



This checklist outlines the responsibilities of the Care Manager who works with a person who chooses to Self-Direct their Office for People With Developmental Disabilities services. To provide quality services to a person self-directing their services, the Care Manager must follow the steps below and keep accurate and up-to-date documentation. This checklist is a guidance document and does not replace or supersede established policy, regulation or other service rules.

Enrollment and Eligibility Activities

- The Care Manager **educates** the person/family on the Self-Direction model.
 - The Care Manager assists the family to enroll in a Self-Direction Information Session.

- The Care Manager makes sure that the person has active Medicaid. This is required before enrollment in the **Home and Community-Based Services Waiver**.
 - The Care Manager must confirm the person is enrolled in the Home and Community-Based Services Waiver and that a Notice of Decision has been issued before Self-Direction can begin.
 - If a person self-directing their services loses either their Waiver or Medicaid status, the Care Manager must notify the Developmental Disabilities Regional Field Office Self-Direction Liaison, the Support Broker, and the Fiscal Intermediary immediately and follow through with the person self-directing their services to remedy the circumstances if possible.

- The Care Manager submits the Service Amendment Request Tool with supporting documents for approval to move forward with Self-Direction.

- The Care Manager makes sure that the Life Plan supports the **person's choice to self-direct** and includes **justifications** for **any** services/supports that will be included in the Self-Direction Budget.
 - If the person uses Support Brokerage to explore the suitability of Self-Direction, the Care Manager will **identify Support Brokerage** in the person's Life Plan in Section IV for Waiver and State Plan Authorized services.

- The Care Manager helps to identify **what will be supported through the Self-Direction Budget** and **what can be supported through other funding sources**. This includes applying for other supports and services that may cover costs such as:
 - Office for People With Developmental Disabilities Housing Subsidy
 - The Care Manager is aware of and complies with the responsibilities detailed in Office for People With Developmental Disabilities Administrative Memorandum #2022-03 titled [ADM #2022-03 OPWDD Housing Subsidy Program | Office for People With Developmental Disabilities](#) when supporting people self-directing their services who have, or are applying for, an Office for People With Developmental Disabilities Housing Subsidy.

- Collaboration between the Care Manager, Support Broker, and Fiscal Intermediary is essential to sustaining a monthly subsidy.

- Care Manager ensures all alternate funding sources (e.g., Section 8, Supplemental Nutrition Assistance Program, Medicaid State Plan) have been applied for, explored and exhausted prior to requests for the Self-Direction Budget to pay for goods or services.
 - The Care Manager continues to support the person to apply and/or enroll in all supports and services requested or necessary.
 - The [Self-Direction for Providers | Office for People With Developmental Disabilities](#) is used as a quick reference guide to assist Care Managers with these conversations.

Before the Self-Direction Budget is approved and implemented, the Care Manager:

- Notifies the program(s) if the person is ending any certified services which are being replaced by self-directed services.
- Makes sure the Developmental Disabilities Profile 1 removal is completed by the proposed Self-Direction Budget effective date.
- Confirms the change is reflected in TABS/CHOICES.
- Makes sure the correct Self-Direction program codes for Fiscal Intermediary, Support Broker, Individual Directed Goods and Services, and Live-In Caregiver are reflected in TABS/CHOICES.
- Continuously updates the Support Broker, Fiscal Intermediary, and Circle of Support about service enrollments (including Direct Provider Purchased) and any other changes that impact the Self-Direction Budget.

Person-Centered Planning and Life Plan Documentation

- Once the Initial Self-Direction Budget has been approved, the Care Manager will identify **each** Waiver service in the person's Life Plan.
 - For each Home and Community-Based Services Waiver service, the effective date listed will be on or before the first date of service that the provider bills for the service.
 - The Care Manager also makes sure that the Fiscal Intermediary agency is identified as the provider agency, as applicable.
 - The Care Manager follows the service-specific Administrative Memorandum as a reference for correctly listing each Waiver service within the Life Plan.
- The Care Manager makes sure the person's decision to use **remote technology** for service delivery is written within the person's Life Plan as outlined by Office for People With Developmental Disabilities Administrative Memorandum #2021-03R, titled [ADM#2021-03 Ability to use Technology to Remotely Deliver Home and Community-Based Services \(HCBS\) | Office for People With Developmental Disabilities](#).

- ❑ The Care Manager maintains the Care Coordination Record for any person self-directing and receiving Care Manager and Home and Community-Based Services Waiver services.
 - The Care Manager documents the person's satisfaction with all services they receive and specifically addresses the person's satisfaction with Self-Directed Services.
 - The Self-Direction Budget is reviewed at least twice a year in coordination with the Life Plan reviews.
 - The Care Manager makes sure the Life Plan is updated as services and supports are added and approved to the Self-Direction Budget.

- ❑ The person self-directing their services may share the need for a change or amendment to the Self-Direction Budget at the Life Plan review.
 - The Care Manager will work with the Support Broker to make sure that the correct paperwork is submitted to the Fiscal Intermediary to make the changes.

- ❑ The Care Manager makes sure providers take part in the Person-Centered Planning Process and are invited to the Life Plan Meetings.

- ❑ The Care Manager makes sure that the State-approved Functional Needs assessments (Coordinated Assessment System/Child and Adolescent Needs and Strengths Assessment and Development Disabilities Profile 2) are completed and updated as required. **(Coordinated Assessment System and Development Disabilities Profile 2 are every 2 years. Child and Adolescent Needs and Strengths Assessment is done annually).**

- ❑ The Care Manager notifies the Support Broker and Fiscal Intermediary of any changes to the person's assessed needs impacting the Development Disabilities Profile 2, Coordinated Assessment System, or Child and Adolescent Needs and Strengths Assessment.

- ❑ The Care Manager works with the person self-directing their services, Support Broker, Fiscal Intermediary, and Circle of Support to make sure that the valued outcomes supported by the **Self-Direction Budget** are **consistent** with the **valued outcomes** identified in the Life Plan.
 - In addition, the Care Manager needs to ensure **all safeguards** are consistent across State Plans.

- ❑ In addition to the person self-directing their services, the Support Broker and Care Manager are required members of the Circle of Support. **The Care Manager must be invited to participate in the Circle of Support meetings.**
 - The Care Manager should keep up-to-date records of the Circle of Support contacts for information sharing, budget impact notifications, and Life Plan invitations.
 - When the Care Manager cannot be present at the meeting, it is the Care Manager's responsibility to take part remotely or, if this is not possible, to find out what was discussed at that meeting and to determine if there are any outstanding items they need to assist the person self-directing their services to follow up on.

Ongoing Support and Communication

- ❑ The **Care Manager** acts as the **link** between the **Developmental Disabilities Regional Field Office Self-Direction Liaison, Support Broker, Fiscal Intermediary and Circle of Support**.
 - The Care Manager notifies the **Developmental Disabilities Regional Field Office Self-Direction Liaison and Fiscal Intermediary** of issues involving the person self-directing their services, such as health and safety concerns or anything preventing the person self-directing their services from having a fully implemented Life Plan.
 - If the Circle of Support is **not** meeting regularly and/or is **not** providing the level of support necessary to ensure the well-being of the person self-directing their services, the Care Manager will notify the **Developmental Disabilities Regional Field Office Self-Direction Liaison and the Fiscal Intermediary**.

- ❑ The Care Manager follows the Office for People With Developmental Disabilities **Part 624 and 625** incident reporting rules. In addition:
 - The Care Manager should also make sure that the person self-directing their services has notified the Fiscal Intermediary of **any reportable incidents** involving staff hired or subcontracted by the Fiscal Intermediary to provide Self-Direction supports or services, or of any incident that is otherwise reportable by the Fiscal Intermediary, if the person or their Circle of Support have not already done so.

- ❑ The Care Manager works with the person self-directing their services, their Circle of Support, Fiscal Intermediary and Support Broker to implement the Life Plan.
 - If a significant change is made to the Self-Direction Budget, the Care Manager will make sure the person's Life Plan is updated to reflect the changes within the time frames required for the amendment of a Life Plan.

- ❑ The Care Manager helps the person self-directing their services to **manage their approved Self-Direction Budget** and **help them find fair market prices** for their purchases of goods and services.

- ❑ **The Care Manager helps the person self-directing their services with documentation requirements** as needed to justify proposed goods, services and reimbursements.
 - Care Manager ensures all alternate funding sources (e.g., Section 8, Supplemental Nutrition Assistance Program, Medicaid State Plan) have been applied for, explored and exhausted prior to requests for the Self-Direction Budget to pay for goods or services.

- ❑ **The Care Manager makes sure the Fiscal Intermediary receives a copy of the annual Level of Care Eligibility Determination Form** or has access to it in CHOICES Supporting Documents.