that my service providers can refer to in an emergency.
2. _____ If I believe I am at risk of harm for abuse, neglect, or exploitation, I know that I should contact New York Adult Protective Services at 800-342-3009 (Press Option 6) or my local Department of Social Services at _____.

Client or Representative Signature

Date

Case Manager

Date

Goals and Options Work Sheet for Consumer Directed EISEP In-home Services

This form is **optional**. It can be used to help the case manager and the consumer (and/or consumer representative) to identify goals and needs of the consumer, and options for services and goods the consumer is interested in using to meet the identified need/consumer goal. Cost information should be considered for those different options.

Identified Need	Service/ Good— OPTIONS	Full Cost (Estimated)	Other Information	Info. to be gathered	
				By Whom	By When
Consumer Goal A:					
Consumer Goal B:					
Consumer Goal C:					

**Individual Consumer Directed Care Plan and Budget
for Consumer Directed In-home Services under EISEP**

Individual Consumer Directed Care Plan and Budget Reassessment Due Date ___/___/_____

Recurring Services/Goods	Provider	# of Units Each Time Service is Provided	Frequency	Expected Begin Date	Monthly Consumer Cost Share
TOTAL COST SHARE FOR RECURRING SERVICES AND GOODS					

**Individual Consumer Directed Care Plan and Budget
for Consumer Directed In-home Services under EISEP**

One Time Services/Goods	Provider	Estimated Date to be delivered	Consumer Cost Share
	TOTAL COST SHARE FOR ONE TIME SERVICES AND GOODS		

Consumer Rights Under Consumer Directed EISEP In-home Services

Each consumer and/or consumer representative shall:

- Be informed of and provided with his/her rights orally and in writing, at the time of signing the Financial Information and Consumer Agreement;
- Participate in the development, revision and termination of the care plan and budget based on the consumer goals, needs, preferences and priorities, be informed of all services to be provided, and when and how services will be provided;
- Direct any of his/her in-home services workers, other services or goods as agreed to in the care plan and budget;
- Be given the name, address, telephone number and functions of any person and affiliated agencies providing care or services;
- Be given the name, address and telephone number of the designated care coordinator in order to discuss issues related to the care plan and budget;
- Have the right to refuse any portion of the plan, except case management, without loss of other services after being fully informed of and understanding the consequences of such actions;
- Have the right to recommend changes in policies and services to program staff, area agency on aging staff, and NYS Office for the Aging staff;
- Be encouraged and assisted to exercise his/her right to voice complaints and to seek protection from mental, physical and financial abuse, mistreatment or neglect;
- Be informed orally and in writing of the agency's complaint procedures and of the right to seek the assistance of outside representatives of his/her choice to resolve complaints, free from interference, coercion, discrimination or reprisal;
- Be informed of his/her right to review his/her consumer file;
- Be discharged from the consumer directed Expanded In-home Services for the Elderly Program (EISEP) if requested by the consumer or consumer representative;

Consumer Rights

Under Consumer Directed EISEP In-home Services

- Be assisted in seeking appropriate care if discharged and he/she has need of services;
- Be informed in writing of the reason or reasons for involuntary discharge at least five (5) business days prior to discharge;
- Be treated with consideration, respect and full recognition of his/her dignity and individuality – that shall include the delivery of service in a respectful manner compatible with his/her cultural and religious beliefs, practices and preferred language;
- Be shown proper and current identification by any person providing services in the home;
- Have his/her wishes regarding his/her home environment, furnishings and possessions respected;
- Be entitled to expect that any person coming into the home will exhibit appropriate standards of behavior;
- Be assured his/her consumer file will be kept confidential;
- Be entitled to receive consumer directed EISEP services without regard to race, creed, color, gender, sexual orientation, marital status, political affiliation or handicapped status (provided, however, that all requirements for program eligibility are met); and
- Not be required to pay any money beyond the cost-sharing amount.