

# ***West Virginia Personal Options Traumatic Brain Injury***

## ***Program and Employer Guide***

Personal Options supports your self-determination to live the life that you want with the services and supports you need.

Personal Options supports you to make choices that allow you to:

- Exercise control over your life;
- Achieve your goals;
- Obtain skills and resources to participate in meaningful roles in the community;
- Take responsibility for your actions;
- Determine your future!

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## ***West Virginia Personal Options Program and Employer Guide***

Dear Participant and/or Program Representative:

We would like to take this opportunity to welcome you to the *Personal Options* program. We are excited to begin this partnership with you as we look forward to a long and mutually satisfying relationship.

We would also like to congratulate you; you are on your way to becoming a supervising employer. As an employer you will have more control over the services you receive because you will be making the decisions about hiring, training, and supervising your employee(s).

To get started, you will need to meet with a PPL Resource Consultant to complete the paperwork necessary to establish you as the employer and to hire your employees. The Resource Consultant will also assist you with developing a Spending Plan which outlines how you choose to use your participant-directed budget.

The following material will help you to understand these responsibilities as well as others associated with your role as an employer.

We hope you will enjoy this process and we look forward to working with you.

Sincerely,  
Public Partnerships, LLC

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## Personal Options Program and Employer Guide

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## **Purpose of this Guide**

This guide has been developed as a resource for participants of the Traumatic Brain Injury (TBI) Waiver program who have chosen to direct their own services through the *Personal Options* program. The following information will provide you with information on how to enroll in *Personal Options* and begin directing your own services. This guide may also be helpful to legal representatives, family members, and others assisting you.

## **1. Overview of Personal Options**

*Participant-direction is an optional service delivery method that gives Medicaid Waiver program members an alternative to receiving services through traditional provider agencies. Participant-direction allows greater choice and control over your Waiver services so that you may live as independently as possible in your home and community.*

Participant-direction is the act of choosing and controlling aspects of your life including:

- Exercising your right to make choices and changes
- Deciding:
  - ✓ Who will provide your services;
  - ✓ What services will be provided;
  - ✓ When services will be provided;
  - ✓ Where services will be provided.

## **Personal Options - TBI**

*As a member of the TBI Waiver program, you may choose Personal Options to manage a portion of your annual Medicaid budget. You and/or your appointed Program Representative can choose the types and amounts of services that are allowed to be participant-directed. You will continue to have the support of a Case Manager and you may still receive other services that you need through traditional provider agencies.*

## **Personal Options at a Glance**

- ✓ The *Personal Options* program is administered by the West Virginia Bureau for Medical Services (BMS). Additional information regarding Personal Options is available in the WV Traumatic Brain Injury (TBI) Waiver Policy Manual.
- ✓ *Personal Options* is available to persons with TBI in nursing homes, rehabilitation facilities or hospitals
- ✓ To be referred to the *Personal Options* program, a person or his/her legal representative must complete a Medical Necessity Evaluation Request (MNER)

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requesting a medical evaluation. The form is submitted to APS Healthcare, the Administrative Services Organization (ASO).

- ✓ Once the medical evaluation is complete and the person is found eligible, the person is encouraged to go to the DHHR to be determined financially eligible. Upon eligibility, the member signs a “Freedom of Choice” to select services from a traditional provider or the Self- Directed Personal Options program.
- ✓ *Personal Options* participants manage an annual participant-directed budget based on their needs. This budget is not considered personal income of the participant.
- ✓ The annual budget is divided into monthly spending plans that specify the amounts of services to be provided by the participant’s employees and the employees’ rates of pay.
- ✓ The participant is always the Employer of Record but may appoint a Program Representative to assist as needed with the responsibilities of directing his/her own services.
- ✓ *Personal Options* participants determine their employees’ scheduled hours of service and rates of pay. The rates of pay must be within state and federal limits and cannot exceed the current Medicaid rate for the service.
- ✓ The following services are available for participant-direction through the *Personal Options* program:
  - Personal Attendant Services (PAS)
  - Transportation
  - Participant Directed Goods and Services (PDGS)
- ✓ Participant Directed Goods and Services allows *Personal Options* participants to use up to \$1,000 annually from their budget to purchase approved goods and services that decrease their need for Medicaid services, increase safety in the home and community and/or promote independence. Examples include assistive technology, grab bars, personal response systems, etc.
- ✓ Financial Management – Public Partnerships, LLC (PPL) serves as the Fiscal/Employer Agent, performing payroll and tax functions on behalf of *Personal Options* participants. PPL’s services are paid for by the Bureau for Medical Services at no cost to the participant. No administrative fees are deducted from the participant’s Medicaid budget.
- ✓ Each *Personal Options* participant is assigned a PPL Resource Consultant who provides training and on-going assistance regarding employer responsibilities, spending plan development, and budget utilization.

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- ✓ Participants who choose *Personal Options* will continue to receive Case Management, as well as other chosen services (i.e. Cognitive Rehabilitative Therapy) through traditional provider agencies.
- ✓ Personal Options participants may choose to transfer some or all of their participant-directed services back to traditional provider agency services at any time.

## **Benefits of Personal Options**

In addition to having increased choice and control over services, *Personal Options* participants report increased satisfaction and quality of life. Other benefits include:

- *Personal Options* services are not subject to traditional service limits or “caps”. Instead, Personal Options participants have “budget authority” which allows them to choose a service mix and employee wage rates that meet their needs using the funds available in their annual participant-directed budget.
- The monthly spending plans can be revised as the participant’s needs change and when they choose to increase or decrease their employee’s rates of pay. Revisions are easy and often involve only a phone call with the PPL Resource Consultant.
- *Personal Options* employees are classified as companion workers and may be scheduled to work more than 40 hours per work week based upon the participant’s needs.
- Participant-Directed Goods and Services (PDGS) are available only through participant-directed service models.
- Employee paperwork is reduced to a user-friendly timesheet and transportation invoice which may be submitted to PPL by mail, fax or through a secure web portal.
- The cost of participant-directed services is often less than traditional agency services. This allows Personal Options participants to receive more services from their annual Medicaid budget.

## **2. Employer Roles and Responsibilities**

Upon receipt of your referral to the *Personal Options* program, a PPL Resource Consultant will contact you and/or your legal representative to schedule an enrollment meeting. During this meeting, the Resource Consultant will assist you with the completion of your Enrollment Packet which contains all the necessary tax forms to establish you as the “employer of record” with the Federal and State governments. Your role as an employer and managing a participant-directed budget has nothing to do with your personal income taxes. You should continue to file your personal taxes (if applicable) as you have always done. As an employer, you will be required to pay employer taxes (Social Security, Medicare, and unemployment taxes) on the wages you pay your employees. PPL handles all tax payments for you and the costs are deducted

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from your participant-directed budget. During the enrollment meeting, your Resource Consultant will further educate you on this process.

As an Employer, you will:

- Maintain a safe working environment, free from harassment, hostilities or drugs
- Recruit, select, train, supervise, and fire employees;
- Ensure your employees meet the required qualifications including a criminal background check, CPR, and First Aid certifications;
- Direct completion of employee training;
- Develop your monthly spending plans;
- Determine your employees' rates of pay (within state guidelines);
- Determine your employees' work schedules and duties;
- Verify, sign, and submit complete and accurate timesheets for your employees;
- Adhere to your monthly spending plan allocations;
- Keep track of your monthly spending;
- Create and maintain a current emergency back-up plan for times when employees are unable to report to work as scheduled;
- Submit all required PDGS documents including an invoice, a completed W-9 form, and receipts to your Resource Consultant.

You are responsible for making sure your employees provide services and supports as defined in your Service Plan developed by you and your Case Manager. The plan will give specific direction to your employees regarding the kind of help you need and exactly how you want that help to be provided.

You are responsible for making sure your employees accurately document all tasks performed and time worked on their timesheets, transportation invoices, and Personal Attendant Services (PAS) Worksheet. Your signature on these documents will verify these forms are properly completed.

### **Appointment of a Program Representative to help with the responsibilities of self direction**

Participants needing help with the responsibilities of directing their own services may appoint a program representative, such as a family member or trusted friend. An "Appointment of Representative" form is provided in the enrollment packet.

The appointed Program Representative must:

- Show a strong personal commitment to the you in assuring that your needs are met
- Respect your preferences
- Be willing and able to help you with the requirements of participant-direction
- Assist you in verifying your employees' timesheets, transportation invoices, and PAS Worksheets
- Be at least 18 years old

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The Program Representative CANNOT:

- Be paid for assisting you with your employer responsibilities
- Be hired by you to provide services except under certain circumstances and with the approval of BMS
- Be known to abuse drugs or alcohol
- Have any history of physical, mental or financial abuse

## **Participant Rights and Responsibilities**

The following TBI Waiver program requirements obligate you to:

- Manage your health and safety
- Notify your PPL Resource Consultant of any change in medical status or care needs
- Notify your PPL Resource Consultant of overnight admissions to a hospital, nursing home or other facility
- Contact your PPL Resource Consultant immediately if there are changes in your Medicaid coverage
- Notify your PPL Resource Consultant of any change in residence, address or phone number
- Maintain a safe home environment
- Cooperate with scheduled in-home visits
- Maintain monthly phone contact with the PPL Resource Consultant
- Cooperate with the required six month home visits and spending plan reviews with your PPL Resource Consultant
- Ensure your employees follow your Service Plan
- Verify services were provided by signing time sheets, transportation invoices, and PAS Worksheets
- Discuss concerns with your PPL Resource Consultant
- Report incidents of abuse, neglect or exploitation to the Protective Services hotline at 1-800-352-6513
- Report any illegal activity of employees to local police or appropriate authorities

## **Maintaining medical eligibility for the TBI Waiver program**

You will be assessed through the BMS Administrative Services Organization (APS Healthcare) annually to determine whether you continue to meet the medical eligibility requirements for the program. This annual assessment also determines the amount of your annual Medicaid budget for TBI Waiver services.

## **Maintaining financial eligibility for the TBI Waiver program**

You are required to complete a periodic financial eligibility review through your local DHHR office. Your Case Manager will assist you with this process.



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If you receive notice that you are no longer medically or financially eligible for TBI services, you have the right to appeal the decision. In order to continue to receive services during the appeal process, you must submit your appeal request (Request for Medicaid Fair Hearing form) within 13 days of receiving the notice of decision. You must notify your Resource Consultant of the appeal. If you do not appeal within the 13 days, *Personal Options* services are discontinued and your employees can no longer be paid through the program.

Note: PPL does not set policy for the TBI Waiver program or *Personal Options*. Questions regarding TBI Waiver and *Personal Options* policy should be directed to the Bureau for Medical Services.

*Personal Options* participants have the same rights as other TBI members. These rights are explained in the TBI Waiver Policy Manual which is available through your Case Manager or from the Bureau for Medical Services. The Policy Manual is available on-line at: [www.wvdhhr.org](http://www.wvdhhr.org)

You have the right to:

- Privacy and confidentiality regarding TBI services
- Be treated with dignity and respect at all times
- Have the involvement and support of people you choose
- Make decisions about your personal assistance needs
- Receive information you need to make informed choices
- Appeal decisions regarding the TBI Waiver Program and *Personal Options*
- Access the WV DHHR Fair Hearing process
- Be involved in decisions about your TBI services
- Be notified of changes in *Personal Options* in a timely manner
- Transfer to different provider agency

### **3. *Personal Options Enrollment Process***

#### **Referral to the Personal Options Program**

- A. To begin self-directing services through the Personal Options program, you or your legal representative must first complete a Freedom of Choice (FOC) form which is available through your Case Manager, the Bureau for Medical Services (BMS) or the Administrative Services Organization (ASO). This form is submitted to the ASO (APS Healthcare) by your Case Manager.
- B. You, your legal representative (if applicable), and your Case Manager will develop your Service Plan with the approved budget from APS Healthcare. Once you and your Case Manager have determined the amount of funds needed for traditional services, you will then decide you participant-directed budget.
- C. APS Healthcare will notify PPL of your interest in the Personal Options program.

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- D. PPL will contact you or your legal representative by phone within 3 business days of receipt of the FOC referral from APS Healthcare. The PPL staff will provide information, answer questions, and explain the enrollment process.
- E. During the initial phone contact a projected “start” date of the transfer from traditional services to participant-directed services will be determined. The “start” date must fall on the first of a month.
- F. Following the team meeting, your Case Manager will submit the chosen services to APS Healthcare for approval and authorization.
- G. APS Healthcare may request additional information or documentation as necessary to authorize the requested services.
- H. Once the chosen participant-directed services have been approved and authorized by APS Healthcare, PPL will be issued service authorizations that will be used to determine the amount of money in your participant-directed budget.
- I. Upon receipt of the service authorizations, PPL will contact you or your legal representative to schedule an enrollment meeting with a Resource Consultant. This meeting is typically held in your home but can be held at PPL’s offices or a community location such as a public library.

### **Enrolling in Personal Options**

- The enrollment meeting should occur within 14 days of PPL’s receipt of the service authorizations from APS Healthcare. You, and/or your legal representative (if applicable), and your appointed Program Representative (if applicable) are required to attend the meeting. If your employees are available it is advised that they also attend the meeting so that the Resource Consultant can provide training, answer questions and assist with the completion of enrollment forms. The enrollment meeting typically takes approximately 2 ½ hours but the time may vary depending on the questions asked, the number of employees being hired, etc.
- The enrollment forms reflect the policies and procedures of the TBI Waiver program, *Personal Options* and PPL. A brief description of these policies and the purpose of each of the forms are indicated in the Enrollment Packet. You may wish to keep a copy of the forms for your records. The PPL Resource Consultant will provide you with a binder to assist you in maintaining your records. *Note: PPL will make enrollment materials (including this guide) available to you in alternate formats upon request. Alternate formats may include: Braille; Large Print; Audiotape; Electronic Format (CD).*
- During the enrollment meeting, you and/or your legal representative will receive training on the policies, procedures, and responsibilities pertaining to directing your own services. If necessary, your appointed Program Representative will assist you with these responsibilities.

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- During the enrollment meeting, the Resource Consultant will provide you and/or your representative(s) with an Employer Packet and an Employee Packet which contain all the forms necessary to begin directing your services and hiring workers.
- The Resource Consultant will assist you and/or your representative(s) with the development of the participant-directed spending plan which identifies the types and amounts of participant-directed services to be self-directed as well as the wages that will be paid to the employees providing these services.
- Upon completion of the enrollment meeting, the Resource Consultant will submit all documents to PPL for processing.
- Once all employer and employee documents have been successfully processed by PPL, the Resource Consultant will contact you or your Program Representative to inform you of the “start date” for your participant-directed services.

**Note: Your employees may not begin providing services until your PPL Resource Consultant contacts you with their start dates and PPL Employee Identification Number.**

#### **4. Supports for Self-Direction**

##### **Public Partnerships, LLC**

The WV Bureau for Medical Services has contracted with Public Partnerships, LLC (PPL) to provide *Personal Options* participants with important supports for participant-direction. PPL is a national company that assists states to implement participant-directed service models. PPL provides several services and supports:

- Financial Management Services
- Resource Consultant Services
- Customer Service
- Financial Operations Center
- Employee Training Materials
- Personal Options Resource Guide
- Worker Directory and Peer Support
- PPL Website: [www.publicpartnerships.com](http://www.publicpartnerships.com)
- Personal Options – TBI program web portal for budget oversight and electronic timesheet and travel invoice submissions:  
<https://fms.publicpartnerships.com/PPLPortal>

##### **Financial Management Services**

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PPL Financial Management Services help you manage your budget, employer responsibilities, and purchasing of approved goods and services. PPL functions as the Fiscal/Employer Agent for the Personal Options program; PPL is responsible for processing payroll and performing required tax functions on your behalf.

PPL Financial Management Services include:

- ✓ Assisting you and your employees to understand and comply with TBI Waiver program policies and requirements;
- ✓ Filing required paperwork with the State and Federal governments for you and your employees;
- ✓ Verifying the required criminal background checks on your employees;
- ✓ Verifying the required training and qualifications of your employees;
- ✓ Verifying the qualifications of vendors of goods and services (*Note: PPL will only pay for approved goods and services as determined in your spending plan*);
- ✓ Performing payroll and tax functions, including processing timesheets, transportation invoices, PDGS invoices, and withholding and reporting State and Federal taxes (*Note: PPL does not provide tax advice*);
- ✓ Helping you manage your Spending Plan for participant-directed services;
- ✓ Providing you with utilization reports to help you track your monthly spending and use of your participant-directed budget;
- ✓ Performing quarterly and end-of-year tax reporting on your behalf.

## **PPL Resource Consultant (RC) Roles and Responsibilities**

PPL Resource Consultant Services are closely coordinated with PPL Financial Management Services. Your assigned Resource Consultant will help you to:

- Understand and comply with TBI Waiver Program Policies and *Personal Options* requirements
- Evaluate your needs and plan for services and supports to meet your needs
- Enroll you in the *Personal Options* program
- Enroll your employees in the program
- Verify employees' criminal background results and required training
- Develop and submit your Spending Plan for approval
- Revise your Spending Plan as needed
- Select, hire, train, and manage your employees
- Identify and purchase approved goods and services
- Identify additional needed community resources
- Process the appointment of a Program Representative, if needed

The majority of these responsibilities will be addressed during your enrollment meeting. Afterwards, your Resource Consultant will continue to provide you with support through monthly phone contacts and face-to-face meetings every 6 months.

## **PPL Customer Service**

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You may contact PPL Customer Service by calling (toll free) 1-877-908-1755. Customer Service representatives are available between the hours of 9:00 a.m. and 8:00 p.m., Monday - Friday, except for State and Federal holidays. They can assist with questions about employee timesheets and pay checks, provide information and copies of forms you need for *Personal Options*, and provide additional supports. When you or your employees call Customer Service you will be required to provide identifying data before the representative can release the requested information. At the time you make the call, please be prepared to provide your PPL Participant or Employee identification number, Medicaid number, date of birth, etc.

You and your employees may occasionally receive an automated phone call from PPL's Customer Service Center informing you that CPR, First Aid or other training requirements are due to expire. Automated calls are also used to notify you of problems with timesheets and travel invoices, missing enrollment paperwork, etc. If you receive an automated call, please contact PPL's Customer Service Center as directed as soon as possible.

## **5. *Personal Options Planning***

### **Service Plan**

The Service Plan is the document that identifies your goals, areas of need, and preferences for services and supports that will help you to be more independent in your home and community. Your Service Plan is created during your initial and on-going meetings with the help of your Case Manager, Legal Representative (if applicable) and other persons you request to be present. During the meetings, you will choose and plan the services you wish to self-direct through the Personal Options program as well as the services you wish to receive through traditional provider agencies.

Some questions to consider at the Service Plan meetings:

- What are your areas of need?
- What services and supports will help you meet your needs?
- Do you want to manage your services or do you want to have an agency manage your services for you?
- Which services and supports can be purchased from traditional and which ones can be purchased through the Personal Options program?
- Who will provide paid services and supports for your training and support, transportation and other related needs?
- Who will provide informal services and supports?
- What other goals do you have?

Once you have developed your Service Plan, your Case Manager will submit service authorizations to APS Healthcare for approval and authorization. APS Healthcare will notify PPL of the services you have chosen to self-direct which will allow PPL to calculate your participant-directed budget. Upon receipt of this information, your PPL

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Resource Consultant will contact you to develop or update your spending plan with the authorized budget.

## **Spending Plan**

The Spending Plan is a budgeting tool which helps you to accurately plan how and when you will use the Medicaid funds authorized for your participant-directed budget. The amount of your participant-directed budget is based upon the assessment of your needs completed annually by APS Healthcare. If you, or your legal representative, disagree with the amount of your participant-directed budget, you may work with your Case Manager to “negotiate” additional funds to cover the cost of needed services. Unused funds from one year’s participant-directed budget cannot be carried over to the following year.

Your PPL Resource Consultant will help you break down your annual participant-directed budget into monthly Spending Plans. The monthly Spending Plans specify the types and amounts of services you will receive, the employees that will be providing the services, and their rates of pay. You may specify more funds in months that you anticipate needing more services and fewer funds in the months that you will need less service. Only services that have been approved by the APS Healthcare and documented in the Service Plan may be included in your spending plans.

It is important you understand that your participant-directed budget is not reported as your personal income and you will not receive cash. Instead, it is an amount of money that is allocated on your behalf to pay your employees and PDGS vendors for your participant-directed services. PPL does not deduct any administrative fees from your participant-directed budget.

Through PPL’s web portal you can monitor your monthly and year-to-date spending. This information will enable you to receive the maximum benefit of your participant-directed budget. Funds that you do not use in one month may be carried over for use in future months.

As an employer, you will be required to pay employer taxes (Social Security, Medicaid, and unemployment) on the wages you pay your employees. PPL will deduct these taxes from the monthly Spending Plan amount for your employee services.

## **Important Points**

- The Spending Plan is an official document that will be used by PPL as an authorization to pay for services and supports on your behalf.
- PPL *cannot* pay for anything that is not in your approved Spending Plan.
- The amount of funds you specify in each monthly Spending Plan may vary to meet your changing needs. However, you cannot specify zero funds in any month and cannot deplete your participant-directed budget prior to the end of your budget year.

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- In Personal Options – TBI program, unspent funds in your monthly budget may be carried-over from month-to-month and be available to redistribute in later months.

## **Developing Your Spending Plan**

### **Step One: Determine your need for Paid and Natural (Unpaid) Supports**

Identify your need for paid services. Refer to your Service Plan.

#### Questions to Ask

- *How many hours of PAS do you need per month?*
- *How many hours can you “afford to purchase” with your participant-directed budget?*
- *Who will you hire to provide services?*
- *What hourly rate you will pay your employee(s)?*
- *Will you pay a different rate for different employees based on experience, duties, etc.?*
- *How many hours will your employees work per day, week, and month?*
- *Will your employees provide Transportation services?*
- *What is the total cost monthly cost of Services?*
- *Who will provide any remaining hours of natural/unpaid support?*

### **Step Two: Determine Your Need for Goods and Services**

#### Questions to Ask

- *Do I need Goods and Services to support my independence or to reduce the need for other Medicaid services?*
- *What vendor will I choose to purchase Goods and Services? (Note: PPL can issue PDGS payments only to qualified vendors.)*

## **Determine your Emergency Back-Up Plan for Personal Attendant Services**

You are required to develop a written back-up plan that identifies individuals (employees, family members or friends living close by, etc.) who can assist you if your employee is unable to work for you at planned times. If an individual is to be an employee (paid support) he/she must meet all requirements including completion of a criminal background check, CPR, First Aid certification, and required training.

In addition to identifying the individuals who can assist you when your regular employee is not available, the back-up plan should address your health and safety needs. Your Case Manager and/or Resource Consultant can assist you with the development of your Emergency Back-up Plan.

## **Current Medicaid Services and Rates for Personal Options – TBI**

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Service	Unit	Current Rate
Personal Attendant Services	Hourly	Set by you with employee \$7.25 and \$13.52 per hour
Transportation	Mile	Set by you with employee Up to \$0.47 per mile
Participant Directed Goods and Services	Item or Service	\$1,000.00 limit per year

### **Spending Plan Limits**

**PPL cannot pay** for any hours worked by employees that exceed the amount of funds you previously specified in the monthly Spending Plan. Your employees should not work hours that you have not pre-approved. If you schedule your employees to work hours beyond the amount in the Spending Plan, you will be required to pay the employees for the additional hours.

**PPL cannot pay** for Goods and Services that exceed the amount authorized by APS Healthcare or that exceed the amount you specified in your Spending Plan. You may choose to purchase items that cost more than what you have in your Spending Plan but you will be required to pay the difference.

Note: If you continually have difficulties managing your participant-directed budget, PPL may require that you appoint a Program Representative to assist you with this responsibility. In rare cases, it may be recommended that a participant transfer from *Personal Options* to Traditional Services so that services can be more closely monitored.

### **Making Changes to Your Spending Plan**

You may contact your Resource Consultant and request to add or remove services, increase or decrease employee wage rates and make other changes to your Spending Plan any time. Unless there has been a significant change in your needs and a meeting has been held with your Case Manager, changes to your Spending Plan will begin on the first day of the following month, not within the month that you request the change.

### **Six Month Review of the Spending Plan**

As part of the program requirements, you will review your spending plan every 6 months, in person, with your PPL Resource Consultant. Together, you will make any changes that need to be made.

### **Requesting Additional Funds for Your Participant-Directed Budget**

If your needs change during your budget year and you require additional services, you must contact your Case Manager to schedule a meeting. During this meeting you and your legal representative (if applicable) will discuss your needs and make changes to



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the types and amounts of services outlined in your Service Plan. If necessary, your Case Manager can request additional funds for your Participant-Directed Budget. Once these funds have been approved by APS Healthcare, your Resource Consultant will contact you to update your Spending Plan as necessary to reflect your current needs.

### **Participant Directed Goods and Services (PDGS)**

Participant-Directed Goods and Services (PDGS) are services, equipment or supplies not otherwise provided through Medicaid, that address an identified need in your Service Plan. PDGS *must* decrease your need for other Medicaid services or increase your independence and safety in your home and/or community. PDGS are limited to \$1,000 per budget year.

The purpose and dollar amount of PDGS must be approved by APS, identified on your Services Plan, and documented on a Participant-Directed Good and Services Request Form for PPL approval. You must use the authorized PDGS within your budget year—it cannot be carried over to the following year.

When you are ready to use your authorized PDGS funds to purchase the item/service, you must submit to your Resource Consultant the PDGS application and an invoice from the chosen vendor that specifically identifies the item/service and the total cost. Your Resource Consultant will notify you once the PDGS application has been approved and the check can be requested for payment to the vendor. Once you have purchased the item/service, you must provide the receipt or other verification of payment.

### **PDGS Restrictions**

You may not use Medicaid funds to purchase the following:

- Gifts
- Payments to someone to serve as a Program Representative
- Clothing
- Food and beverages
- Electronic entertainment equipment
- Utility payments
- Swimming pools and spas
- Costs associated with travel
- Comforters, linens, drapes, and furniture
- Vehicle expenses including routine maintenance and repairs, insurance and gasoline
- Medications, vitamins, herbal supplements
- Monthly internet service
- Printers
- Yard work
- Illegal drugs or alcohol
- Household cleaning supplies
- Respite services
- Spa services
- Education
- Personal hygiene
- Adult day care
- Discretionary cash

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## 6. Selecting, Hiring, Training and Supervising Employees

### **Employee Qualifications and Program Requirements**

All employees must:

- Be eligible for employment in the U.S;
- Be at least 18 years of age or older;
- Pass a criminal background check for initial employment and every three years;
- Pass the Office of Inspector General (OIG) Medicaid Exclusion List, initially and monthly thereafter;
- Complete all forms in the Employee Packet and submit them to your Resource Consultant;
- Complete mandatory training for initial employment and annually thereafter;
- Maintain current CPR and First Aid certifications.

Note: Individuals are not eligible for employment through *Personal Options* if the individual has been convicted of certain offenses that may place you at risk of personal health, safety or Medicaid fraud. A listing of exclusionary convictions is available in the TBI Waiver Policy Manual and in your employees paperwork provided by your Resource Consultant.

### **Selecting an Employee**

You may hire individuals living in your community or your neighbors, friends, family members to provide your services. You may not hire your spouse, your Program Representative or your Legal Representative. You should consider the advantages and disadvantages prior to hiring a family member, friend or neighbor:

- Friends and family may be more dependable, easier to find, live nearby, and know your needs better. You may feel more comfortable with them in discussing your needs and goals.
- Some disadvantages to hiring friends and family might be that it may be more difficult to supervise them as employees and maintain your personal relationships. It can be especially difficult if you have to fire a friend/family employee.
- If you hire from within the community you may need to place an advertisement, check the postings, ask contacts in your community or request names from the Personal Options worker registry.

### **Interviewing Applicants**

Prior to the face-to-face interview you should prepare a list of questions that you will ask each applicant by phone. Write down the name and telephone number of each applicant and take notes to help you remember their responses to your questions.

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Do not ask questions that could be considered discriminatory. The following are suggestions for interview questions:

- **What did you like most and least about your previous job?**
- **Are you able to do heavy lifting?**
- **Do you have any previous experience working with or for people with disabilities?**
- **Why are you interested in this type of work?**
- **What qualities, skills or special experience do you believe you would bring to the job?**
- **How would you feel about taking direction from me?**
- **What kind of situations do you find most stressful?**
- **How do you typically deal with stress?**
- **How would you define confidentiality?**
- **Do you have any questions about the job?**
- **Who are your references that I may contact?**

Without giving your exact address, generally describe where you live and ask if the travel could be a problem. Ask if they are available for the hours and days that you need them. Discuss any special equipment you might use. Near the end of the conversation, ask the applicant if they have any questions about the job and answer them as best you can.

Once all the phone interviews are completed, make a list of who you might want to hire and contact their references. Calling references can help provide more information including past work history and reliability. When you call, explain who you are and why you are calling. Listen to how the person answers your questions. Do they appear to be uncomfortable and hesitate before responding or do they provide direct answers? Remember to take notes.

After completing phone interviews and checking references you will want to schedule a face-to-face interview with your most promising applicants. You might want to have a friend or family member join you for the interview.

### **Hiring an Employee**

When you decide to hire an employee, include in your job offer:

- The days and times the employee will be scheduled to work;
- Job duties and responsibilities;
- The services the employee will be providing PAS and the hourly wage;
- The rate of reimbursement for Transportation services (if applicable).

Once these issues have been agreed upon, the employee may complete the paperwork in the Employee Packet.

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## Training an Employee

The TBI Waiver Policy Manual requires that employees meet certain requirements and have specific training prior to providing services.

- Employees must pass a criminal background check (CBC) through the WV State Police at the time of employment and every three years thereafter.
- Employees must pass the Office of Inspector General Medicaid Exclusion List at the time of employment and every month thereafter.
- Employees must have and maintain current CPR and First Aid Certification through an approved vendor.
- Employees complete mandatory training in required content areas before providing services and annually thereafter.

### Mandatory Training:

- ✓ Cardiopulmonary Resuscitation (CPR) – must be provided by an agency nurse, or a certified trainer from the American Heart Association, American Red Cross, or other organizations approved by BMS. First Aid – must be provided by an agency nurse, a certified trainer or an approved internet provider.
- ✓ Occupational Safety and Health Administration (OSHA) training – must use the current training material provided by OSHA.
- ✓ Personal Attendant Skills – training focused on assisting individuals with Traumatic Brain Injuries with ADL's – must be provided by a Registered Nurse, social worker/counselor, a documented specialist in this content area or an approved internet training provider.
- ✓ Abuse, Neglect and Exploitation - must be provided by a Registered Nurse, social worker/counselor, a documented specialist in this content area, or an approved internet training provider.
- ✓ HIPAA – training must include agency staff responsibilities regarding securing Protected Health Information - must be provided by a Registered Nurse, social worker/counselor, a documented specialist in this content area or an approved internet training provider.
- ✓ Direct Care Ethics – training on ethics such as promoting physical and emotional well-being, respect, integrity and responsibility, justice, fairness and equity - must be provided by a Registered Nurse, social worker/counselor, a documented specialist in this content area, or an approved internet training provider.
- ✓ Member Health and Welfare – training must include emergency plan response, fall prevention, home safety and risk management and training specific to any member with special needs must be provided by a Registered Nurse, social worker/counselor, a documented specialist in this content area or an approved internet training provider.
- ✓ Crisis Intervention Training.

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**Note: It is the employee's responsibility to pay for the Criminal Background Check, CPR and First Aid training. PPL will provide training materials at no cost for the remaining required areas.**

PPL will maintain copies of your employees' criminal background check results, training records, and certifications.

## **Supervising Employees**

The relationship you will have with your employees is uniquely intimate. Always remember your basic rights:

- Your employee should do a good job for you
- Your employee should ask you questions about how to do the job you want
- Your employee should arrive to work on time and be ready to work
- Your employee should let you know if they are going to be late
- Your employee should ask for time off by letting you know ahead of time
- Your employee should be courteous and attentive to your needs
- Your employee should respect your personal life; they should not talk about you or your needs to anyone outside of the job

There is no such thing as the "perfect" employee. We are all individuals with our own unique set of skills and qualities—some good and some bad. There are things we do well and things we do not do so well. You must have confidence in your employees' ability to perform their jobs. And, most importantly, you must be comfortable with them as a significant person in your life.

Supervision of employees requires that you understand the importance of communication and listening and that you are able to utilize appropriate methods for resolving conflict.

## **On the Job Training**

You should train your employees to provide the services in the manner that best meets your needs and preferences. Clearly explaining your needs will improve the care provided by your employees and help eliminate confusion. There are many things to consider:

- Provide a tour of your home and introduce employees to all family members
- Share important information about your abilities, needs, and preferences
- Explain, demonstrate, and have the employee practice some of the assigned duties
- Address safety and security needs
- Discuss your expectations
- Train your employee on documentation and time sheet requirements

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## 7. Employee Timesheets and Payments

### Timesheets

Each day your employees should record their hours worked rather than waiting until the pay period. This helps to ensure that you, their employer, verify the accuracy of their timesheets before submitting to PPL for payment. (Specific timesheet instructions are included in the binder provided by your Resource Consultant at the time of your enrollment meeting.)

Your employees will be paid every 2 weeks. PPL will pay employees when we receive an accurately completed timesheet. Your employee will submit timesheets according to the payroll schedule provided by PPL. If the timesheet was correctly submitted the employee will receive an automated call indicating accurate receipt of the timesheet and timely payment will occur. If the employee does not receive the call, they will want to call Customer Service to confirm receipt or determine what needs to be corrected and resubmitted. They may be asked to provide the PPL identification number, and date of birth and/or your role as it relates to the participant.

Timesheets may be completed and verified online at <https://fms.publicpartnerships.com/PPLPortal/login.aspx>.

### Pay Checks

As a fiscal/employer agent with the State of West Virginia, PPL provides financial management services, including all payroll and tax services. You will not handle any money. Your employee will receive their check from PPL based on the specific pay schedule.

Once the timesheet has been submitted by fax or online, you or your employee **must** contact Customer Service to verify receipt of the timesheet. You will be required to verify your identity before information will be released.

### Employee Wages

You may set your employee's rate of pay between \$7.25 (current minimum wage) and \$13.52 (current Medicaid rate for employee services less employer taxes) per hour. PPL will also help you monitor your spending as identified in your approved spending plan.

### Taxes

Your employees will be required to pay all applicable State and Federal taxes on the wages earned providing Personal Attendant Services. PPL will deduct these taxes from your employees' paycheck. Deductions are based on tax forms completed by the employee.

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Mileage is not reportable as income, so is not taxed. It is considered reimbursement for your employee transporting you. Your employee may also request mileage from the DHHR with a Non-Emergency Transportation form. This mileage will be reimbursed by the DHHR and will not come from your budget.

## **Employee Benefits**

You may not use funds from your participant-directed budget to purchase health benefits for your employees or pay them for vacations, sick leave, etc.

## **Overtime Pay**

Domestic employees of household employers are generally considered exempt from the overtime provisions of the Fair Labor Standards Act. You may not use the monthly budget to pay your employees overtime rates. If you schedule your employee beyond what is budgeted in your spending plan you will be required to pay the overtime outside of your budget.

## **Worker's Compensation**

Your employee will be considered a domestic employee of a household employer and will be unable to purchase worker's compensation insurance coverage in West Virginia's Personal Options program. Accordingly, domestic employees are not eligible for worker's compensation benefits if injured on the job. You may wish to clarify with your homeowner or renter insurance to determine coverage.

## **8. Program Safeguards**

### **Orientation and Training**

A PPL Resource Consultant is available to provide you with orientation and training regarding *Personal Options* including rights, responsibilities, risks, and safeguards.

### **Program Representatives**

Participants may appoint a non-legal representative, such as a trusted friend or family member to assist them with the responsibilities of self-direction as needed. A representative **cannot** be paid to provide this assistance.

### **Monthly Calls and Six-month Visits**

PPL will monitor your health and safety through monthly phone contacts and six-month home visits. You may also call PPL during regular business hours to ask questions or report changes in your condition.

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## **Emergency Back-Up Plan**

To ensure your health and safety, you will be asked to develop an Emergency Back-Up Plan for unscheduled absences of employee services.

## **Timesheet Verification**

Careful monitoring will promote timely payment to employees and prevent accusations of Medicaid Fraud. You must report suspected fraud immediately to your Resource Consultant and your Case Manager.

## **PPL Web Portal**

PPL's Portal provides you with the ability to check your budget usage. The Portal will prevent planning and spending beyond the approved budget authorization. The payment structure will only allow payments within the monthly budget. If you do not expend all your funds in a month, those funds will be available for you if your needs require them.

## **Reporting of Abuse, Neglect and Exploitation**

As a participant in the Personal Options program, you are carefully monitored by your employees, Resource Consultant, and Case Manager who are all mandated reporters of Abuse, Neglect, and Exploitation.

- Abuse is the physical injury or pain or threat of such injury to an individual.
- Neglect is the failure to provide necessities of life to an individual, or the unlawful use of funds or other assets owned or paid to or for the benefit of an individual.
- Exploitation is the inappropriate sexual behavior of persons toward or to an individual.

## **Reporting Medicaid Fraud**

Instances of fraud include, but are not limited to, falsifying information regarding services provided. The TBI Waiver program is provided through Federal and State Medicaid funds. Misuse of these funds may be considered fraud.

You are expected to contact your Resource Consultant to report instances of suspected fraud. Provide as much information as possible, including:

1. The name of the Medicaid participant and their identifying information.
2. Names and contact information of other parties involved.
3. A description of the suspected fraudulent acts relating to your allegation.

## **Complaints and Grievances**



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Personal Options participants who are dissatisfied have the right to complain or file a grievance. A complaint about a program related issue can usually be resolved by PPL. A complaint may be about PPL personnel, disputes between employees and employers, PPL processes or PPL tools. Please contact Customer Service with a complaint. Personal Options participants are encouraged to discuss concerns with their Resource Consultants or PPL administration in West Virginia.

A grievance is a concern or issue related to Personal Options ruled, Case Managers, APS Healthcare, the Bureau for Medical Services or Public Partnerships. If a Participant has a grievance, there is a grievance form available for this process. The grievance process has 2 levels.

- Level 1 – Meeting with PPL administration within 10 days
- Level 2 – Meeting with BMS if the grievance is not resolved at level 1

## **Involuntary Transfer from Personal Options to Traditional Services**

If you demonstrate the inability to self-direct waiver services, either due to a misuse of funds or on-going health and welfare risk, you will be required to appoint a Program Representative to assist you with the responsibilities of self-direction. If you refuse to appoint a Program Representative, you will be required to transfer to the traditional agency option. Your Resource Consultant will assist you in this process.

## **9. Summary of TBI Program Responsibilities**

Personal Options is a program within the Medicaid TBI Waiver. As a participant in Personal Options you have some reporting responsibilities. As a participant in *Personal Options*, you also agree to participate in meetings, evaluations, assessments, and reporting requirements that maintain your eligibility and monitor your health and welfare.

### **What are the requirements?**

- **Monthly Phone Contact with the PPL Resource Consultant**
- **Six-Month Review and Annual Revision of the Spending Plan**
- **Six-Month Home Visit with the PPL Resource Consultant**
- **Annual Assessment by APS Healthcare Staff**

If you receive notice that you are no longer medically or financially eligible for TBI services, you have 13 days to appeal the decision. While the appeal is in process, you continue to receive services. If you do not appeal within the 13 days, your services stop and your employees will not be paid.

### **What am I responsible for reporting?**

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You are responsible for the following:

- **Changes in Your Plan and Services**
- **Changes to the Spending Plan**
- **Requesting New Service Authorizations**
- **Requesting Transfer to Traditional Services**
- **Reporting Incidents, Abuse, Neglect, and Exploitation**
- **Participating in Program Evaluation**

## **Participant Resource Information**

**TBI PPL Office Number: 1 (888) 775-9801**

8:30 to 5:00 Monday through Friday

**TBI PPL Office Fax Number: 1 (877) 616-5497**

**Public Partnerships, LLC: 1 (304) 381-3100**

8:30 to 5:00 Monday through Friday

**PPL Customer Service Center: 1 (877) 908-1755**

8:00 AM - 8:00 PM Monday – Friday, except for State and Federal Holidays. Offers support to participants, employees, and Case Managers. Call to verify receipt of time sheets, questions about your pay and to order more time sheets and documents.

### **Resource Consultant:**

8:30 AM – 5:00 PM Monday through Friday, except State and Federal Holidays. Call for program questions, to request employee packets and if you are admitted into a hospital or nursing home. If unable to reach your Resource Consultant, please leave a message and the call will be returned within 24 hours.

**APS Healthcare: 1 (866) 521-6882 or 1 (304) 343-9663**

Call to verify referral process, eligibility assessment process,

**Adult Protective Services: 1 (800) 352-6513**

**West Virginia Department of Health and Human Resources Adult Protective Services (DHHR)**

Contact any time to report abuse, neglect and exploitation regarding the Personal Options participant.

**Personal Options Medicaid - Bureau for Medical Services: 1 (304) 356-4904**

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8:30 to 4:30 call if you have questions regarding specific questions about Personal Options

## **Fax Numbers:**

**PPL TBI Timesheet Fax Number** toll free 1 (877) 692-8470

**PPL Administrative Fax Number** toll free 1 (866) 616-5497

## **Website Information:**

### **Public Partnerships Online**

- **Website address:** [www.publicpartnerships.com](http://www.publicpartnerships.com)
  - **Username:** wvtbi
  - **Password:** pplwvtbi88

At the website you can find informational forms, required forms, optional forms, timesheet information and general program information.

### **Public Partnerships Web Portal**

<https://fms.publicpartnerships.com/PPLPortal/login.aspx>.

A login screen will appear. Login with your username and password you created in the registration process. Registration instructions will be found the PPL website.