



Your Life Your Way

**Self-Directed Supports and Services for Individuals
with Developmental Disabilities and Their Families**



Sponsored by the United States Department of Health and Human Services, Administration on Developmental Disabilities, and the Florida Developmental Disabilities Council, Inc.

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Purpose of This Guidebook

What is the Purpose of *Your Life, Your Way*?

Your Life, Your Way is a guidebook for people who receive Developmental Disabilities Home- and Community-Based Services (DD/HCBS) or Family Supported Living (FSL) waivers. This guidebook has two purposes —

1. To help people understand Florida's DD/HCBS and FSL Medicaid waivers.
2. To help people manage their services, supports, and service providers.

The guidebook is divided into eight sections. Sections and topics include the following —

- **Section 1:** Self-Determination and Self-Direction
- **Section 2:** Florida's DD/HCBS and FSL Waivers
- **Section 3:** Support Coordination and Support Plans
- **Section 4:** Finding Service Providers
- **Section 5:** Hiring Service Providers
- **Section 6:** Managing Service Providers

- **Section 7:** Maintaining Quality
- **Section 8:** Finding Personal Space and Protecting Yourself

Sections 4, 5, 6, and 8 have samples of forms and other important information. At the end of the guidebook, there are four appendices —

1. **Appendix A:** Helpful Terms and Phrases
2. **Appendix B:** Important Telephone Numbers and Other Information
3. **Appendix C:** A List of Guidebooks and Other Self-Directed Materials
4. **Appendix D:** List of *Your Life, Your Way* Additional Resources

Who is This Guidebook For?

Your Life, Your Way, was designed and written to be accessible and easy to read. The guidebook is for people with a wide range of disabilities including, but not limited to, intellectual and developmental disabilities. To get a copy of this guidebook, contact your Agency for Persons with Disabilities (APD) area office.

Where Else Can I Get a Copy of *Your Life, Your Way*?

You can contact the Florida Developmental Disabilities Council (FDDC) through the following ways —

■ **By letter:**

FDDC, Inc.
124 Marriott Drive, Suite 203
Tallahassee, Florida 32301-2981

■ **By telephone:**

(850) 488-4180 or
(800) 580-7801 (toll free)

■ **By Telecommunication Device for the Deaf:**

(850) 488-0956 (TDD) or
(888) 488-8633 (TDD toll free)

■ **By fax:**

(850) 922-6702

■ **By e-mail:**

fddc@fddc.org

■ **By Internet:**

<http://www.fddc.org>

A Note for CDC+ Participants

The Consumer-Directed Care Plus (CDC+) program offers additional flexibility to manage your supports. Please refer to the *CDC+ Consumer Notebook* for a description of the program and services.

A copy of this notebook can be accessed from the APD website at <http://apd.myflorida.com>, or by calling 1-866-761-7043 (toll free).

SECTION 1

Self-Determination and Self-Direction



- Section 1 covers the principles of self-determination and self-direction.

Self-Determination

The waivers are based on self-determination. This means —

- You have the freedom to exercise the same rights as all citizens.
- You have the authority to exercise control over approved funds needed for your support, including changing priorities of these funds when necessary.
- You have the responsibility for the wise use of public funds.
- You can advocate for yourself in order to gain independence and ensure equality.

Self-determination is based on five principles. These principles mean that people with intellectual and other developmental disabilities can —

1. Make their own decisions and plan their futures.
2. Decide how they want to be part of the community.
3. Decide how much time they spend in the community.
4. Decide what type of support they want and need to live their lives.
5. Have important leadership roles in self-determination and self-advocacy.

There may be people in your life who give you advice, but it is **YOUR** life. You have the control. This means you can listen to a person's advice, but you do not have to follow it. You have the final say in how you live your life.

When you take control of your life, it means you are responsible getting the information you need for informed decisions. This includes the following —

- Hiring and training your service providers.
- Speaking out for yourself.
- Telling people what you need and want.



The Principles of Self-Determination¹

- **Freedom.** You have the freedom to choose a meaningful life in the community.
- **Authority.** You have the authority to control the money given to you to buy services and supports you need.
- **Support.** You have the support that you need to arrange resources and service providers to help you be involved in your community as much as you want.
- **Responsibility.** You take the responsibility for the choices and decisions you make.
- **Confirmation.** Self-determination supports the important leadership role that people with disabilities and their families play in the service delivery system. This role supports the self-advocacy movement.

¹ Adapted from Nerney, T. (n.d.).

Self-Direction

Self-direction means that you have control over your budget and that you choose which services and supports you use. Self-direction means you have the power to hire people to support you.

When you self-direct your services, you have more choice, flexibility, control, and responsibility than when an agency decides your services.

What does this mean? It means —

- You decide what services and purchases you need.
- You make sure services and purchases are funded in your support and cost plans.
- You schedule when you receive services.
- You decide who your support coordinator will be.
- If you go through an agency service provider, you find people within that agency to hire, train, and manage.
- If you do not want to go through an agency service provider, you find, hire, train, and manage an independent service provider.
- You call your support coordinator if there are problems.

When you self-direct your services, you have rights and responsibilities. You have the right to —

- Be safe.
- Be treated with courtesy, consideration, and respect.
- Agree or disagree with others.
- Make decisions about your services.
- Ask questions until you understand.
- Privacy.
- Look at your records anytime.
- Be free from mental, physical, and sexual abuse.
- Voice complaints.
- Receive monthly account statements.
- Make written complaints about your support coordinator and other providers.
- Receive prompt responses when you file complaints about your support coordinator and other service providers.
- Fire your support coordinator and other service providers.
- Call your APD area office and request and receive a list of support coordinators, agency service providers, and independent service providers.

- File a complaint against anyone who abuses, exploits, or neglects you. The State Abuse Hotline phone number is 1-800-962-2873 or 1-850-487-4332.
- Report Medicaid fraud to the Medicaid Fraud Unit in the Attorney General's Office. The Medicaid Fraud Unit toll-free number is: 1-866-966-7226.

You have the responsibility to do the following —

- Communicate clearly and openly with people.
- Keep track of your monthly budget.
- Keep track of time logs and compare them to your monthly account statements.
- Notify your support coordinator of any changes to your living situation.
- Be considerate and respect the limits of others.

SECTION 2

Florida's DD/HCBS and FSL Waivers



- Section 2 covers the two types of waivers for children and adults with developmental disabilities.
- It also describes the services and supports available for each waiver.

Medicaid HCBS waivers are not entitlement programs similar to those under the Medicaid State Plan. Medicaid HCBS waivers are designed to provide a limited and less costly community-based alternative to institutional care. To qualify for a Medicaid waiver, you must meet several requirements. All waivers provide services to people with developmental disabilities with goals to participate in their community and avoid institutionalization.

Waiver services are funded by the federal Centers for Medicare and Medicaid Services (CMS) and matching state dollars. The Agency for Persons with Disabilities (APD) presently has two types of Home- and Community-Based Services (HCBS) waiver programs for people with developmental disabilities —

1. The **DD/HCBS waiver** provides home- and community-based supports and services to people with developmental disabilities living in a variety of places in the community and is an alternative to care in an institutional setting. The DD/HCBS waiver is designed to —
 - » Promote, maintain, and restore your health.
 - » Prevent you from living in an institutional setting.

- » Support you to allow you to live as independently as possible.

Services and supports are provided in your home, your family's home, or in a licensed residential facility. Services and supports can also be provided to you in places like community centers, businesses, or therapists' offices. The DD/HCBS waiver offers 28 services. All services must be medically necessary and receive prior authorization.

2. The **FSL waiver** provides home- and community-based supports and services to people with developmental disabilities living in their own home or in their family's home. The FSL waiver provides services to you if you have goals to participate in the community and for independent living. The FSL waiver offers 13 services with an annual financial cap of \$17,792.

These HCBS waivers are operated by APD under the authorization of the Agency for Health Care Administration's (ACHA) Division of Medicaid.

Purpose

The waivers are designed to —

- Support, continue, and improve your health.
- Decrease the effects of illness and disabilities by providing the supports and services you need.
- Encourage the principles of self-determination as a base for your services and supports.

Goals

The waivers have two primary goals —

1. To provide you with a real choice of services that allows you to live as independently as possible in your own home or in the community.
2. To help you achieve the most productive life possible.

Eligibility

To be eligible for waiver services, you need to do the following steps —

- **Step 1:** You have to become a client of APD.

You have to submit an application to your APD area office. You can get an application from <http://www.apd.myflorida.com>, click on "Customers."

- **Step 2:** APD program staff will review your documents to make sure you have one or more of the following diagnoses —

- » Autism.
- » Mental Retardation (I.Q. of 69 or below).
- » Spina Bifida.
- » Prader-Willi.
- » Cerebral Palsy.

It will take 45 days to determine eligibility for children and 60 days for adults.

- **Step 3:** APD program staff will decide if you meet the level of care and level of need criteria for placement in an intermediate-care facility for persons with developmental disabilities (ICF-DD).
- **Step 4:** You have to prove that your disability affects at least three major life areas.
- **Step 5:** You must receive Medicaid.
- **Step 6:** You must request to receive home- and community-based services.
- **Step 7:** You will be placed on a wait list for waiver services.
- **Step 8:** You will be assigned to one of four tiers (See Table 1 on page 11). Waiver clients are assigned to one of four tiers, based on assessed levels of need, circumstances, and living setting (See Table 1 on page 11). To develop your support plan, you

need to know which tier you will be assigned to. It is important to know because each tier limits the maximum amount that can be authorized by APD. Within each tier, the person's cost plan is approved based on the services that are medically necessary.

Once you are eligible for waiver services, you will need to pick a support coordinator and develop a support plan. Once you have a support plan, you can pick the types of services and supports that meet your needs and help you achieve the goals you set for yourself. Section 2 explains support coordination and support plans.

Table 1: Tier Number by the Type of Waiver, Description of People in Each Tier, and Cost Limitations*

Tier	Type of Waiver, Description of People in Each Tier, and Cost Limitations
1	<ul style="list-style-type: none"> ■ DD/HCBS waiver. ■ Includes current DD/HCBS waiver clients. ■ Service needs cannot be met in Tier 2, 3, or 4. ■ Limited to people with intensive medical, behavioral, and adaptive service needs and that are essential for avoiding institutionalization, or who possess behavioral problems that are exceptional, or frequency and present a substantial risk of harm to themselves.
2	<ul style="list-style-type: none"> ■ DD/HCBS waiver. ■ Includes people living in either — <ul style="list-style-type: none"> » A licensed residential facility with greater than five hours a day of residential habilitation, or » A supported living setting for people who receive more than six hours of in-home support services. ■ You cannot spend more than \$55,000 each year.
3	<ul style="list-style-type: none"> ■ DD/HCBS waiver. ■ Includes people who are not in Tier 1 or Tier 2. ■ Includes people — <ul style="list-style-type: none"> » Requiring residential placements. » In independent or supported living situations. » Who live in the family home. ■ You cannot spend more than \$35,000 each year.
4	<ul style="list-style-type: none"> ■ FSL waiver. ■ Includes adults and children who are current FSL waiver clients who live in independent or supported living situations and who live in their family home. ■ You cannot spend more than \$14,792 each year.

* For more information about each Tier, see Chapter 393. Developmental Disabilities. 393.0661. Home- and community-based services delivery system; comprehensive redesign.

Types of Services and Supports

Both waivers provide services and supports that enable you to —

- Have a safe place to live.
- Have meaningful daily activities.
- Receive medically necessary medical and dental services.
- Receive necessary supplies and equipment.
- Receive transportation required to access services.

See Table 2 on page 13 for a list of services and supports.



Appeals and Complaints

- When you receive Medicaid HCBS waiver services, you have the right to appeal any decision that affects your services funded by state general revenue money or by Medicaid.
- You can request a fair hearing when a request for services is denied, when APD fails to act on a request for services within 90 days of the request, or when the services you are currently receiving are suspended, terminated, or reduced.
- Make a written request for a fair hearing to APD's program administrator in your district.
- For more information about how to file an appeal or a complaint, please call your APD area office (See Appendix B).

Table 2: Summary of DD/HCBS and FSL Medicaid Waiver Services and Supports

Types of Services and Supports	DD/HCBS Waiver	FSL Waiver
Adult Day Training Services	Yes	Yes
Adult Dental Services	Yes	No
Behavior Analysis Services	Yes	Yes
Behavior Assistant Services	Yes	Yes
Companion Services	Yes	No
Consumable Medical Supplies	Yes	Yes
Dietitian Services	Yes	No
Durable Medical Equipment & Supplies	Yes	Yes
Environmental Accessibility Adaptations	Yes	Yes
In-Home Support Services	Yes	Yes
Medication Review Services	Yes	No
Occupational Therapy	Yes	No
Personal Care Assistance	Yes	No
Personal Emergency Response Systems	Yes	Yes
Physical Therapy	Yes	No
Private Duty Nursing Services	Yes	No
Residential Habilitation Services	Yes	No
Residential Nursing Services	Yes	No
Respiratory Therapy	Yes	No
Respite Care Services	Yes	Yes
Skilled Nursing Services	Yes	No
Special Medical Home Care	Yes	No
Specialized Mental Health Services	Yes	No
Speech Therapy	Yes	No
Support Coordination Services	Yes	Yes
Supported Employment Services	Yes	Yes
Supported Living Coaching Services	Yes	Yes
Transportation Services	Yes	Yes

The rules for each service are in the *Florida Developmental Disabilities Waiver Services Coverage and Limitations Handbook (Draft)*, the *Florida Medicaid Therapy Services Coverage and Limitations Handbook*; the *Family and Supported Living Waiver: Quick Reference for Services (2007)*; *Navigating the Developmental Disabilities Program: You're the Driver. A Resource Notebook for Individuals with Developmental Disabilities and Families of Individuals Receiving Services from the Agency for Persons with Disabilities (2006)*; and the *Family and Supported Living Waiver: Services Directory (Revised September 2005)*. These handbooks can be found in the "Customer" section of the Agency for Persons with Disabilities website at <http://www.apd.myflorida.com/>

Types of Services and Supports

You can receive any of the following waiver services and supports if the service or support is included in your support plan.

Adult Day Training Services:

Services that are intended to support your participation in daily, meaningful, and valued routines in the community. You can choose to go all day or just part of a day. You can go as often as your budget will allow you. You cannot receive supported employment and adult day training services at the same time.

Adult Dental Services: Services that cover dental treatments and procedures that are not otherwise covered by the Medicaid State Plan. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Behavior Analysis Services: Services that provide you with a behavior analyst. Your behavior analyst assists you in learning new behaviors or replacing old behaviors that are related to an existing challenging behavior. The behavior analyst helps you and others follow your behavior plan to help you change any behaviors that would put you or others in danger.

Behavior Assistant Services:

Services that provide you with a behavior assistant. The behavior assistant provides you with one-on-one activities related to the delivery of behavior analysis services. The services are provided for a limited time and discontinued as you gain skills and abilities to help you change any behaviors that would put you or others in danger.

Companion Services: Services provided to you on a one-on-one basis that include supervision and socialization activities. The activities are intended to teach you specific skills related to a goal that has been identified by you. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.



Each waiver has limitations.

For the exact rules and limitations for each service, visit the "Customer" section of the APD website at <http://www.apd.myflorida.com/>.

Consumable Medical Supplies:

Supplies that are designed for short-term use and to help you to do things that everyone else does. Waivers only provide you with those things that the Medicaid State Plan does not provide, and those things that are only needed because of your disability. Examples can include wipes, surgical masks, diapers, bed or chair pads, or hearing-aid batteries.

Dietitian Services: Services prescribed by a doctor that are necessary to maintain or improve your overall physical health. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Durable Medical Equipment and Supplies: Equipment and supplies that are designed for your long-term use and —

- » The equipment is not covered by the Medicaid State Plan.
- » The equipment is prescribed by a physician, an occupational therapist, or physical or speech therapists.
- » You need the equipment to be able to do everyday things as independently and as safely as possible.

Examples can include: lap trays, grab bars, lifts, and individualized positioning equipment.

Environmental Accessibility

Adaptations: Adaptations are changes to your home that help you to get around better in your home or areas of your home. Examples can include: widening the doors to allow you to get in and out of your house or from room to room in your wheelchair or to change the bathroom so that you can safely take a bath or shower. Any adaptation costing more than \$3,500 requires a professional assessment by a rehabilitation engineer.

In-Home Support Services: Services to help you live in your own home or apartment. Such services provide you with a service provider who supports you in doing day-to-day things like cleaning, cooking, brushing your teeth, or getting dressed. This service provider can be in your home as much as your budget will allow. The service provider can live with you, like a roommate, and even share living expenses.

Medication Review Services:

Services that review and assess all prescriptions and over-the-counter medications taken by you. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Occupational Therapy: A therapy prescribed by a doctor that is necessary to produce specific functional outcomes in self-help, adaptive, and sensory motor skill areas, and assist you to better control movement and move within the environment. This therapy is provided by the DD/HCBS waiver. It is not provided by the FSL waiver.

Personal Care Assistance: A service that provides you with a personal care assistant (PCA). Your PCA provides assistance in your home, your family's home, or in the community. Your PCA will help you with daily living activities such as bathing, dressing, and personal hygiene. Your parents, spouse, or guardians cannot be your PCA. A relative who is not legally responsible for your care can be a PCA.

Personal Emergency Response Systems: An electronic communication system that enables you to get help in an emergency.

Physical Therapy: A therapy prescribed by your doctor that is necessary to produce specific functional outcomes in ambulation, muscle control, and postural development, and to prevent or reduce further physical disability. This therapy is provided by the DD/HCBS waiver. It is not provided by the FSL waiver.

Private Duty Nursing Services: Services that are prescribed by a doctor and provides you with individual, continuous nursing care provided by registered or licensed practical nurses. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Residential Habilitation Services: Services that provide supervision and specific training activities that assist you to acquire, maintain, or improve skills related to activities of daily living. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Residential Nursing Services: Services that are prescribed by a doctor and provides you with continuous nursing care provided by registered or licensed practical nurses. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Respiratory Therapy: A therapy prescribed by a doctor to improve your heart and lung functions. This therapy is provided by the DD/HCBS waiver. It is not provided by the FSL waiver.

Respite Care Services: Services that provide you with a person who comes to your family home or for you to temporarily go to a licensed facility. It is available when your primary caregiver(s) —

- » Need a short period of time away from the home;
- » When they have an emergency and need to be away from the home; or
- » If they are home, but need help in providing supports to you, such as during an illness or after surgery.

Skilled Nursing Services: Services prescribed by a doctor and provides you with part-time nursing care that is needed from time to time. It is provided by a registered or licensed practical nurse. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Special Medical Home Care: Services that are provided for a period up to 24-hours-a-day. Nursing services and medical supervision are provided to you if you live in a licensed foster or group home that serves people with complex medical conditions. These services are provided by the DD/HCBS waiver. They are not provided by the FSL waiver.

Specialized Mental Health Services: Services that manage a mental illness and helps you to achieve the best possible functional level.

Speech Therapy: A service prescribed by a doctor and is necessary in order for you to improve your communication skills. To receive this therapy, you must have a speech, hearing, or language disability. This service is provided by the DD/HCBS waiver. It is not provided by the FSL waiver.

Support Coordination Services: Required services that provide you with a support coordinator. Your support coordinator is responsible for assessing your needs, likes, dislikes, and future goals. From that information, your support coordinator will assist you in developing your support plan and cost plan.

Once both plans are developed and approved by APD, your support coordinator links you with natural and generic supports and services available through family, friends, and community resources.

People under the age of 18 who live in their family's home are only eligible for limited support coordination services.

Supported Employment Services: Services that provide you with a job coach. Your job coach works with you to help you learn about different types of jobs, decide what kind of job you might want, and help you find a job. You cannot receive supported employment and adult day training services at the same time.

Supported Living Coaching

Services: Services that provide you with a supported living coach. Your coach helps you live in your own home or apartment by yourself or with friends. Your coach helps you to learn how to do all of the things that you need to know about taking care of your home.

Transportation Services: Services that help you get from your home to the place where you are receiving waiver services. You **do not** pay for your service provider's gas or transportation costs. The fee that the agency and independent service providers charge covers his or her transportation expenses.

SECTION 3

Support Coordination and Support Plans



- This section covers the three types of support coordination, how to choose a support coordinator, and how to create support plans.

Types of Support Coordination

Once you are enrolled in the DD/HCBS or FSL waiver programs, you need to pick a support coordinator. The support coordinator is responsible for assessing your needs, likes, dislikes, and future goals (outcomes). From that information, the support coordinator assists you in developing a support plan and a cost plan.

Once your support plan is developed and the cost plan is approved by APD, the support coordinator assists you in developing support plan outcomes or personal goals by linking you with natural and generic supports and services available through family, friends, and community resources.

There are three types of support coordination —

1. Full,
2. Transitional, and
3. Limited.

Here is information about the types of support coordination you can receive and the responsibilities of each type of support coordinator.

Full Support Coordination

Full support coordination is for adults who do not select limited support coordination. Full support coordinators —

- Promote your health, safety, and well-being.
- Assist you in identifying and accessing formal and informal support systems.
- Assist you in increasing or maintaining the capacity to direct formal and informal resources.
- Promote advocacy or informed choice for you.
- Provide you with information regarding the Medicaid fair hearing process.
- Increase your involvement in the community.
- Assist you to achieve personal goals.

Responsibilities of a full support coordinator include —

- Making monthly progress notes that prove the support coordination services were provided to you.
- Making at least two monthly contacts with you or on behalf of you. Contacts mean —
 - » Telephone calls.
 - » Face-to-face visits in your home or elsewhere.
 - » Contact with another service provider to discuss your progress.
 - » Writing letters for you if related to your services and benefits.

Support coordinators are expected to meet your needs. This means that your support coordinator has to make as many contacts as necessary to meet those needs.

- Making contacts that are important and relate to —
 - » Following-up on your concerns or your family's concerns.
 - » Advocating for you.
 - » Increasing your participation in the community.
 - » Monitoring your health and safety.
 - » Assisting you to reach your goals.
- Keeping on file your current annual support plan, cost plan, and all supporting documents.

- Keeping all of the information about you private. Private means that he or she cannot share information with other people, unless you give him or her your written permission.

Transitional Support Coordination

Transitional support coordination is for people who are moving out of a nursing home or an ICF-DD into the community. The transitional support coordinator works with you to arrange for community-based services and supports upon leaving the nursing home or ICF-DD.

Responsibilities of a transitional support coordinator include —

- Working with the institutional provider and staff and managing their activities with the facility's discharge planning process.
- Developing your first support plan.
- Staying in touch with you at least once a week for the first 30 days you move into the community.
- Updating your support plan at the end of your first 30 days.

Limited Support Coordination

Limited support coordination is for both adults and children. Limited support coordination gives you and your guardian more responsibility over the coordination of your services.

If you are interested in this option, it means that you will need and/or want less involvement from your support coordinator. You and your family must be —

- Willing to handle service provider issues and changes.
- Willing to work on your goals as outlined in your support plan.
- Willing to have less input and assistance from your support coordinator on a monthly basis.
- Willing to remain in full support coordination for the rest of the support plan year if you choose to return to full support coordination.

All children under the age of 18 receiving DD/HCBS or FSL waivers and who live in the family home must use limited support coordination. Exceptions may be authorized by your APD area office to return the individual to full support coordination for a time limit not to exceed 60 days (2 billing cycles) during each cost plan year should a family emergency warrant increased support from this service.

Three months prior to the person's 18th birthday, the support coordinator will discuss the option of full support coordination with the individual or guardian. If this option is selected, a cost plan update will be submitted to the individual's APD area office for approval to reflect the change. The move to full support coordination will be effective the first day of the month following the person's birthday.

Adults receiving DD/HCBS or FSL waivers have the option to participate in limited support coordination. To participate one must —

- Request limited support coordination.
- Live in your own home or family home.
- Meet all waiver requirements to maintain waiver eligibility.
- Have a stable environment/life situation. Some examples might be, but are not limited to, you —
 - » Have no major health issues.
 - » Are successfully employed.
 - » Live in your own home without incidents.
 - » Anticipate no major life changes.
- Sign support plan, cost plan, and related support planning documents as needed.
- Notify the support coordinator in the event of crisis or change in your life situations.

- Participate in the minimum required home visits and other necessary contacts.
- Notify the support coordinator if you want or need to return to full support coordination.
- Agree to remain in full support coordination for the remainder of the cost plan year, if a change back to full support coordination is needed.
- Conduct two face-to-face visits per year (including at least one home visit) and a minimum of one other billable activity per month as outlined in the *DD Waiver Medicaid Coverage and Limitations Handbook* and *Family and Supported Living Waiver Services Directory*. The face-to-face contact conducted in the support plan development period may count as one face-to-face contact. The second face-to-face shall occur toward the middle of the support plan year.

For all participants, support coordinators will —

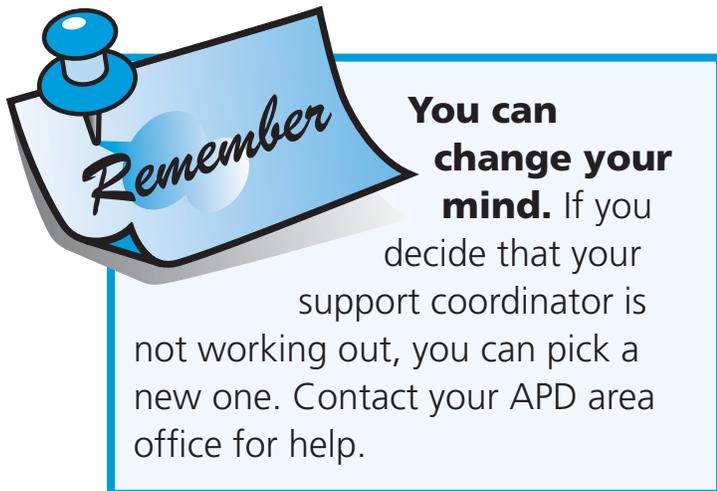
- Accept all individuals who select them for support coordination services and not reject anyone referred to them unless the support coordinator is at capacity or the individual lives outside the geographic boundaries previously approved by the individual's APD area office. In very limited extreme circumstances, APD may grant exceptions to this requirement in writing.
- Allow for emergency situations and changes in the life of the individual that may require a more intense level of support coordination on an interim basis or that may require a move back to full support coordination for adults on the DD/HCBS and FSL waivers.
- Inform individuals and families of the option to return to full support coordination for a limited time due to incidents of abuse, involvement in the criminal justice system, or for health and safety issues.
- Perform required assessments, complete the Personal Outcomes measures, and develop the annual support and cost plans. The cost plan will be submitted for prior service review and approval.

- Document in case notes and other records all activities completed on behalf of the individual.
- Arrange for service providers and complete service authorizations as needed.
- Continue to ensure that Medicaid eligibility is maintained by providing all assistance necessary to maintain Medicaid benefits.
- Respond to requests from individuals and families related to issues on the monthly service summaries from Medicaid and follow-up as needed.
- When issues arise, review service provider implementation plans and monthly service logs and follow-up to resolve any issues.
- Submit the Limited Support Coordination form to the area office for approval when the individual requests to participate in limited or returns to full support coordination.
- Update the service agency's Allocation, Budget, and Contract (ABC) control system to reflect the correct support coordination rate.

Choosing a Support Coordinator

You get to choose your support coordinator. If you become unhappy with your support coordinator, you can change to another person. There are five steps to choosing a support coordinator. They are —

- **Step 1:** Get a list of support coordinators from your APD area office.
- **Step 2:** Make a list of a few support coordinators you would like to interview.
- **Step 3:** Interview the people you might want to be your support coordinator.
- **Step 4:** Decide who you want to be your support coordinator.
- **Step 5:** Call the person you want to be your support coordinator.



Step 1: Get a List

Contact your APD area office and ask for a list of support coordinators. See Appendix B for contact information.

You can get more information on area offices and the counties they serve, by going to the “Area Office” section of the APD website:
<http://www.apd.myflorida.com>.

Step 2: Make a List

Make a list of a few support coordinators you would like to interview for the job.

Make sure the support coordinator and any of his or her employees are free from anything that might get in the way with your choice of supports and services. For example, the support coordinator and his or her employees —

- Cannot be your guardian, apply to be your guardian, or be connected with an organization or person who is your guardian.
- Cannot be a family member or an employee of the support coordinator, unless you receive services in a service area where the family member is not certified to provide support coordination.

- Cannot arrange for paid services on behalf of you from a service vendor who is a family member or any employee of the support coordinator.
- Cannot assume control of your finances or hold onto your check-book or cash.
- Cannot become representative payee for your benefits.

Step 3: Interview

When you interview support coordinators, you could ask them the following questions —

- How long have you been a support coordinator?
- How many people do you serve?
- What is your understanding of and beliefs about self-determination?
- What kinds of experiences do you have with advocacy for people with developmental disabilities?
- What are your beliefs about supporting a person's right to make choices and take risks?
- What kinds of experiences do you have supporting people with developmental disabilities to understand choices and to make the best choice for them?
- What types of experiences do you have with person-centered planning?
- How would you describe your communication style?
- How would you describe your strengths?

- How would you describe your weaknesses?
- What types of experiences and/or training do you have in helping people to learn new things?
- Do you have problems working with more than one service provider?
- When are you available?

Step 4: Decide Who You Want

When you make a decision about who you want to be your support coordinator, pick someone you think will —

- Support what you want your life to be like.
- Respect your point of view.
- Cooperate with you. This means that she or he will give you all the information you need to make informed choices.
- Tell you everything about things related to your supports and services.

Step 5: Call the Person You Want

Make a list of people you want to hire. Call the first person on your list. Ask him or her to be your support coordinator. APD will not allow support coordinators who are serving over 43 people to be eligible to work with any new individuals.

Support Plans

A support plan is an individualized plan of supports and services designed to meet your needs in the least restrictive setting. It should enable you to live a life that you can be proud of. The plan is based on your needs, likes, interests, talents, and personality.

You, your parent, legal guardian, or guardian advocate will work with your support coordinator to develop a support plan. However, you may want to include family members, friends, and other people from your circle of support to help you.

Each of you should receive a copy of the plan. If changes are made to the plan, each of you should receive a copy of the new plan.

Your support plan should do the following —

- Identify the needs that you want to address.
- Identify outcomes that you want to happen.
- Identify the services and supports you need.
- Identify the action steps that need to be taken to meet your needs and to achieve the outcomes or results that you want.

- Identify the persons responsible for taking the actions identified.
- Set a date when the action will be completed.

Before you meet with people to develop a support plan, you should think about four things —

1. Decide how you want to live your life. What is important to you?

2. Decide what you need to get the life that you want. Which major life areas do you need to work on? All people have similar needs that can be grouped into four major life areas —

1. Personal care.
2. Domestic/household assistance.
3. Health and safety care.
4. Community assistance.

Community assistance can be anything that will enable you to participate in your community. Here are some examples —

- Finding a job.
- Joining a social club.
- Learning how to do a new job.
- Going out with friends and family.
- Doing volunteer work.

- 3. Decide what outcomes you want.** Who are the positive people and what are the positive things you need in your life to get the life you want?
- 4. Decide how you want to run the planning meeting.** What can your support coordinator and other people do to help you be in control of developing your support plan?

Once you complete your support plan, your support coordinator will complete a cost plan to request the services you are requesting to be paid from waiver funding and those services that are provided from community and natural supports.

Be clear. Your support plan should be clear about the actions that are taken on your behalf and will enable you to get what is important to you and to meet your needs.



SECTION 4

Finding Service Providers



- Section 4 covers the different types of service providers and how to hire people from an agency service provider or an independent service provider.
- The section explains how to create a job description, how to find service providers, and how to create want ads and flyers.
- The section explains how to interview job applicants on the telephone and in person.
- There are also tips on what to look out for during telephone interviews and in-person interviews.
- Finally, the section includes a sample of want ads, a flyer, job descriptions, job applications, and interview questions.

Types of Service Providers

Service providers are Medicaid enrolled providers, Medicaid waiver enrolled providers, or other service providers who perform a service that is requested by a person needing supports.

There are two types of service providers you can hire —

1. Independent Service Provider.

An independent service provider is a person who personally provides waiver services directly to you and does not employ other people to provide waiver services.

If you want to hire an independent service provider, you will want to write a job description that is consistent with the requirements of the *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, find potential service providers, and interview job applicants.

2. Agency Service Provider. An agency service provider is a business or organization that has one or more employees employed to provide waiver services.

If you want to go through an agency service provider, you will want to write a job description that is consistent with the requirements of the *Developmental Disabilities Waiver Services Coverage and*

Limitations Handbook, share the job description with the agency, and ask the agency to send several job applicants for you to interview.

You can hire more than one service provider. This means you can —

- Hire more than one agency service provider.
- Hire more than one independent service provider.
- Hire agency and independent service providers at the same time.

You do not have to stay with the same agency service provider. If an agency service provider is not working out, you can find another agency service provider. The agency service provider **cannot** make you promise to use only that agency. Your support coordinator can help you find another agency service provider.

You can change agencies. The agency **cannot** make you promise to use only that agency. If you are unhappy, your support coordinator can help you find another agency.



Hiring an Independent Service Provider

An individual who provides you a service is called an independent service provider. You can hire someone from the community as long as he or she is a Medicaid waiver enrolled service provider. To hire an independent service provider, you will want to —

- Write a job description.
- Find potential service providers.
- Interview job applicants.

It can take three to six months for someone to qualify as an independent service provider. During that time the person may need to work through an agency service provider, or you may need to hire an agency service provider until the person becomes a Medicaid waiver enrolled provider. When the person becomes an independent service provider, you can directly hire him or her without going through the agency service provider.

You can ask your support coordinator for a list of independent service providers. You can also call your APD area office and ask for a list of independent service providers.

Qualifying takes time.

It can take three to six months for someone to qualify as an independent service provider. During that time, the person may need to work through an agency service provider and you may need to hire an agency service provider until the person is enrolled as a Medicaid waiver enrolled service provider.



Hiring People from an Agency Service Provider

Hiring an agency service provider is a good idea if you —

- Like the way one of your services is being provided now, exactly the way it is.
- Want to make sure your services are covered when regular staff does not show up.
- Have a need for emergency back-up.

If you want to hire an agency service provider, you will want to —

- Write a job description that is consistent with the *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*.
- Share the job description with the agency service provider.
- Ask the agency service provider to send several job applicants for you to interview.
- Interview job applicants.

If you decide to hire someone from an agency service provider, check to see if more than one agency provides the service you need. Ask your support coordinator for a list of providers. You can also call your APD area office and ask for a list of providers.

If there is more than one agency service provider, call each agency and ask questions about how they can meet your needs. Ask about the cost and other factors that will help you choose an agency service provider. For example, ask what the agency will pay for the people you will hire.

You have the right to interview an agency service provider's employees and decide whom you want to hire. Be clear that you want only the people you interviewed and approved to come to your home.

Once services start, be sure to give the agency service provider feedback on the quality of services.



You make the choice.

You have the freedom to find someone else to work for you if you are not satisfied with the employees from an agency service provider.

Creating a Job Description

The first step in finding a service provider is to write a job description. The job description has to be consistent with the requirements of the *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*. The job description should include the basic information about the job. Basic information includes the following —

- Work schedule.
- Wages.
- Total hours the person will work each week.
- Job responsibilities.
- Job qualifications.

A good job description helps you clearly tell a job applicant the responsibilities and the qualifications for the position. Job responsibilities are the tasks you want your service providers to do. Job qualifications are the skill and qualities you want your service providers to have. Here are five steps that you can follow —

- **Step 1:** Look at your support plan and write down a list of tasks that you need help with and that you want your service provider to do.
- **Step 2:** Decide what skills you want the service provider to have.
- **Step 3:** Decide how many service providers you want to hire.

- **Step 4:** Write the job description.
- **Step 5:** Develop a job application.

You can ask your support coordinator, a family member, or a friend to help you.

Step 1: Tasks

All people have similar needs that can be divided into four areas —

1. Personal care.
2. Domestic/household assistance.
3. Health and safety care.
4. Community assistance.

Think about what areas you need help in. List the tasks you need help with under each area.

Here are some examples of tasks that you may want your service provider to do —

- Ask me what I want for breakfast and fix my breakfast.
- Do laundry once a week.
- Thaw frozen meat, when necessary, and help prepare a meal.
- Help me get connected to activities in my community.
- Help me get together with my family members and/or friends.
- Help me meet new people.
- Assist me when I entertain people at my home.

- Help me with personal care activities. For example —
 - » Lift and transfer me.
 - » Fix my hair and do my makeup, if I request it.
 - » Assist me with my medications.
 - » Vacuum the carpets and dust the furniture every week.
 - » Clean the bathroom once a week.
 - » Do a quick clean-up of the bathroom (toilet, tub, and sink) each day.
 - » Wash the dishes every day.
 - » Go with me to appointments.
 - » Assist me with daily range-of-motion or stretching therapy.
 - » Wash my breathing equipment.
 - » Assist me with managing my budget.
 - » Help me balance my checkbook.
 - » Help me with cooking.
 - » Go grocery shopping with me or go to the store for me.
 - » Assist me with transportation, like scheduling rides to appointments.
 - » Travel with me.

Step 2: Qualifications: Skills, Qualities, or Characteristics

Think about the skills, qualities, or characteristics service providers will need. Here are some examples to think about.²

- **Work commitment.** The person is willing to make an extra effort and give extra time to get a job done. The person understands and believes in your goals.
- **Respecting relationships.** The person understands you are the employer and respects your wishes.
- **Communication skills.** The person is able to talk openly and honestly about the job requirements. The person understands your instructions. The person talks or communicates with you the way you want to communicate. The person is a good listener.
- **Open.** The person is willing to learn from you and be trained by you.
- **Action oriented.** The person can take direction from you and will follow your instructions. The person is able to help and support you to achieve your goals. The person does not try to influence you.

² Adapted from Center on Developmental Disabilities (2006).

- **Problem-solving skills.** The person can look at a problem and know how to solve the problem.
- **Physical strength/coordination.** The person is able to meet all of your physical needs. The person can transfer you, move your wheelchair, lift you, and move your equipment.
- **Housekeeping skills.** The person is able to keep your home clean and in order.
- **Cooking skills.** The person can plan and prepare meals as directed by you. The person has cooking skills.
- **Driving skills.** The person has dependable transportation, a valid Florida driver's license, and current car insurance. The person is able to drive you if and when necessary, as directed by you.
- **Personal appearance.** The person dresses neatly, is well groomed, and does not report to work looking messy or unclean. If the person goes with you into the community, he or she properly dresses.
- **Time-management skills.** The person does not waste time doing things that are not part of his or her job description. The person completes tasks to your satisfaction and is on time.
- **Discreet (private).** The person respects your privacy. The person keeps information about you private.
- **Safety awareness.** The person puts your health and safety first. The person can identify anything in your home that might harm you. The person practices good judgment in avoiding and preventing harm to you.
- **Crisis-management skills.** The person stays calm in emergency situations. The person remembers and follows emergency policy and procedures.
- **Punctual.** The person shows up on time, is dependable, and stays for the entire shift. The person works overtime only when asked to do so.
- **Scheduling/reporting skills.** The person is considerate of your scheduling needs. The person calls when he or she is unable to report to work. The person gives advance notice or prompt notice of absences.
- **Record-keeping skills.** The person keeps all necessary records, such as work schedules, time logs, daily activities notebook, and your calendar of appointments. The records are accurate, neat, and organized.
- **Caring.** The person is sensitive to your needs, your self-respect, and your desires while providing a professional level of care.
- **Respectful.** The person respects you as the employer. The person understands and works as a service provider. The person does not try to control your life.

- **Other qualities.** You may want someone who —
 - » Is quiet.
 - » Is outgoing.
 - » Is positive and upbeat.
 - » Lives in your neighborhood.
 - » Knows about wheelchair operation.
 - » Has a sense of humor.
 - » Does not drink alcohol or use drugs in your home.
 - » Does not smoke in your home.

Step 3: Number of Service Providers

First, ask yourself these questions —

- How many hours of services do I need?
- How many people will it take to provide those hours?
- What is the hourly wage for the position?
- Do I have enough money to hire all of the people that I need?

The number of service providers you need will depend on the answers to those questions and how many hours each person is able to work.

Many people say that hiring more than one service provider for security and flexibility. By hiring more than one service provider, you will have a pool of people to draw from during holidays, when someone needs time off, or when someone is sick.

Step 4: Write a Job Description

There are six parts to a job description. They are —

- 1.** The job title.
- 2.** The name of the supervisor.
- 3.** Basic information about the job.
- 4.** A list of job responsibilities.
- 5.** A list of required qualifications.
- 6.** A way to contact you.

Write down the information for each part. Organize the information into a one-page document.

Step 5: Develop a Job Application

A job application is a form that each job applicant needs to complete. The job application will give you the following information —

- Name.
- Address.
- Telephone number.
- Employment history.
- Reference contact information.



Do's and Don'ts for Placing an Ad³

- **Do** read other ads for ideas. Which ones caught your eye? Which ones do you think would be successful?
- **Do** include things that make the job interesting to people, such as: flexible hours, an interesting person to work with, a great location, rewarding work, and good experience.
- **Do** include basic information about hours, pay, duties, the job name, and a phone number to call.
- **Do** include your personal preferences (e.g., a male or female, a non-smoker).
- **Do** ask how much the ad will cost you. Do you pay by the number of words or the size of the ad?
- **Do** tell the newspaper advertising representatives how many times you want your ad to run and when.
- **Don't** list your full name and address. You might receive unwanted visits.
- **Don't** put too much information in the ad. Save the details for the interview.
- **Don't** include words that may be considered discriminatory, such as words that relate to age or race.
- **Don't** use words that the public may not understand.

³ Adapted from Minnesota Department of Human Services, Disability Services Division (2005).

Interviewing Job Applicants

Screening Job Applicants

Your first chance to decide if you want to interview someone in person comes when you talk to them on the phone. Screening is a good way to find out a little about the job applicant before you meet in person.

The purpose of screening job applicants is to see if a person is a good fit for your needs. You want to interview people who —

- Have good qualifications.
- Have experience.
- Have no gaps in their job history.
- Seem to be the kind of person you want to hire.

It is important that you interview everyone in the same way, even if you already know the person. Call each job applicant on the phone to get your first impression before meeting in person.



Tips for Screening Job Applicants

- Use the phone call interview as a way to screen the people you will interview in person.
- Have your questions ready.
- Get your questions from your job description.
- Take notes.
- Do not share things like your address or other personal information.
- Do not hire anyone based only on the phone interview.

Prepare for the Telephone Calls

It is important to be prepared for the phone calls that you receive. Prepare a list of questions that you want to ask each person. It is a good idea to keep your job description near the phone. In case you want to keep notes, keep paper and a pen near the phone.

During the phone call, you should also —

- Talk about any special equipment that you use.
- Describe to the person the job duties, salary, and schedules.
- Describe where you live and ask if the travel would be a problem.
- Answer any of his or her questions.
- Once the interview is done, thank the person for his or her time and interest.
- Tell the person that you will contact applicants for in-person interviews within a few days or within one or two weeks.

Here are examples of questions you can ask —

- “What previous experience do you have in this kind of work?”
- “Do you have any experience working with this kind of equipment?”
- “Would you have any problems with this kind of equipment?”

- “What did you like and dislike about your last job?”
- “Do you have any questions about the job?”
- “Are you available for the hours and days that I need?”

Look for Red Flags

Certain situations may pose potential problems. These situations are called “red flags.” A red-flag situation means that you probably do not want to hire the person. Here are some examples of red-flag situations —

- Someone asks for your home address before you are sure you want to meet him or her in person.
- You clearly state in your ad that you want a female, and a male calls you. He might say a female friend or his wife wanted him to call.

Do not answer any personal questions. Be polite, but end the conversation. Say, “I don’t think you meet my qualifications. Have a good day. Goodbye.”

- Someone calls to tell you about his or her desperate situation. For example, the person says he or she has to have a job and/or a place to live right away. Stick to your plan of screening people. Do not hire the person.

Decide Who to Interview in Person

Once you complete the telephone interviews, review your notes on each job applicant and think about who you would like to interview in person. If you want, your support coordinator can assist you in arranging the interviews and conducting the interviews.

You want to interview certain job applicants in person because of the following reasons —

- They have good qualifications.
- They have experience.
- They say they can carry out the tasks that will be assigned to them.
- They say they can come during the hours and days that you want.
- You had a good feeling about the person.
- You liked their answers.
- They had a good attitude.
- They did not seem desperate for a job.
- They seem to be the type of person you want to hire.

Call back the job applicants you want to interview in person. Set up the interviews with each person. Make sure you are clear about the time, date, and place of the interview.

Once you set up the interview, do the following —

- Ask the person for his or her address so you can mail the job application and a reference release form to him or her before the interview. If there is not enough time for you to mail the application and form to them, they can complete the paperwork at the interview.
- Tell the person he or she must provide proof that they passed the criminal background check.
- If driving will be required for the job, tell the person to bring a valid driver's license, car registration, and proof of insurance.

Prepare to Interview Job Applicants in Person

Before you interview a job applicant in person, make sure you are prepared. Make sure you have a job application, reference form, and a reference check form ready for the job applicant to complete.

During the interview, remember that you are in control. This means you take the lead in interviewing people. By taking the lead, the people you interview will know right from the start that you are the boss!

If you do not want people to know where you live, interview the job applicant in a public place such as a library or coffee shop. If it would help you feel safer, you can bring someone whom you trust with you to the interview.

A graphic featuring a blue pushpin on the top left corner of a light blue, folded piece of paper. The word "Remember" is written in a large, black, cursive font across the top of the paper.

Remember

Take the lead. You need to take the lead in interviewing people. By taking the lead and controlling the interview the people you interview will know right from the start that you are the boss!

Information You Need From the Interview

Before the interview, review the person's job application. Make sure there are no gaps in a person's employment, no missing information, and the dates they gave you make sense. If there are problems with the job application, ask the person questions about the problems during the interview. If they do not give you good answers, you probably do not want to hire the person.

Before the interview, review your support plan. List the tasks you need help with and that you want your service provider to do. Make a list of questions about your specific care needs. If you need help with private care such as bathing and toileting, make sure the person understands that they will need to help you. Ask them how they would do the job. If you want, ask them to show you they can do it. Make sure the person is comfortable doing everything.

Other issues to talk about during the interview —

- His or her schedule.
- His or her availability in case your schedule changes.
- How he or she will get to work.

Private Information and Exceptions

Do not ask for information that is considered private and does not relate to the job. You should not ask about the following —

- The person's marital status.
- The person's housing situation.
- The person's military status.
- The person's national origin or ethnic background.
- The person's age.
- The person's religion.

There are exceptions to the rule about private information. Here are some examples —

- You can ask the person how you can reach him or her if the person doesn't have a telephone.
- You can ask the person if any religious observances might get in the way with his or her work schedule.

- You can ask the person for proof of a valid driver's license, car registration, and insurance, if the job requires driving.
- You can ask the person if he or she is a smoker, if you do not want to hire a person who smokes.
- You can ask the person if there are any days or shifts he or she cannot work.
- You can ask the person if he or she is at least 18 years old. Service providers have to be the legal minimum age.
- You can ask the person if he or she can speak a specific language you need (for example, Spanish or English). You can ask the person questions in that language to test how well he or she speaks it.
- You can ask the person if they have you ever been convicted of a crime. You can ask the person for a copy of his or her criminal background check. You can ask the agency service provider for the person's criminal background check.

Someone can pass a criminal background check, but there might be something in the form that you do not like. If this happens, you do not have to hire that person.

Decide Who to Hire

Do not make any decision during the interview. Tell the person you will call him or her back after you have interviewed everyone and made your decision.

At the end of the interview, make sure you the job applicant if he or she has any questions. Tell the person you will need to check his or her references. Thank the person for coming. Let him or her know when you will make your decision.

When you finished all of the interviews, read through your notes to see if there are any red flags. Here are some examples of red flags. An applicant who —

- Has alcohol on his or her breath.
- Is rude.
- Is late.
- Has gaps in his or her employment history and cannot explain why.
- Has trouble putting thoughts together or seems confused.
- Gives you private or personal information about previous employers.
- Takes control of the interview.
- Expresses sympathy, is overly considerate, or is hypersensitive.

- Begins the interview by telling you all the things he or she cannot do or all the times he or she cannot work.
- Has no references.
- Says he or she just really needs a job and will take anything for now.
- The person talks to the friend or family member instead of to you during the interview.

Once you look through your notes and check for red flags, make a list of people you would like to hire. Then call their references to find out more about each person.

Additional Resources: Finding Service Providers



- Sample Want Ads
- Sample Flyer
- Sample of a Completed Job Description
- Job Description Form
- Job Application: 1
- Job Application: 2
- Sample Interview Questions

Sample Want Ads

Personal Care Assistant

Part-time PCA needed for a woman with a disability.
7-9 AM and 8-10 PM
Non-smoker, \$8 – \$12 hour
Call (555) 333-8888 after 6 PM

Personal Care Assistant Needed

Young man with cerebral palsy needs help with
personal care 6 hours a day. Must be familiar
with Spanish language.

Call after 5 PM
(555) 333-8888

Sample Flyer

Personal Care Assistant Needed

\$__per hour



I am looking for a dependable and compassionate PCA. I have a disability and require total care. Position includes assistance with bathing, dressing, meal prep, feeding, light housekeeping, and community inclusion. Lift system is available, but PCA must demonstrate ability to lift 100 pounds. Reliable transportation, valid driver's license, and English language required.

Call for Interview: 812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

812-555-1212

Sample of a Completed Job Description

Job Description

- Job title:** Personal Assistant (PA)
- Supervised by:** Jane Doe
- Job summary:** To assist a woman with a disability throughout her daily and evening activities and routines.
- Work schedule:** Monday–Friday 7:00–9:00 a.m. and 9:00–11:00 p.m.
Note: The service provider must work exactly the hours that are listed above. Any additional hours will not be paid. Changes in scheduled hours may be negotiated between the employer and the service provider.
- Wages:** Wages for this position are \$9.50 per hour.
- Total hours weekly:** 20 hours
- Benefits:** Get this information from your support coordinator.
- Qualifications:** A person with a sense of humor, and someone who is a night person, punctual, female, non-smoker, and who likes pets. Must be a licensed driver in the state of Florida with reliable transportation.
- Duties/responsibilities:** Assist with bathing, dressing, and transferring.
Assist with meal preparation, serving meals.
Assist with grocery shopping.
Assist with physical therapy exercises.
Accompany me to movies, ball games, and other social events.
- Working conditions:** The service provider will work in the employer’s home, but may need to do tasks in other settings such as social activities, stores, and appointments.
- Reliability:** If the service provider is going to be late or absent, a phone call is expected with notice. The service provider is expected to use time wisely so the services are done in the allotted time.
- End of services:** The service provider agrees to give at least a two-week notice prior to resigning from this position.

THIS JOB DESCRIPTION IS SUBJECT TO REVIEW OR REVISION ON AN ANNUAL BASIS OR WHEN A CHANGE IN JOB DUTIES IS REQUIRED.

I have received a copy of the job description for my records.

I have read the entire job description and understand my responsibilities.

I understand that this constitutes an agreement between the employer and myself, and does not guarantee employment.

Signature of the service provider

Date

Signature of the employer

Date

Job Description Form

Job Title: _____

Supervised By: _____

Job Summary: _____

Work Schedule: _____

Note: The service provider must only work the hours that are listed above. Any additional hours will not be paid. Changes in scheduled hours may be negotiated between the employer and service provider.

Wages: Wages for this position are \$ _____ per hour. **Total hours weekly:** _____

Benefits: _____

Qualifications: _____

Duties and Responsibilities: _____

Working Conditions: _____

Reliability: _____

End of Services: _____

THIS JOB DESCRIPTION IS SUBJECT TO REVIEW OR REVISION ON AN ANNUAL BASIS OR WHEN A CHANGE IN JOB DUTIES IS REQUIRED.

I have received a copy of the job description for my records.

I have read the entire job description and understand my responsibilities.

I understand that this constitutes an agreement between the employer and myself, and does not guarantee employment.

Signature of the service provider

Date

Signature of the employer

Date

Job Application¹⁴: Please Print or Type

Name: First	Middle	Last
Address: Street	City	State, Zip Code
Phone Number: ()	Social Security Number:	
Driver's License Number:	State Issued:	

Education

Name	City/State	Year(s) Attended	Date Graduated
High School:			
College:			
Other Education:			

Employment History

1. Employer:	Phone Number:
From: To:	Position Title:
Supervisor's Name:	Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	
2. Employer:	Phone Number:
From: To:	Position Title:
Supervisor's Name:	Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	
3. Employer:	Phone Number:
From: To:	Position Title:
Supervisor's Name:	Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	

¹⁴ Adapted from Minnesota Department of Human Services, Disability Services Division. (2005).

Job Application 1 (Continued)

What days are you available to work?	What times?
Are you available on short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you want extra hours? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment References

1. Name:	Phone Number:
Company:	City/State
Relationship to you:	
2. Name:	Phone Number:
Company:	City/State
Relationship to you:	
3. Name:	Phone Number:
Company:	City/State
Relationship to you:	

I declare that all information provided is true and accurate to the best of my knowledge. My signature on this document provides permission to contact my references for more information. I am aware that if an investigation reveals any false statements or information, I will no longer be considered for employment. If already employed, the employer reserves the right to terminate my employment at any time.

Print Name

Signature

Date

Job Application 2

(Please print or type)

Background Information

Applicant's name: _____

Address: _____

Street Address

City

State

Zip

Daytime phone: (_____) _____

Social Security number: _____

Do you smoke? Yes No

Times you are available
to work:

Weekdays _____

Saturdays _____

Sundays _____

Are you a U.S. citizen? Yes No

If no, give Alien
Registration Card or
Work Permit Number:

Transportation

Do you drive? Yes No

Do you have reliable
transportation? Yes No

Do you have a valid
Florida driver's license? Yes No

Driver's license number: _____

Insurance information: _____

Job Application 2 (Continued)

Previous Employment

Employer Name and Address	Dates Employed	Salary	Job Duties
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From:</p> <p>_____</p> <p>To:</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor: _____</p> <p>Phone number: _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From:</p> <p>_____</p> <p>To:</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor: _____</p> <p>Phone number: _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From:</p> <p>_____</p> <p>To:</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor: _____</p> <p>Phone number: _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>Can I contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Job Application 2 (Continued)

Please list any additional qualifications or skills you feel are applicable to the position:

Please provide the names, addresses, and phone numbers of at least two personal references:

Name	Address	Phone Number

I hereby certify that the information I have provided is true and accurate to the best of my knowledge. I am aware that if an investigation reveals any false statements or information, I will no longer be considered for employment. If already employed, the employer reserves the right to terminate my employment at any time. My signature on this document provides permission to contact my references for more information.

Signature of Applicant

Date

Sample Interview Questions⁵

Interview Questions

1. Tell me a little about yourself.
2. Tell me about your experiences working with people who have disabilities.
3. What is your favorite aspect of dealing with people with disabilities?
4. What do you like best and least about the work you have done in the past?
5. Why are you interested in this position?
6. Are you looking for temporary or permanent work?
7. What are other jobs that you have had?
8. What did you like or dislike about those jobs?
9. Why did you leave those jobs?
10. Talk about the job description and the duties they would need to perform. Then ask if any of these tasks make you uncomfortable? Why?
11. Do you prefer a job that is highly structured or one that is more flexible (i.e., regular hours or a changing schedule)?
12. Tell me about a mistake you had at a previous job and how you handled it?
13. How would you get to work?
14. What hours and days are you available?

⁵ Adapted from Minnesota Department of Human Services, Disability Services Division. (2005). Department of Disabilities, Aging, and Independent Living, Division of Disability and Aging Services. (2005).

SECTION 5

Hiring Service Providers



- Section 5 covers information about background screening and reference checks.
- The section includes ways to check references and provides samples of questions that you can ask references.
- The section explains how you make the decision on whom you will hire and how to make an offer.
- Finally, the section includes samples of employer reference forms, a mail-in reference check form, and reference check questions.

Background Screening

A background screening is sometimes called a background check or a criminal history check. All Medicaid waiver enrolled providers have to pass a Level 2 background screening before they can provide DD/HCBS or FSL waiver services. This type of screening includes —

- A statewide criminal and juvenile records check by the Florida Department of Law Enforcement.
- A federal criminal records check by the Federal Bureau of Investigation.
- Employment history checks.
- Local criminal records checks through local law enforcement.

Screening is done when a person enrolls as a DD/HCBS or FSL waiver provider and every five years thereafter.

Agency service providers complete a background screening for each service provider. If you are hiring people through an agency, ask for a copy of the person's criminal background check to make sure that it was completed.

An independent service provider is responsible to submit his or her request for screening or re-screening in a timely manner. Independent service providers are responsible for

paying all screening costs. If you are hiring independent service providers, ask them for copies of their background screening.



Tips on Background Screening

Anyone you hire must —

- Be a Medicaid waiver enrolled provider who had a background screening done at the time of his or her enrollment into the Medicaid program (and who remains in good standing in the Medicaid program); or
- Be a person who has undergone a background screening, who is qualified for employment, and who has not been unemployed for more than 180 days following the screening. This person is not required to be re-screened, but must show that he or she has not been convicted of a disqualifying offense since the background screening.

References

People who can tell you about a job applicant are called references. References can tell you about a job applicant's past work history and how reliable the person was. Before you talk to a reference, you have to have written permission from the job applicant to contact his or her references. You get permission by having the reference complete an employer reference form.

There are two types of references —

- 1. Employer reference.** This means the person was a past employer of the job applicant.
- 2. Personal reference.** This means the person is a personal friend or a family member of the job applicant.

It is recommended that you only use employer references.

If you hire people from an agency service provider, you do not have to check their references. The agency is required to check them. If you are hiring an independent service provider, you need to check that person's references.

Reference Checks

Reference checks mean you are going to contact a job applicant's references. You can do reference checks by phone or by mail.

How to Check References

Think about the questions you want to ask before you call the job applicant's references. Make a list of questions. If you need some help making the list, you can ask your support coordinator.

If you decide to mail the employer reference form to the job applicant, use a mail-in reference form that includes the applicant's permission and your questions.

When you call references, begin the conversation with an introduction of who you are and why you are checking the job applicant's reference. Then —

- Ask the reference if they need a copy of the employer reference form. If yes, mail or fax it to the person and call him or her back.
- Briefly explain the job description.
- Ask the reference about the job applicant's work history and how reliable the person was.
- Listen to how the reference answers your questions —
 - » If the reference answers the questions in a direct and positive way, that is a good sign. It typically means that the person is telling the truth.
 - » If the reference hesitates or does not answer the questions directly, that might not be a good sign. It may mean that the person had problems with the job applicant you interviewed.
- Take notes on what the person says.



Questions to Ask References

- How long did the job applicant work for you?
- Was the job applicant dependable?
- Did the job applicant use good judgment?
- What was the job applicant's attendance like?
- How well did the job applicant accept supervision?
- How well did the job applicant work independently?
- Is the job applicant honest?
- Why did the job applicant leave?
- Would you want to rehire the job applicant?
- Would you recommend the job applicant for the job?

Making the Decision

- **Think** carefully about the people you interviewed.
- **Think** about what they told you in the interview.
- **Think** about what their references told you.
- **Ask** yourself some questions —
 - » Was there anything that stood out in the interviews?
 - » Did you feel comfortable with this person?
 - » Did the person feel uncomfortable about some of your questions?
 - » Did the person have good references?
 - » Did the person only have personal references?
 - » Do I want to hire someone I know?
- **Make a decision.** If you are having a hard time deciding which person to hire, talk to other people. Sometimes talking about things with another person can help you decide who is the best choice.

The final decision is yours!



Advantages and Disadvantages to Hiring People You Know

Advantages

- You already know each other.
- They already know what you like.
- They are already involved in your life.
- Their schedule may already match your schedule.

Disadvantages

- You may have to give them criticism.
- They may have trouble taking orders from a friend or family member.
- You may lose unpaid support from a friend or the friendship might suffer.

If you do not feel right about any of the people you interviewed, you can decide not to hire any of them. You can decide to start over.

Do not put yourself in a bad situation. Be confident that you know what you need. Do not be scared that you will not be able to find anyone. You will. Be patient.

■ **Make an offer** of employment to the job applicant. Once you make your decision —

- » Contact the person you want to hire.
- » Ask the person if he or she is still interested in the job.
- » Offer the person the job.

» Contact the people you decided not to hire by phone or letter. Ask them if you can keep their applications on file if an opportunity opens up in the future, or you might want to offer them a position as back-up staff.

You may decide to hire more than one person to work all of the hours you need covered. That is all right.

If you hire someone from an agency service provider, make it clear to the agency that you hired a specific person or specific people. You do not want the agency to send people to your home whom you did not hire.

- 
- **Think** carefully about the people you interviewed.
 - **Think** about what they told you in the interview.
 - **Think** about what their references told you.
 - **Make a decision.**
 - **Make an offer** of employment to the job applicant.

Additional Resources: Hiring Service Providers



- Employer Reference Form 1
- Employer Reference Form 2
- Mail-In Reference Form
- Sample Reference Check Questions

Employer Reference Check Form 1

Applicant's Name:
Employer's Name:
Employer's Phone Number:
Employer's Complete Address:
Supervisor's Name/Title:
I, _____, authorize _____ to release <i>Applicant</i> <i>Supervisor</i>
information to _____ so he or she may further evaluate my qualifications. <i>Your Name</i>
Applicant's Signature:
Date:

Employer Reference Check Form 2

Name of Reference: _____

Address: _____

Phone Number: _____

Choose One: Personal Reference Employment Reference

I, _____, give permission for the above named person to provide
Name of applicant

reference information regarding my possible employment.

Printed name of applicant

Signature of applicant

Date

Mail-In Reference Form

_____ *Insert the date*

Dear _____,
Insert the name of the reference

_____ applied for a position with me as a _____.
Insert the name of the applicant *Insert the job title*

This will involve the following: _____
Write down the tasks the person will be doing for you here

Please answer the following questions:

1. When did the applicant work for you? _____
2. What were his or her job title and duties? _____
3. What can you tell me about his or her job performance? _____

4. Was he or she on time to work? Were there any problems with him or her not showing up or taking too much time off? _____
5. Do you consider him or her an honest person? _____
6. How well did he or she accept supervision and criticism? _____
7. Would you recommend him or her for this job? Why or why not? _____

8. Would you re-hire this person? _____

_____ *Signature of person providing information*

_____ *Date*

Please mail this completed form to:

Name: _____

Address: _____

Sample Reference Check Questions⁶

Reference Check Questions

When you call to check references, it would be good to begin the conversation with an introduction of why you are checking this reference, and then briefly explain the job description. Then you can begin to ask questions.

Here is a list of questions you could ask an employer reference for job applicants:

- How long did **[insert name]** work for you?
- How dependable was **[insert name]**?
- How was **[insert name's]** attendance?
- Do you consider **[insert name]** to be honest?
- How did **[insert name]** accept supervision?
- Did **[insert name]** use good judgment?
- How well does **[insert name]** work independently?
- Did **[insert name]** get along with other people at work?
- Why did **[insert name]** leave?
- Would you hire him or her again?
- Would you recommend **[insert name]** for the job?

Here is a list of questions you could ask a personal reference for a job applicants:

- What is your relationship with **[insert name]**?
- How long have you known **[insert name]**?
- In your opinion, is **[insert name]** honest?
- Would you want **[insert name]** to work for you in my situation?
- Are there any positive or negative things, I should know about **[insert name]** before I hire him or her?

⁶ Adapted from Minnesota Department of Human Services, Disability Services Division. (2005).

SECTION 6

Managing Service Providers



- Section 6 covers the responsibilities and expectations of your service providers and your responsibilities to your service providers.
- The section includes information about the importance of house rules.
- The section has specific tips on how to supervise and train service providers, to set up work schedules, and to use time logs.
- The section explains how to give feedback to a service provider, to evaluate a service provider's work, to solve problems, and to fire a service provider.
- The section includes tips for good communication.
- Finally, the section includes samples of house rules for service providers, a monthly service provider schedule, a weekly task schedule, a time log, and a service provider evaluation form.

Responsibilities and Expectations

Service Providers' Responsibilities

You have some things you will expect from your service provider. You expect them to be responsible. Service providers' responsibilities include that they⁷ —

- Always be on time.
- Be courteous.
- Talk to you in a respectful way.
- Treat you with respect.
- Be honest and open about their feelings.
- Know their skills and limitations and be able to talk about them with you.
- Provide reliable, safe, high quality services, as directed.
- Respect you and your privacy and confidentiality.
- Notify you as soon as possible when they know they will be late for work or unable to work.
- Plan time off with you in advance and give plenty of notice.
- Give at least two weeks' notice before making changes or quitting.
- Complete job duties as directed.
- Accurately record the hours that they work.

Service Providers' Expectations

As you get ready for your working relationship with your service providers', remember that your service providers have some things they will expect from you. They expect to —

- Be treated with respect.
- Be talked to with respect.
- Be provided with equipment and supplies that are needed to complete assigned duties.
- Receive requests for any additional duties or schedule changes with as much advance notice as possible.
- Request time off with adequate notice.
- Work in a pleasant, safe, and non-threatening environment.

It is important for you to respect your service providers. It is a sign that you are a good boss. It's also important that both you and your service providers know their responsibilities and expectations. It is a good idea to review their responsibilities and expectations at the beginning of training.

⁷ Adapted from Center on Developmental Disabilities. (2006).

Your Responsibilities to Your Service Providers

You have responsibilities to your service providers. The more responsible you are, the easier it will be for you to keep your service providers.

Your biggest responsibility is to treat your service providers with respect. Most people understand that they should treat other people the way they want to be treated. However, some people may not understand that they have other responsibilities to their service providers.

You are responsible to —

- Give praise when it is due.
 - Be respectful.
 - Make sure your service providers get paid on time.
 - Make emergency information available to your service provider.
-
- Be honest and clear when explaining your needs.
 - Provide good training.
 - Be as independent as possible.
 - Not ask your service provider to do tasks that were not agreed upon.
 - Be ready to work with your service provider at the time you ask them to report to work.
 - Be courteous.
 - Be easy to talk to.
 - Give positive and constructive feedback.
 - Give guidance and directions.
 - Be assertive when asking for or turning down help.



Respect is a two-way street.

It is important for your service provider to respect you, and it is important for you to respect your service provider.

House Rules

It is important to talk to your service providers about “house rules.” House rules can help new service providers understand what kind of behavior is expected of them and what behaviors can lead to termination. Here are some house rule topics that you might want to consider when you first meet with your service providers —

- **Showing up for work.** Explain policies like absences, tardiness, illnesses, and trading shifts with other service providers.
- **Time logs.** You should indicate that you keep the time logs and that they sign in and out in front of you.
- **Behavior.** There may be specific behavior that you do not allow. For example, you might tell people that they should not talk about each other in front of you. You may want to tell service providers that if you express a concern about another service provider, they should remind you to talk to the person involved, your support coordinator, or a family member.
- **Dress code.** You want service providers to dress so they can do the tasks assigned to them. Do you want people to wear torn shirts or shirts with improper images? Is it all right for people to wear pants that are too baggy and hang down? How long should shorts or skirts be? What kind of shoes should they wear?
- **Cleanliness.** Service providers should be clean and smell clean. They should wear hair in a way that it will not be in their face or your face, or get into food. Do you want them to wear perfume or cologne?
- **Smoking.** You should decide whether or not you want your service providers smoking in your home or your car.
- **Confidentiality.** You should make it clear to service providers that all issues regarding you are to be handled in a private and confidential manner. If service providers use logs or notebooks to communicate with each other, you should tell service providers that the notes should be positive, objective, and not include negative comments about you or other service providers.
- **Cell phones and computers.** Service providers should not use their cell phones for talking or text messaging while at work. They should not bring their computers to work. They should be allowed to use their cell phones only in the case of emergencies. Remember, they are working for you. Do you want to pay people for taking personal phone calls or working or playing on a computer?
- **Personal phone calls on your phone.** Service providers —
 - » Should not answer your phone unless you ask them to.

- » Should not make personal calls on your phone except in an emergency.
 - » Should not make long-distance calls on your phone.
 - » Should not use your phone number for their personal use. For example, someone might put your phone number down for a credit card application.
 - » Should not give your phone number to his or her friends or family members.
 - » Should not give your phone number to telemarketers.
- **Friends and family.** Service providers should not bring children, friends, boyfriends, girlfriends, spouses, significant others, or other family members with them to work.
 - **Personal property.** Service providers should respect your personal property. They should ask permission to use something that belongs to you. For example, it is your decision to let your service providers use your computer; play your stereo, CD player, DVD player, or iPod; eat or drink your food and beverages; or use your washer and dryer.
 - **Personal errands.** You should explain to your service providers that they cannot run personal errands while they are working for you.
 - **Mail.** Service providers should not open your mail without your permission. They should not be allowed to use your address for their personal use. For example, someone might use your address for a credit card application.
- **Meals.** You should decide if meals are provided or not. If they are not provided, you should talk about how they can bring food to work, where to store it, where to heat up food, and clean-up practices.
 - **Live-in service providers.** If you have a live-in service provider, you may want to write down your expectations about free time, common spaces used by everyone, cleaning schedules, use of personal items, and paying bills.
 - **Borrowing money.** You should make it clear from the very beginning that they are not to borrow money from you and you are not to borrow money from them.
 - **Using vehicles.** If you have service providers using your car, you may want to make it clear that your car is only for work-related activities. They cannot use your car for personal business. Additionally, they should not be allowed to text-message or talk on a cell phone while driving.
- You can pick and choose which topics you want to use as your house rules. Once you pick the topics, write down the rules and policies for each topic. Share your house rules with your service providers during training.

Supervising Service Providers

General Guidelines

Managing your service providers has a lot to do with your interpersonal and communication skills. You should treat your service providers the way you want to be treated. When you give them directions or feedback, be respectful. They want to be treated with kindness, fairness, and respect.

If you do not treat your service providers well, they may decide to leave. There are other reasons they may not want to work for you. For example, service providers —

- Do not want to work for someone who is overly demanding and rarely thanks them for a job well done.
- Do not want to work for someone who takes his or her anger or frustrations out on them.
- Do not want to work for someone who swears at them, calls them names, threatens them, or hits them.
- Do not want to work for someone who is overly rigid about the way he or she wants tasks done.



Supervising Tips

- Create a positive relationship with your service providers.
- Provide positive, constructive feedback.
- Identify issues to be addressed.
- Explain the house rules clearly.
- Explain what happens if the rules are broken.
- Request that your service providers comply with work rules.
- Help your service providers solve problems for themselves.
- Offer possible solutions to any problems.
- Set goals to end problems.
- Commit to working with your service provider on the goals.
- Make service providers responsible for their actions or behaviors.

Supervising does not mean bossing people around. A good supervisor is assertive, respectful, and a good communicator. This means you need to do the following —

- Speak up for yourself.
- Explain your needs.
- Direct your service providers in a clear, patient, and respectful way.

Specific Guidelines

The general guidelines are good, but what does supervision mean when you have your service provider standing in front of you? For some people, supervising someone is scary.

Some people are afraid of fights, afraid that the service provider will leave them, or afraid that no one will like them. Remember, you are paying this person to work for you. He or she is not your friend. No one pays a person to be his or her friend.

If you want or need friends, do not expect your service providers to fulfill that role. You need to talk to other

friends and family members about how you can find ways to get more friends in your life.

Some people may not have been treated well in the past. As a result, they think they do not deserve to be treated with respect. You do not have to put up with bad behavior. You deserve to be treated with respect.

Remember, you have the right to fire any service provider who yells at you, talks down to you, does not listen to you, threatens you, calls you names, or hits you.

Does this mean you cannot be friendly towards your service providers? Does this mean your service providers cannot be friendly towards you? No. It means you do not have to put up with bad or mean service providers. It means you should find and keep service providers who are nice people.



You don't pay a person to be your friend. A service provider is not your friend. No one pays a person to be his or her friend.

You can fire any service provider.

You have the right to fire anyone who yells at you, talks down to you, does not listen to you, threatens you, calls you names, or hits you.



Be Assertive

The best thing you can do is to be assertive. Assertive means to be direct in your intentions and actions. Assertiveness helps you to act in your best interest, to stand up for yourself without feeling bad, to be comfortable while you tell someone how you feel, and to exercise your rights without taking away the other person's rights. Here are two ways to avoid problems from the beginning —

1. If the person works for an agency service provider, sometimes they believe the agency is their boss because they get their paycheck from the agency, not from you. So what do you do? During the first day of training, tell the person that you understand that he or she gets paid by the agency, but it is your Medicaid money that pays the agency. This means that you are paying them. Because you are paying them you can and will fire them if you are not happy with their work or how they treat you.
2. During the first day of training, tell the service provider that you will not put up with being yelled at or talked down to, or any other type of abuse or neglect.

If a problem comes up later, here are some suggestions that might help you —

- Tell the service provider that you want to talk to him or her about a problem or issue at a certain time and place. Do not talk to the service provider about the problem or issue until it is the set time to talk.
- If a service provider starts yelling at you, tell the person that you will talk to him or her after he or she has calmed down. Physically move yourself away from the person.
- Make sure you and the service provider are both sitting down. If someone is standing over you, it can feel scary. When people are scared, it is hard to stand up for themselves. If you are both sitting, it feels like you are on equal ground.

Some people are scared to tell service providers they did something wrong. It is okay. You can learn to be assertive. You can practice being assertive with a trusted friend or family member. A lot of people find if they practice ahead of time, it is easier to be assertive at a later time. You can have someone with you while you talk to the service provider.

This is your life. You have the right to live it your way. You get to be as happy as you want to be.



Training Service Providers

You are the best person to train your service providers. You are the expert in knowing what you need. If you feel overwhelmed, you can ask for help from your support coordinator, current service providers, a trusted friend, or a family member.

You want your first experience with your service providers to be positive. Positive experiences mean service providers are more likely to remember what you taught them, to feel comfortable with asking questions, and to see you as a good employer.

There are many ways to train service providers. Some people do well if you give them verbal directions, while others do better with hands-on demonstrations.

Before the training, make a list of things you want to talk about. The list will help you to remember everything. The list will help you decide how much time you will need to do the training.

If you plan how much time you need, you will not have to rush through everything. Allowing enough time for training will make it a good experience for your service providers.

When your new service provider arrives, take a minute to make friendly conversation. During the training —

- Be patient.
- If possible, have someone you know show the person how tasks and routines should be done. You can watch the person and give him or her feedback.
- Try to be aware of how much new knowledge the person can learn at one time.
- Praise the person when he or she does a task correctly.
- Show the person how to properly handle and clean equipment or any other medical supplies that you use.
- Give the person a copy of your house rules.
- Provide the person with a checklist of routine and daily tasks.

Here is an example of a training schedule —

1. Talk about the service provider's rights and responsibilities.
2. Take the person on a tour of your home.
3. Talk about your disability and how it affects your life.
4. Talk about any behavior or emotional support needs you have.

5. Talk about any symptoms or health concerns, or dietary restrictions a service provider needs to be aware of.
6. Go through your routine with the person.
7. Show the person how to do his or her tasks.
8. Explain why the tasks need to be done.
9. Give a lot of examples, and explain any technical terms you use.
10. Show the person how to operate any life support equipment you have.
11. Talk about emergency procedures and safety concerns.
12. Give the person a copy of the notebook you created that has all of your training materials in it.



Training Tips⁸

- Start each training session by telling your service what you will teach them.
- After the first session, briefly review what you taught in the previous session. After the review, start teaching the new material.
- Give instructions for a task by describing each step of the task.
- Ask for feedback and encourage questions.
- Always give the same explanation.
- Give positive feedback.
- Make a notebook that has all of your training materials in it. Give a copy of the notebook to each service provider.

⁸ Adapted from Center on Developmental Disabilities. (2006).

Scheduling Service Providers

Time Schedule

You make the schedule for the staff. The schedule should meet your needs and should be clear to you and to your service providers what day and time each person will work. The agency service provider should get a copy of your schedule.

Task Schedule

As the employer, you make the task schedule. The schedule should be clear to you and to your service providers what each person will do, while he or she works his or her shift.

When you make the schedule, try to schedule more than one thing that can be done in the same block of time. For example, a person can do laundry at the same time he or she is cleaning the rest of the house. A person can run several errands at one time.

Know the service providers' strengths and what they do well. If one person is a good cook, schedule him or her around mealtime. If someone else is good at helping you with baths or showers, schedule him or her around the time you want to take a bath or shower.



Tips on Making a Staff Schedule

- Schedule people on a monthly basis.
- Write what tasks will be completed during each shift.
- Post the schedule in at least two private places.
- Give a copy of the schedule to each service provider.
- Give advance notice of schedule changes.
- Schedule the service providers for longer blocks of time instead of finding someone to come in multiple short shifts.

Service and Time Logs

A service log is a document that includes the recipient's name, social security number, recipient's Medicaid ID number, the description of the service, activities, supplies or equipment provided, and corresponding procedure code, times and dates service was rendered, amount billed for each service, provider's name and provider Medicaid ID number. Service logs are submitted to your support coordinator by the agency or independent service providers.

A time log is a document that includes your name; the description of the service, activities, supplies, or equipment provided; the times and dates service was provided; and the provider's name. It is not an official document that is submitted to anyone. It is a document for your personal use in order for you to keep track of the services, activities, supplies, or equipment provided to you. The time log can be compared to the monthly account statement to make sure that your service provider is billing you for the actual services, activities, supplies, or equipment provided to you.

You have the right to keep track of the hours your service providers work for you. Service providers should write down the hours they work on a time log. If an agency service provider or individual service provider tells you that they will not complete your time log, you have two choices. Your first choice is to keep your own records. Your second choice is to look for a new service provider.

Each service provider signs in on each shift and signs out at the end of each shift. Service providers should sign in and out in front of you. Be aware that the state of Florida and Medicaid can charge an agency service provider or an independent service provider with fraud if the agency or the person charges you for work that was not completed.

If your time log and the records of the agency service provider are different, ask the agency to correct its records. If it says no, you can ask your support coordinator to help you get back the hours. If the agency refuses to correct its records and will not give you back the hours, it is committing Medicaid fraud.



Best Practices for Time Logs

- Each service provider signs in and out in front of you.
- If service providers are not signing in and out in front of you, keep your own records.
- If your time log and the records of the agency service provider are different, ask the agency to correct its records.
- If an agency service provider refuses to correct its records, contact the Florida Office of the Attorney General and report the agency for Medicaid fraud. Call 800-962-2873 or 850-487-4332.

Daily Activities Notebook

A daily activity notebook is a notebook that service providers use to write down information necessary for consistent support. Each service provider should write what happened during his or her shift. Comments written in the notebook should be positive and objective. Service provider's should not include negative comments about your or others.

Giving Feedback to Service Providers

Feedback

Feedback is information you give to a service provider to evaluate his or her job performance. Feedback is important because it tells the person how well he or she is doing and if the person is doing what is expected of them.

A good employer provides frequent and timely feedback to service providers. This means you give them feedback often and as soon as something happens or a task is not completed.

The key to being a good supervisor is to take the time to pick when and where you want to give a service provider feedback. This means the following —

- **You decide** if you want to talk about the problem right away or if you want to talk about it later.
- **You can wait** to talk about a problem until your support coordinator or a trusted friend or family member can be with you.
- **You decide** if the problem is so bad that you do not want to keep the service provider.
- **You decide** if the service provider is a friend you need to keep as a friend but not as a service provider.

Give feedback on a daily basis about tasks that are being done well and tasks that need improvement. Feedback lets service providers know if you are satisfied with their work.

Clear communication is the most important way for you to tell someone that you dislike or are uncomfortable with something they said or did. It is important to let your feelings be known, in a clear, direct, and respectful way.

Do not assume that your service providers know what you want. Be consistent in your communication. This means that you give them the same answer every time they ask you the same question regarding how you want something done. The more consistent you are, the better your service providers will meet your needs.

A service provider may like to do things one way and you like them done another way. The choice is yours, and the service provider needs to follow your directions.



Tips to Clear Communication⁹

- Explain any technical words or terms that you use. Understanding terms helps your service providers better understand your disability and meet your needs.
- Be clear about your expectations. For example, if a service providers leaves dishes in the sink and you want them in the dishwasher, you need to tell the person to put them in the dishwasher.
- Be pleasant, patient, and fair.
- Avoid talking about other service providers when they are not present.
- Avoid becoming friends.
- Do not criticize a service provider's work with another service provider. Instead, address issues with the person directly.
- Service providers should not correct each other. If a service provider has a concern, he or she should talk to the person directly, to you, or to a family member.
- Treat your service providers the same way you would like to be treated.

⁹ Adapted from Minnesota Department of Human Services, Disability Services Division. (2005).

When Problems Happen

Sometimes problems happen. You may decide to solve the problem rather than to fire the service provider. Sometimes talking openly can clear the air. If you can address the problem, a stronger and better working relationship can result.

Evaluations

If you hired someone from an agency service provider, the agency will do the evaluation. You can ask the agency to participate in the evaluation process. If it says no, you may want to find a new agency service provider. If it says yes, ask the agency when it wants your feedback and how it wants to receive it. The agency service provider may have a form for you to complete.

If you hire an independent provider, it is important to evaluate him or her. Evaluations can be a way to talk about problems and to give a person feedback on his or her work. You can decide how often you want to evaluate a person. One suggestion is three months after you hired the service provider and then every six months. A second suggestion is to do the evaluation once a year.



Tips on How to Talk About a Problem¹⁰

- Set aside time when both of you will not be rushed.
- Give full attention to the service provider.
- Describe the service provider's actions, not the person.
- Define the conflict as a mutual problem that you want to solve.
- Talk about the problem in specific terms. Give examples.
- Describe your feelings and reactions.
- Describe how you want to fix the problem.

¹⁰ Adapted from Minnesota Department of Human Services, Disability Services Division. (2005).

A few days before the evaluation, give the service provider a copy of his or her job description and the evaluation form. Ask the service provider to read both documents and evaluate himself or herself. On the day of the evaluation you can talk about what you both wrote.

When You Become Close to Your Service Providers

Sometimes people can develop very close relationships to the people they hire. This can complicate the relationship.

Supervising someone on whom you depend can be hard. It can be confusing to be “the boss” for people you care about and who care about you.

Termination of Service Providers

If a service provider’s behavior or work is not good, you may need to fire the person. You can fire an individual for any reason related to the services they were hired to provide. You can fire them because —

- They are late to work.
- They have not provided the services you hired them to perform.
- They smoke or have other personal habits you do not like.
- They are mean to you.
- You do not feel comfortable around them.

If a person works for an agency service provider, you can call and tell the agency that you no longer want the individual to come to your home. Tell the agency service provider the reason for your decision. The agency service provider can decide how to discipline the person. If the person threatens you, tell the agency service provider and file a complaint with the police.

If the person is an independent service provider, you have two choices. First, you can call the person on the phone to fire him or her. Second, you can tell the person to his or her face. If the service provider threatens you, file a complaint with the police.

If you decide to fire someone in person, it would be a good idea to have a friend, a family member, or your support coordinator present when you do it. The person can serve as a witness to what you said and can also assist you if the service provider becomes upset.

If you gave your keys to a service provider whom you fired, get your keys from him or her. If the person does not return the keys, you may need to change your locks.

If someone tells you that you will not be able to find another service provider if you do not listen to him or her, it is not true. Your support coordinator will help you find another service provider.

Additional Resources: Managing Service Providers



- Sample House Rules
- Sample Monthly Staffing Schedule
- Monthly Staffing Schedule Form
- Sample Weekly Task Schedule
- Weekly Task Schedule Form
- Evaluation Form
- Time Log Form

Sample House Rules¹¹

House rules can cover a wide range of behaviors. You could use or change any of the sample house rules or write a policy of your own. Once you have shared your house rules with your service providers, you should have them sign a statement that says, "I have read the house rules and I understand them."

House Rules

On time and ready to work. You are expected to arrive at my home and be prepared to work at least by the time the shift begins.

Absences. You are expected to come to work when you are scheduled to work. Not coming to work and not calling me to make arrangements more than once can result in termination. Too many absences may be grounds for termination.

Tardiness. If you are going to be more than 15 minutes late getting to my home, you need to call and let me know. The time you write on the timesheet must be the actual time you worked. Being tardy without calling me or being tardy too many times may be grounds for termination.

Illness. If you are ill the day you are scheduled to work, you must notify me immediately. As the employer, I may contact you to cover another staff person's shift if he or she is ill. Please be aware that personal assistants and night support are necessary; without these services I cannot live independently.

Trading shifts. In order to assure coverage, if shifts are traded between service providers, the shift that service provider agrees to cover then becomes his or her responsibility. If that service provider cannot cover for some reason, he or she needs to find someone else to cover his or her shift. It does not default back to the original service provider on the schedule. In order to assure that everyone is aware of the change, make sure to tell me and post a note on the service provider board.

Dress code. You should be dressed so you can do the tasks assigned to you. This means that you should wear comfortable clothing and shoes. You should not wear torn shirts or shirts with improper images. Pants should fit properly and not hang down or be too baggy or too tight. Shorts and skirts should not be too short. Shoes should be tennis shoes that are not torn or comfortable working shoes.

Cleanliness. You should be clean and smell clean. You should wear hair in a way that it will not be in my face or get into my food or my face. You may not wear perfume or cologne.

Alcohol and drugs. Drinking alcohol or taking illegal drugs is not permitted in my home. Showing up for work drunk or high is not permitted. Drinking alcohol, taking illegal drugs, and showing up for work intoxicated from alcohol or drugs are grounds for termination.

Criminal activity. Any criminal activity is not permitted in my home. Any involvement in criminal activity is grounds for termination of employment.

¹¹ Adapted from Occupational Center of Central Kansas. (2004).

Time logs. Each service provider signs in on each shift and signs out at the end of each shift. You should sign in and out in front of me. Be aware that the state of Florida and Medicaid can charge an agency service provider or independent service provider with fraud if the agency or the individual charges for work that was not completed.

Record daily activities. You must record daily activities in the daily activities notebook. Please keep timesheets in the notebook.

Daily activities notebook. Keep notebooks positive and objective, and do not include negative comments concerning me or other service providers. Notebooks need to be restricted to information necessary for consistent support.

Behavior.

- Service providers should not talk about each other in front of me.
- If I express a concern about another service provider, please tell me to speak with the person involved, my support coordinator, or a family member.
- If you have a concern about another service provider, please address your concerns to me in an objective manner, remaining as positive as possible.
- Please avoid gossiping or complaining about other service providers.
- Please address your concerns to me, not to other service providers.

Smoking. Smoking is not permitted in my home or in my car. You may smoke outside. Please dispose of your cigarette butts in the can outside the door.

Meals. Meals are not provided. If you would like to bring your dinner, you may keep it in the refrigerator and warm it in the microwave or oven. I can provide water to drink. If you prefer something else to drink, please bring it with you. Please take any food with you that belongs to you at the end of your shift. You are responsible for clean-up.

Using my phone. You must ask me for permission before using my phone for personal calls. You may receive personal calls in the case of an emergency. You cannot accept phone calls while performing your duties. Absolutely no long-distance calls can be made on my phone. Making long-distance phone calls on my phone is grounds for termination.

Using my personal property. You may not use any of my personal property for your personal use (e.g., washer and dryer, CD player, stereo, computer, phone, and car). That is grounds for termination.

Using computers. You may not use my computer for your personal use. You are not allowed to bring your personal computer to work. You are here to work for me, and I expect your individual attention.

Using your personal phone. You cannot use your cell phone during your shift unless there is an emergency.

Borrowing money. You are not to ask to borrow money from me. That is grounds for termination. You should not loan me money or have me write checks to you if you buy something for me. If you are buying something at the store for me, it is best to have me write a check to the store. Any checks on my account written to my service providers can be suspected of fraud.

Entertainment expenses. You decide if you want to pay for service provider's admission fees for community activities.

Friends and family. You should not bring friends, boyfriends, girlfriends, spouses, significant others, or family members to work. You are here to work for me, and I expect your individual attention.

Children. Your child(ren) may accompany you to work only under the following conditions: (a) you have no options for day care, (b) you have notified me prior to bringing them, and (c) if they become a problem, you must make other arrangements immediately or contact another service provider to work your shift.

Payments for gas. I do not pay for gas. If you work for an agency service provider, the agency will pay you for mileage. If you are an independent service provider, you can keep track of your mileage and use it for a tax deduction at the end of the year.

Confidentiality. All issues related to me are to be handled in a confidential manner. Do not discuss my affairs with anyone without my consent. Service providers may share with each other only that information needed to carry out their duties and training activities on a need-to-know basis. Breaking confidentiality may be grounds for termination.

I have read the House Rules and agree to follow them.

(Print) Service Provider's Name

Service Provider's Signature

Date

Sample Monthly Staffing Schedule

Monthly Staffing Schedule January 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 8-10 a.m. Linda ----- 6-9 p.m. Lou	2 8-10 a.m. Linda ----- 6-9 p.m. Lou	3 8-10 a.m. Linda ----- 6-9 p.m. Lou	4 8-10 a.m. Linda ----- 6-9 p.m. Lou	5 8-10 a.m. Joan ----- 6-9 p.m. Jill
6 8-10 a.m. Mary ----- 6-9 p.m. Meg	7 8-10 a.m. Linda ----- 6-9 p.m. Lou	8 8-10 a.m. Linda ----- 6-9 p.m. Lou	9 8-10 a.m. Linda ----- 6-9 p.m. Lou	10 8-10 a.m. Linda ----- 6-9 p.m. Lou	11 8-10 a.m. Linda ----- 6-9 p.m. Lou	12 8-10 a.m. Mary ----- 6-9 p.m. Meg
13 8-10 a.m. Joan ----- 6-9 p.m. Jill	14 8-10 a.m. Linda ----- 6-9 p.m. Lou	15 8-10 a.m. Linda ----- 6-9 p.m. Lou	16 8-10 a.m. Linda ----- 6-9 p.m. Lou	17 8-10 a.m. Linda ----- 6-9 p.m. Lou	18 8-10 a.m. Linda ----- 6-9 p.m. Lou	19 8-10 a.m. Joan ----- 6-9 p.m. Jill
20 8-10 a.m. Mary ----- 6-9 p.m. Meg	21 8-10 a.m. Linda ----- 6-9 p.m. Lou	22 8-10 a.m. Linda ----- 6-9 p.m. Lou	23 8-10 a.m. Linda ----- 6-9 p.m. Lou	24 8-10 a.m. Linda ----- 6-9 p.m. Lou	25 8-10 a.m. Linda ----- 6-9 p.m. Lou	26 8-10 a.m. Mary ----- 6-9 p.m. Meg
27 8-10 a.m. Joan ----- 6-9 p.m. Jill	28 8-10 a.m. Linda ----- 6-9 p.m. Lou					

Sample Weekly Task Schedule

Weekly Task Schedule

Morning Tasks: Every day of the week

- Give morning medication.
- Grooming.
- Dressing.
- Transfer to wheelchair.
- Prepare breakfast.

Morning Tasks: Monday–Friday

- Perform all the chores listed for every day of the week.
- Prepare lunch for me to take to work.

Morning Tasks: Saturday–Sunday

- Perform all the chores listed for every day of the week.
- Prepare lunch.
- Clean up the kitchen.
- Attend social events with me when I go out.

Evening Tasks: Every day of the week

- Prepare supper.
- Clean up the kitchen.
- Give me my evening medications.
- Help me with undressing.
- Attend social events with me when I go out.
- Charge my wheelchair.

Housekeeping Chores

- **Monday:**
Laundry.
- **Tuesday:**
Dust and vacuum.
- **Wednesday:**
Grocery shop.
- **Thursday:**
Clean kitchen and bathroom.
- **Friday:**
Take out recycling and garbage.

Weekly Task Schedule Form

Morning Tasks: **Every day of the week**

- _____
- _____
- _____
- _____
- _____

Morning Tasks: **Monday–Friday**

- _____
- _____
- _____
- _____
- _____

Morning Tasks: **Saturday–Sunday**

- _____
- _____
- _____
- _____
- _____

Evening Tasks: **Every day of the week**

- _____
- _____
- _____
- _____
- _____

Housekeeping Chores

■ Monday: _____

■ Tuesday: _____

■ Wednesday: _____

■ Thursday: _____

■ Friday: _____

■ Saturday: _____

■ Sunday: _____

Evaluation Form

This form can be used when you hire someone who does not work for an agency service provider.

Date: _____

Use the following rating scale from 1 to 5 to rate the service provider's attributes:

1. Attendance	1 Poor	2	3 Average	4	5 Superior
Follows work schedule					
Reports to work on time					
Has no excessive absences					
Gives appropriate notice for absences					
2. Performance	1 Poor	2	3 Average	4	5 Superior
Knows job					
Follows instructions					
Works with minimal supervision					
Performs job duties well					
3. Behavior	1 Poor	2	3 Average	4	5 Superior
Is trustworthy					
Is open to suggestions					
Communicates well					
Has a positive attitude					
Is willing to learn					

4. In what areas does the service provider need more training?

5. What changes does the service provider need to make in work, attitude, or behavior?

6. What changes do we need to make to improve our working relationship?

7. List any ideas or concerns the service provider wants to talk about.

Comments:

Date of next evaluation: _____

Service Provider's Signature

Date

Employer's Signature

Time Log Form

PAY PERIOD END DATE:	SERVICE PROVIDER'S NAME:
Fill in: _____ / _____ / _____ Month Day Year	EMPLOYER NAME:

DATE	DAY	TIME IN	TIME OUT	SERVICES PROVIDED	HOURS/DAY	
/	SU					
/	MO					
/	TU					
/	WD					
/	TH					
/	FR					
/	SA					
(Please use a.m., p.m., noon, midnight)		Total hours for the FIRST WEEK				
/	SU					
/	MO					
/	TU					
/	WD					
/	TH					
/	FR					
/	SA					
(Please use ink, not pencil)		Total hours for the SECOND WEEK				
		(Please initial any corrections or changes)				
		TOTAL HOURS FOR THE TWO-WEEK PAY PERIOD				

We verify that the time and services entered above are accurate.

Employer's Signature

Date

Service Provider's Signature

Date

Last day of employment, if terminated: _____ / _____ / _____

SECTION 7

Maintaining Quality



- Section 7 covers how you decide what quality means in your services and supports.
- The section explains how the state of Florida monitors the quality of services and supports.

Quality

Who Decides What Quality Is? You Do!

Quality can mean different things to different people. Being in control of your services means that you get to decide what quality means in your life. Quality must be true for you — not your support coordinator, not your parents, not your best friend — just you.

Quality can be a measure of anything. It can be something that makes you happy or proud. It can be a task getting done. It can mean being careful, or it can mean trying something new. Quality can mean —

- To have things done the way you want them done.
- To be able to go to certain places on a regular basis.
- To do something every day or every month.
- To have friends and family members in your life.
- To have certain things that you could not easily live without.

Outcomes

Another word that people sometimes use to measure quality is *outcomes*.

This means that the services and supports you receive will put positive things and people in your life.

Outcomes can include —

- Joining a self-advocacy group.
- Going out with friends at least once a week.
- Inviting a family member over for dinner.
- Going to doctors' appointments.

So, think about the services and supports you need in order to get the positive things and people you want in your life.



You decide about quality.

Quality must be true for you — not your support coordinator, not your parents, not your friends — just you.

Decide What Quality Means for You

You can decide if something means quality in your life by the number of times you do it or have it. For example, is playing pool once a week quality or would it take three times a week to be quality?

You decide who has a part to play in making sure that you are getting quality services and supports. For example, will a family member or a service provider have any responsibility? What responsibility will you take?

You decide if training is needed to make sure you get quality services and supports. If you decide that training is needed, you choose the type of training that you or others will receive.

You decide if equipment, tools, or other things are needed to make sure that something has quality. For example, if you use a communication device, making sure that it is always in good working condition could be an important part of you having quality in your life.

Make sure others know what quality means to you. When it comes up in conversation, tell everyone in your support network your ideas about how quality fits in your life. Make sure your support coordinator knows your quality outcomes for planning and monitoring purposes. When you train your service providers, tell them how important having quality is. Make a

list of all your ideas about quality so you can always go back and update it when needed.

Make sure your services and supports are provided how you want them. You are already doing this. For example, you are already making sure your services and supports will be how you want them when you write a job description that tells your service providers exactly how you want the services to be done. If you hired an agency service provider, you wrote down in the agreement exactly how you want the services to be done.

You are making sure your services and supports are how you want them when you trained your service providers on how you want the job done. You also must tell them how well they are doing their work for you or if they need to change how they do something.

A Strong Circle of Support

A circle of support is a network or a group of people whom you bring together to support you. Circle of support members can be family members, friends, neighbors, and people from your work or community. You have the greatest chance of living a safe, healthy, and happy life when you have a strong circle of support. The members from your circle of support can help you make sure you are getting quality services and supports.

Quality Services and the State

The Delmarva Foundation

The Delmarva Foundation is a non-profit Peer Review Organization (PRO). On September 18, 2001, the Agency for Health Care Administration (AHCA) entered into a contract with the Delmarva Foundation for the implementation of a Statewide Quality Assurance Program for the DD/HCBS and FSL Medicaid waiver programs.

The Delmarva website is
<http://www.dfmc-florida.org>



Customer Service

The Statewide Quality Assurance Program has a customer service representative located in the Delmarva Foundation. You can call this toll-free number:
1-866-254-2075.

Person-Centered Reviews

The Delmarva Foundation conducts interviews with people who receive waiver services to learn about their personal goals and expectations. These interviews are called Person-Centered Reviews (PCRs).

These reviews provide a time when you tell someone from the Delmarva Foundation about your life. You can talk about your services and supports and what you would like to change about them. If you do not want to participate in a PCR, you do not have to talk to anyone. It is your choice.

Most people who participate in a PCR talk about the following —

- What he or she likes to do.
- Who are his or her friends, or if he or she wants more friends.
- What he or she likes about his or her life.
- What new things he or she would like to do.
- His or her health and types of health care he or she needs.
- Whether he or she is satisfied with the supports and services he or she receives.

After you share this information, the person from Delmarva Foundation will “write a story” about your life and share it with you and your support coordinator. Your support coordinator will take the story and work with you on the things you said you want in your life.

Another part of the PCRs is when a nurse reviews your health information that is funded by Medicaid. These reviews are called Utilization Reviews. If the nurse has concerns about your health care, a doctor or other health professionals from the Florida Statewide Quality Assurance Program will look at your records. He or she will talk to your doctors to suggest how to make sure you are getting good medical care and follow-up.



You have a choice. If you do not want to participate in a person-centered review, you do not have to talk to anyone. It is your choice.

Provider Performance Reviews

The Delmarva Foundation also conducts Provider Performance Reviews (PPRs). In these reviews, the staff persons decide if the providers are providing quality services and supports without wasting money and if the providers are helping people with developmental disabilities in achieving personal goals.

These reviews examine how well service providers meet your needs and meet the rules made by the state. The reviews help to identify things a provider can do to improve services. The people who interview the providers will make sure that the providers are doing everything they can to insure —

- You are safe and healthy.
- You are doing the things you want to do.
- You are meeting your goals.

Educational Resources

The Delmarva Foundation provides educational sessions to individuals, their families, service providers, and APD staff to improve service delivery and individuals’ ability to self-advocate. Additionally, online training modules are available to help people who are looking for more information on a

variety of topics. To get more information about the online training, go to Appendix C.

The Delmarva Foundation provides two tools to assist individuals with developmental disabilities and their families to learn about the quality assurance process and to evaluate the quality of services. These tools are called the Road Map and My Personal Compass. You can get a copy of both tools at <http://www.dfmc-florida.org>. Click on "Individual and Family Resources."

SECTION 8

Finding Personal Space and Protecting Yourself



- Section 8 covers how to find personal space, how to protect yourself from abuse, neglect, and exploitation, and how to protect your program and health information.
- The section outlines planning for absent service providers and emergencies.
- The section provides information on what to do if you suspect Medicaid fraud.
- Finally, the section includes samples of a service provider contact and availability information form, an emergency preparedness checklist, a disaster supply kit checklist, an emergency phone numbers form, an emergency information form, an emergency procedure form, and a pet or service animal disaster plan.

Finding Personal Space

Although most people like to have friends and family members visit them, most people like to have some time and space to spend on their own. When you have a service provider in your home to help you, it can be hard to find time and space to spend on your own. It can also be hard to spend personal time with visitors while your service provider is there.

When you want some time to yourself, you can do a number of things. For example, you can —

- Tell your service provider that you want time by yourself. It is okay for them to do their work while you are in another part of the house doing something else.
- Tell your service provider that when you are in a certain place in your home or outside, that means you want to be alone. They should not disturb you unless there is an emergency.



When you have visitors, it is okay to tell your service provider what kind of help you will and will not need.

For example, you may need them to help you put the food on the table or set out bowls of snacks, but you do not want them sitting with you and your visitors and being part of the conversation.

Protecting Yourself

Abuse, Neglect, and Exploitation

Everyone has the right to be treated with respect. Your service providers, family members, and friends have no right to say or do anything that makes you feel bad about yourself. They have no right to say or do anything that scares you.

Everyone has the right to control what happens to his or her body. You are the one who says how things should be done and how your body should be touched.

When people talk about protecting yourself, they typically mean that you should protect yourself from abuse, neglect, and exploitation.

■ **Abuse** means any willful act or threatening act by a caregiver, a family member, a service provider, an employer, a friend, or a stranger that causes or is likely to cause major harm to your physical, mental, or emotional health. There are several types of abuse. They include the following —

- » **Physical abuse** is when someone hurts your body. Examples of physical abuse —
 - Hitting.
 - Pushing.

- Pulling hair.
- Kicking.
- Biting and choking.
- Touching that is not okay.
- Tying you down.
- Locking you in a room or closet.
- Giving you too much medication.
- Keeping you awake.
- Driving in an unsafe way.
- Forcing you to eat, drink, or take medications.
- Trying to harm you.

» **Sexual abuse** is an action that is physical (your body) or verbal (saying things) and that has a sexual purpose. Examples of sexual abuse —

- Touching your private parts or making you touch someone else's private parts.
- Touching, talking to you sexually, or showing you sexual material or body parts when you did not want to touch, talk, or look. *Sexual material* means magazines, books, websites, movies, copies of websites, or pictures.
- Touching or talking to you in ways that make you feel uncomfortable.

- Asking you to show him or her your private parts.
 - Having sex with you.
 - Asking you to talk in sexual ways when you do not want to.
 - Taking you to *adult entertainment clubs* when you do not want to go.
- » **Emotional and/or verbal abuse** is when someone says things to make you feel bad about yourself. Examples of emotional and/or verbal abuse —
- Saying mean things about you or your disability.
 - Stopping you from making your own decisions.
 - Threatening to harm you.
 - Threatening to harm your pet or service animal.
 - Threatening to harm your family or children.
 - Making you feel bad about yourself.
 - Not letting you see your friends or family.
 - Being mean to you.
 - Saying you are bad.
- » **Financial abuse** is when someone uses your money or things without asking you first. It is when someone uses your money or things in a different way from how you said they should be used.
- **Neglect** is when someone responsible does not give you the food, clothing, shelter, or transportation that you need. It is when someone does not give you the medications, medical treatment, assistive equipment, or personal care you need. Examples of neglect —
- » Someone responsible —
 - Leaves you alone without a way to call for help.
 - Leaves you in bed all day or does not get you dressed.
 - Leaves you on the toilet.
 - Leaves you in dirty clothes for a long time.
 - » The service provider hurts or does not feed your pets or service animals.
 - » The service provider does not clean your home. As a result, your home has cockroaches, mice, or other pests. It can also mean your living space is full of newspapers, garbage, and other stuff that makes it hard to move around your home or open and close doors.
 - » The service provider does not clean up after your pet or service animal. As a result, your home has a bad odor because your pets are going to the bathroom in the house rather than in the litter box or outside.

- **Exploitation** is when people twist the truth to trick you into giving them money or things or to give up your legal rights. Examples of exploitation —
 - » Your service provider makes long-distance telephone calls on your phone or uses your cell phone.
 - » Someone uses your automobile without asking your permission.
 - » Someone tells you to put his or her name on your checking or savings accounts.
 - » Someone asks you to give him or her your DVD player, a CD player, or other things of value.

Ways to Protect Yourself

Everyone wants to feel safe in his or her home and community. Your situation is a little different because you are asking people from outside your circle of friends and family members to come into your home. Your service providers work closely with you in your home. No matter how nice a person is, it is important to protect yourself and your property so there are fewer questions if something goes wrong or is missing. Here are some ways you can protect yourself —

- **Reference Checks**

Check your service provider's references.

- **Background Screenings**

Make sure that every person who works for you has to have a back-

ground screening. Get a copy of a person's criminal history check before he or she starts working for you. You have the right to get a copy of it.

- **Sexual Offender Record Check**

You can check to see if a person has a sexual offender record in the state of Florida. Follow these steps —

- » **Step 1:** Go to the Florida Department of Law Enforcement website: <http://www.fdle.state.fl.us>.
- » **Step 2:** Click on the box that says, "Sexual Offender Database."
- » **Step 3:** If you are searching in Florida, click on the box that says, "Offender Search."
- » **Step 4:** You can click on the box that says, "Standard" or the box that says, "Guided."

You click on the "Standard Box" if you have a lot of information on the person. You click on the "Guided Box" if you only have the person's name and address.

- » **Step 5:** Once you click on the box that says "Standard" or "Guided," the website will take you through the steps you need to complete your search.

If you want to conduct a search in another state, follow these steps —

- » **Step 1:** Go to the Florida Department of Law Enforcement website: <http://www.fdle.state.fl.us>.

- » **Step 2:** Click on the box that says, “Sexual Offender Database.”
- » **Step 3:** Click on the box that says “National/State Registration.” A list of states will show up on the screen.
- » **Step 4:** Click on the state you want to search.
- » **Step 5:** Each state’s website is set up differently. Once you get to another state’s website, follow its directions.

■ **Train Service Providers About Abuse, Neglect, and Exploitation**

During the first day of training, you can keep yourself safe by talking about abuse, neglect, and exploitation. Tell your service providers that you will not tolerate abuse or neglect and, if something happens, you will file charges with the police. Make sure your service providers understand that you are not isolated. You have family members and friends with whom you talk often.

■ **Other Suggestions to Keep You Safe**

- » Insist on being treated with dignity and respect.
- » Put things in a safe place. Always lock up your jewelry and other valuables.
- » Do not have your service providers help you with your money, unless it is part of their job description.

- » Keep money, checkbooks, debit cards, and credit cards in a safe place.
- » Do not have your service providers buy things with your debit or credit cards.
- » Set up a pre-paid debit card for your service providers. You can put a fixed amount of money on the card each month, and the bank will send you a summary of how your service providers spent the money.
- » Have service providers keep receipts and put them in a place where you can look at them.
- » Have service providers keep track of their expenses every day by writing down what they spent in a *ledger*. A ledger is a book or a page with columns.
- » Do not give service providers your personal identification number (PIN) for your debit or credit card.
- » Do not tell your service providers your Social Security number.
- » Do not give your service providers the right to access any of your bank accounts.
- » If you use a signature stamp, keep it with you at all times. Do not let anyone take your signature stamp or use it without your permission.
- » Do not sign papers if you do not know what they are.

- » Create house rules about using your phone, food, and other personal things. Be sure to stick to the rules.
- » Keep track of your medications to make sure none are missing. Keep your medications in a safe place.
- » Create an emergency plan with a list of phone numbers. Post the emergency plan in a place that is easy to find.
- » If a service provider helps you with personal care needs, tell him or her how things should be done. If a service provider needs to touch your body to help you, tell him or her how your body should be touched.

When Something Happens

No one wants to be abused, neglected, or exploited, but it can happen to anyone with or without a disability. Here are some simple rules to follow —

- If something happens, do not play down what happened or how you feel.
- If you feel uncomfortable or threatened in any situation, tell other people how you feel. Do not think the problem will go away by itself.
- Do not put off telling other people about a situation that is worrying you. Telling someone else can help you find a way to make the situation better.

- It is important to tell a safe person in your life what things make you feel uncomfortable and what is not okay with you.
- If you are hurt by someone, you need to know where to go for help, who will help you get there, and who is safe to talk to.
- If you tell someone and they do not believe you, tell another person until someone listens to you and helps you make a report.

Who To Call for Help

If any type of abuse, neglect, or exploitation is happening to you — you need to report it right away. Call the **Florida Abuse Hotline** (toll free) —

1-800-962-2873

1-850-487-4332

Some people may not be comfortable calling the hotline. A lot of people find it easier to tell someone whom they trust. This could be your support coordinator, the police, a family member, or a friend. A trusted person can help you file a complaint.

Anyone can hurt you.

Service providers, family members, friends, and strangers can all abuse, neglect, or exploit a person.



Planning for Absent Service Providers

No matter how dependable your service providers are, there will be times when they have to miss work. Although your service providers may be able to tell you ahead of time when they have to miss work, sometimes they have emergencies and can't call you until the last minute.

Back-Up Service Providers

If your service providers are paid by an agency service provider, the agency may send another person to your home. You may want to make arrangements with the agency for back-up service providers. This means that the back-up service provider is someone you already know and have trained.

It is possible that the agency service provider has no choice but to send someone to you that you do not know. Be prepared ahead of time by developing an emergency service provider back-up plan. A back-up plan can include how you will train an unknown service provider to work with you.

A back-up plan can also include current service providers' contact information and the contact information of people whom you could call if there is an emergency.

You may want to make a note of when they are most likely to be available to help you. Knowing when people can be available will help you develop a back-up plan for service providers who will work for you.

If you made a notebook of your training materials, part of your back-up plan can be to make a copy and give it to the back-up service provider. Plan to train this person.

If you have independent service providers and you hired more than one person, a different service provider might be willing to put in an extra shift. A back-up service provider can be a former service provider, a family member, or a friend. You may have these people learn your routine before there is an emergency. That way they will already know what to do when they show up.

Emergency Planning

Your Safety

Emergency planning is a good idea for everyone. Everyone has to deal with emergencies, such as medical emergencies, hospitalizations, fires, power outages, severe weather, and other natural disasters. Emergency planning can help you stay safe and minimize any injury or damage. When making plans, you should do the following —

- Make a list of emergency phone numbers.
- Review the emergency preparedness checklist developed by the Federal Emergency Management Agency and the American Red Cross.
- Make a disaster supply kit before there are any emergencies.
- Make a list of people to contact for each type of emergency.
- Make a plan for how to contact family and service providers if there is a power outage or natural disaster.
- Make a list of medications and/or equipment that you need to take with you if you have to leave your home.
- Organize medical information, emergency contact information, and, if applicable, living will information.

- Place all of the information together in an easy-to-access location.
- Store extra food and water in case of a severe weather emergency or other natural disaster.
- Talk with and include your service providers in your emergency planning.
- Write down emergency procedures for disability-related and non-disability related emergencies, severe weather or natural disasters, power outages, and allergy emergencies.
- Make a pet or service animal disaster plan before there are emergencies.

A Word About Your Pets and Service Animals

If you must evacuate your home, do not leave your animals behind. Evacuate them to a pre-arranged safe location if they cannot stay with you during the evacuation period. If there is a possibility that disaster may strike while you are out of the house, you can take precautions to increase your pets' chances of survival, but they are not a substitute for evacuating with your pets.

Medicaid Fraud

Medicaid fraud is a crime. It is when people either take your Medicaid money or spend it in the wrong way. Here are some examples —

- The service provider puts more hours on his or her time sheet than he or she actually worked.
- The service provider bills you for services that were not provided.
- The service provider pays someone for services that were not provided.
- The service provider buys and authorizes payment for services or supports that were not approved by your APD area office.
- A person is paid for services actually provided by someone else. This is also tax fraud.

Who to Call

Call the Medicaid Fraud Control Unit in the Attorney General's Office at **1-866-966-7226 (toll free)**.

You can also call your local attorney general's office —

Tallahassee: **(850) 414-3300**

Orlando: **(407) 999-5588**

Tampa: **(813) 287-7940**

Fort Lauderdale: **(954) 712-4600**

Miami: **(305) 377-5441**

Jacksonville: **(904) 858-6619**

Fort Myers: **(239) 338-2442**

West Palm Beach: **(561) 837-5000**

Pensacola: **(850) 595-6057**

People with hearing impairments can report Medicaid provider fraud Monday through Friday, 7:30 a.m.–4:30 p.m., by contacting the Medicaid Fraud Control Unit at **(850) 414-3935** (Voice/TTY) or through the Florida Relay at **1-800-955-8771 (TTY)**.

Report Medicaid fraud right away.

If someone is taking your Medicaid money or spending it in the wrong way, you have less money to spend. It means you will not have enough money to pay for the services and supports that you need to live the life that you want.



Protecting Your Program and Health Information

The following information was adapted from a publication developed by the U.S. Department of Health and Human Services. See <http://www.hhs.gov/ocr/hipaa>.

Your Privacy Is Important

Most of us feel that our health and medical information is private and should be protected. We want to know who has this information. Now, federal law —

- Gives you rights over controlling your health information.
- Sets rules and limits on who can look at and receive your health information.

The Law Gives You Rights

Service providers are required to follow this law. They have to respect your rights. You have the right to —

- Ask to see and get a copy of your program and health records.
- Have corrections added to your program and health information.
- Receive a notice that tells you how your program and health information may be used and shared.
- Decide if you want to give your permission before your program and health information can be used or shared for certain purposes.

- Get a report on when and why your program and health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can —
 - » File a complaint with your service provider or health insurer.
 - » File a complaint with the U.S. Department of Health and Human Services.

You can learn more about your rights, including how to file a complaint, from the website at <http://www.hhs.gov/ocr/hipaa/> or call toll free 1-866-627-7748.

Your Health and Program Information Is Protected by Federal Law

The following agencies have to follow the law —

- Medicaid enrolled providers and Medicaid waiver enrolled providers.
- Medicaid agencies, agency service and independent service providers, and your support coordinator.

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

What Information Is Protected?

- Information your support coordinator and service providers put in your support plan or other records.
- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information.

What Information Can Be Shared?

Your program or health care information can be used and shared —

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their business.

- With your family, relatives, friends or others **you** identify who are involved with your program or health care or your health care bills, unless you object.
- To make sure doctors give you good care.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your program and health information cannot be used or shared without your written permission. For example, without your okay, your service provider cannot —

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

How is the Privacy of Your Program and Health Information Protected?

Service providers are required to follow this law and must keep your information private by —

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your information secure.

Additional Resources: Finding Personal Space and Protecting Yourself



- Service Provider Contact and Availability Information Form
- Emergency Phone Numbers Form
- Emergency Information Form
- Emergency Procedures Form
- Sample Emergency Preparedness Checklist
- Sample Disaster Supply Kit Checklist
- Sample Pet or Service Animal Disaster Plan

Service Provider Contact and Availability Information Form

Service Provider Name:
Address:
Phone:
Availability:

Service Provider Name:
Address:
Phone:
Availability:

Service Provider Name:
Address:
Phone:
Availability:

Name of Back-Up Person #1:
Address:
Phone:
Availability:

Name of Back-Up Person #2:
Address:
Phone:
Availability:

Name of Back-Up Person #3:
Address:
Phone:
Availability:

Emergency Phone Numbers Form

IN EMERGENCY, DIAL: 911

MY ADDRESS: _____

Police Department's Phone Number: _____

Fire Department's Phone Number: _____

Poison Control's Phone Number: _____

Utility (gas and electric) Company's Phone Number: _____

Landlord's Phone Number: _____

Family Member's Phone Number: _____

Friend's Phone Number: _____

Doctor's Phone Number: _____

Other Important Phone Numbers: _____

Emergency Information Form

Doctor

Name:

Address:

Phone:

Medical Insurance

Name:

Address:

Phone:

Hospital

Name:

Address:

Phone:

Contact Family Member

Name:

Address:

Phone:

Contact Friend

Name:

Address:

Phone:

Important Medical Information

Allergies:

Medical Conditions:

Other Information

Emergency Procedures Form

Disability Related Emergency

Who To Call:

Phone Number:

Important Information and Plan:

Non-Disability Related Emergency

Who To Call:

Phone Number:

Important Information and Plan:

Severe Weather (Hurricane) or Natural Disaster

Who To Call:

Phone Number:

Important Information and Plan:

Power Outage

Who To Call:

Phone Number:

Important Information and Plan:

List Any Allergies

Who To Call:

Phone Number:

Important Information and Plan:

Sample Emergency Preparedness Checklist

Developed by the Federal Emergency Management Agency and the American Red Cross.

Call Your Emergency Management Office or American Red Cross Chapter

- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community's evacuation routes.
- Ask about special assistance for the elderly or people with disabilities.

Also...

- Ask your workplace about emergency plans.
- Learn about emergency plans for your children's school or day care center.

Create an Emergency Plan

- Meet with household members to discuss the dangers of fire, severe weather, earthquakes, and other emergencies. Learn how to respond to each.
- Find the safe spots in your home for each type of disaster.
- Discuss what to do about power outages and personal injuries.

- Draw a floor plan of your home. Mark two escape routes from each room.
- Show family members how to turn off the water, gas, and electricity at main switches when necessary.
- Post emergency telephone numbers near telephones.
- Teach children how and when to call 911 for an ambulance, the police department, or the fire department.
- Instruct household members to turn on the radio for emergency information.
- Pick one out-of-state and one local friend or relative for family members to call. It is often easier to call out-of-state than within the affected area.
- Teach children your out-of-state contact's phone numbers.
- Pick two emergency meeting places —
 - » A place near your home in case of a fire.
 - » A place outside your neighborhood in case you cannot return home after a disaster.
- Take a basic first aid and CPR class.
- Keep family records in a water- and fire-proof container.

Sample Emergency Preparedness Checklist (Continued)

Prepare a Disaster Supplies Kit

Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffle bag.

Include...

- A supply of water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
 - A supply of non-perishable packaged or canned food and a non-electric can opener.
 - A change of clothing, rain gear, and sturdy shoes.
 - Blankets or sleeping bags.
 - A first aid kit and prescription medications.
 - An extra pair of glasses.
 - A battery-powered radio, flashlight, and plenty of extra batteries. Hand-crank radios that do not require batteries are also available.
 - Credit cards and cash.
 - An extra set of car and house keys.
 - A list of family physicians.
 - A list of important family information.
- A list of the style and serial number of medical devices such as pacemakers.
 - Special items for infants, elderly, or family members who have disabilities.

Sample Disaster Supply Kit Checklist

Adapted from the Hurricane Preparedness website:

http://www.nhc.noaa.gov/HAW2/english/prepare/supply_kit.shtml

- ❑ **Water.** At least one gallon daily per person for three to seven days.
- ❑ **Food.** At least enough for three to seven days.
 - » Non-perishable packaged or canned food and juices.
 - » Foods for infants or the elderly.
 - » Snack foods.
 - » Non-electric can opener.
 - » Cooking tools and fuel.
 - » Paper plates and plastic utensils.
- ❑ **Blankets, pillows, etc.**
- ❑ **Clothing.** Seasonal, rain gear, sturdy shoes.
- ❑ **First aid kit.**
- ❑ **Medical equipment and assistive devices.**
- ❑ **Medicines and prescription drugs.** Include a list of the prescription name, dosage, frequency, doctor, and pharmacist. If your meds need to be refrigerated, bring a cooler with ice, an ice pack, or other coolant system.
- ❑ **Special items.** For babies and the elderly.
- ❑ **Toiletries, hygiene items, and moisture wipes.**
- ❑ **Flashlight and batteries.**
- ❑ **White distress flag or cloth, whistle, flashlights, and/or glow sticks.**
- ❑ **Radio.** Battery-operated and NOAA weather radio.
- ❑ **Telephones.** Fully charged cell phone with extra battery and a traditional (not cordless) telephone set.
- ❑ **Cash (with some small bills) and credit cards.** Banks and ATMs may not be available for extended periods.
- ❑ **Keys.**
- ❑ **Toys, books, and games.**
- ❑ **Important documents.** Should be in a waterproof container or watertight resealable plastic bag. Insurance papers, medical records, bank account numbers, Social Security card, etc.
- ❑ **Tools.** Keep a set with you during the disaster.
- ❑ **Vehicle fuel tanks filled.**
- ❑ **Pet or service animal care items.**
 - » Proper identification, immunization records, and medications.
 - » Ample supply of food and water.
 - » A carrier or cage.
 - » Muzzle and leash.

Sample Pet or Service Animal Disaster Plan

Adapted from the Hurricane Preparedness website:

http://www.nhc.noaa.gov/HAW2/english/prepare/pet_plan.shtml

and American Red Cross Animal Safety website:

<http://www.redcross.org/services/disaster/beprepared/animalsafety.html>.

Before the Disaster

- ❑ Make sure that your pets are current on their vaccinations. Pet shelters may require proof of vaccines.
- ❑ Have a current photograph.
- ❑ Keep a collar with identification on your pet and have a leash on hand to control your pet.
- ❑ Have a properly sized pet carrier for each animal. The carrier should be large enough for the animal to stand and turn around.
- ❑ Plan your evacuation strategy, and don't forget your pet! Specialized pet shelters, animal control shelters, veterinary clinics, and friends and relatives out of harm's way are ALL potential refuges for your pet during a disaster.
- ❑ If you plan to shelter your pet, work it into your evacuation route planning.

During the Disaster

- ❑ Animals brought to a pet shelter are required to have proper identification collar and rabies tag, proper identification on all belongings, a carrier or cage, a leash, an ample supply of food, water and food bowls, any necessary medications, specific care instructions and newspapers or trash bags for clean-up.

- ❑ Bring pets indoors well in advance of a disaster — reassure them and remain calm.
- ❑ Pet shelters will be filled on first-come, first-served basis. Call ahead to determine availability.

After the Disaster

- ❑ Walk pets on a leash until they become re-oriented to their home. Often familiar scents and landmarks may be altered, and pets could easily be confused and become lost. Also, downed power lines, reptiles brought in with high water, and debris can all pose a threat for animals after a disaster.
- ❑ If pets cannot be found after a disaster, contact the local animal control office to find out where lost animals can be recovered. Bring along a picture of your pet if possible.
- ❑ After a disaster, animals can become aggressive or defensive. Monitor their behavior.

Sample Disaster Pet or Service Animal Plan (Continued)

A Portable Pet Disaster Supplies Kit

Whether you are away from home for a day or a week, you'll need essential supplies. Keep items in an accessible place and store them in sturdy containers that can be carried easily (duffle bags, covered trash containers, etc.). Your pet disaster supplies kit should include —

- ❑ Medications and medical records (stored in a waterproof container) and a first aid kit.
- ❑ Sturdy leashes, harnesses, and/or carriers to transport pets safely and ensure that your animals can't escape.
- ❑ Current photos of your pets in case they get lost.
- ❑ Food, portable water, bowls, cat litter/pan, and can opener.
- ❑ Information on feeding schedules, medical conditions, behavior problems, and the name and number of your veterinarian in case you have to board your pets.
- ❑ Pet beds and toys, if easily transportable.

About Other Pets

Birds. Birds should be transported in a secure travel cage or carrier. In cold weather, wrap a blanket over the carrier and warm up the car before placing birds inside. During warm weather, carry a plant mister filled with water to spray the birds' feathers periodically. Do not put water inside the carrier during transport. Provide a few slices of fresh fruits and vegetables with high water content. Have a photo for identification and leg bands. If the carrier does not have a perch, line it with paper towels and change them frequently. Try to keep the carrier in a quiet area. Do not let the birds out of the cage or carrier.

Reptiles. Snakes can be transported in a pillowcase but they must be transferred to more secure housing when they reach the evacuation site. If your snakes require frequent feeding, carry food with you. Take a water bowl large enough for soaking as well as a heating pad. When transporting pet lizards, follow the same directions as for birds.

Small pets. Small mammals (hamsters, gerbils, etc.) should be transported in secure carriers suitable for maintaining the animals while sheltered. Take bedding materials, food, bowls, and water bottles.

References

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Minnesota Department of Human Services, Disability Services Division.
(2005). *Personal care assistance (PCA) program: Consumer guidebook*. St. Paul, MN: Author.

Nerney, T. (n.d.). *Principles of self-determination*. Wayne, MI: Center for Self-Determination.

Occupational Center of Central Kansas.
(2004). *Self-direct instructional manual*. Topeka, KS: University of Kansas.

Appendices



- Appendix A: Helpful Terms and Phrases
- Appendix B: Important Telephone Numbers and Other Information
- Appendix C: A List of Guidebooks and Other Self-Directed Materials
- Appendix D: List of *Your Life, Your Way* Additional Resources

Appendix A: Helpful Terms and Phrases

Agency for Health Care

Administration (AHCA) is the state agency responsible for administering the Medicaid HCBS waiver programs in Florida.

Agency for Persons with

Disabilities (APD) is the lead agency on developmental disability issues. APD has 14 area offices that provide services and supports to children (ages 3-17) and adults (ages 18 and older) with developmental disabilities.

Area Offices are the primary points of contact for you. APD's area offices are responsible for administering APD services at the local level. There are 14 area offices in Florida. The area offices —

- Provide eligibility determinations for all individuals who apply for services.
- Provide limited assistance to those people on the wait list for waiver services.
- Provide technical assistance, training, and oversight of independent service providers, including support coordinators, to ensure quality services are delivered.
- Enroll all Medicaid waiver providers and licensed residential providers.
- Conduct regular monitoring of APD licensed facilities.

- Work with the local court systems for competency evaluations and assistance with forensic services.
- Assist individuals with referrals to other state or local programs and services for which they may qualify.
- Ensure that all individuals served by the agency receive their medically necessary services.
- Perform quality assurance functions and follow-up that complement the activities of the contracted quality assurance provider, as well as technical assistance and training to all service providers.

Agency Service Provider is a business or organization that has one or more people employed to provide waiver services. An agency service provider can be a Medicaid enrolled provider, a Medicaid waiver enrolled provider, or a provider who performs a service that is requested by the individual.

Background Screening is sometimes called a background check or a criminal history check. Direct service providers have to pass a Level 2 background screening before they can provide DD/HCBS or FSL waiver services. This type of screening includes —

- A statewide criminal and juvenile records check by the Florida Department of Law Enforcement.
- A federal criminal records check by the Federal Bureau of Investigation.
- Employment history checks.
- Local criminal records checks through local law enforcement.

Screening is done when a person enrolls as a DD/HCBS or FSL waiver provider and every five years thereafter. The provider is responsible to submit his or her request for screening or re-screening in a timely manner, and to pay for screening costs.

Basic Information About the Job includes the work schedule, wages, and the total hours the person will work each week.

Cost Plan is the document prepared by your support coordinator that identifies the services you are requesting to be provided from the waiver program at APD as well as natural and generic supports provided for you from non-APD sources. The area office and/or the PSA contractor determine and approve medically necessary services prior to any services being authorized.

Daily Activities Notebook is a notebook that service providers use to write down information necessary for consistent support. Each service provider should write what happened during his or her shift. Comments written in the notebook should be positive and objective. Service providers should not include negative comment about your or other service providers.

Delmarva Foundation is the contracted company that provides statewide quality assurance monitoring and consultation for the Florida Statewide Quality Assurance Program (FSQAP). It provides statewide quality assurance monitoring and consultation for the DD/HCBS and FSL waivers under a contract with AHCA. It conducts interviews with people who receive waiver services to learn about their personal goals and expectations. The Delmarva Foundation also conducts provider performance evaluations and provides educational sessions to people and agencies.

Developmental Disabilities Home- and Community-Based Services (DD/HCBS) Waiver Program

provides home and community-based supports and services to people with developmental disabilities living in a variety of places in the community and is an alternative to care in an institutional setting.

The DD/HCBS waiver is designed to —

- Promote, maintain, and restore your health.
- Prevent you from living in an institutional setting.
- Support you to allow you to live as independently as possible.

Services and supports are provided in your home, your family's home, or in a licensed residential facility. Services and supports can also be provided to you in places like community centers, businesses, or therapists' offices. The DD/HCBS waiver offers 28 services.

Family and Supported Living (FSL)

Waiver Program provides home- and community-based supports and services to people with developmental disabilities living in their own home or in their family's home.

The FSL waiver provides services to you if you have goals to participate in the community and for independent living. The FSL waiver offers 13 services with an annual financial cap of \$17,792.

Feedback is information you give to a service provider to evaluate his or her job performance. Feedback is important because it tells the person how well he or she is doing and if the person is doing what is expected of them.

Independent Service Provider

is an individual who personally provides waiver services directly to you and who does not employ other people to provide waiver services. An independent service provider performs a service that is requested by the individual.

Interagency Quality Council (IQC)

is responsible for providing oversight of quality assurance activities for APD and individuals with developmental disabilities who receive services from the DD/HCBS and FSL waivers. IQC is responsible for recommending system changes to enhance quality of services and appropriate outcomes.

Job Applicants are people you plan to interview for a job. They can be independent service providers or people from an agency service provider.

Job Responsibilities are tasks you want your service providers to do.

Medicaid Fraud is a crime. It occurs when people either take your Medicaid money or it is spent in the wrong way. Here are some examples of Medicaid fraud —

- Your service provider puts more hours on his or her time sheet than are actually worked.
- Your service provider bills you for services that were not provided.
- Your service provider charges you for hours during a time when your staff person was not there.

Medicaid Enrolled or Medicaid Enrolled Waiver Provider is an enrolled service provider who has a Medicaid or Medicaid waiver provider agreement with the state and meets all Medicaid or Medicaid waiver requirements operating in good standing. A Medicaid or a Medicaid enrolled waiver provider can be an agency or an independent service provider.

Medically Necessary or medical necessity means that medical or allied care goods or services furnished or ordered must meet the following conditions —

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.

- Be consistent with generally accepted professional medical standards as defined by the Medicaid program and not be experimental or investigational.
- Be reflective of the level of service that can safely be furnished, or which no equally effective a more conservative or less costly treatment is available statewide.
- Be furnished in a manner not primarily intended for the convenience of the person's caretaker or the provider.

An appropriate, qualified professional makes the determination that the standards for medical necessity are met, and that the requested service meets the service definition, as contained in the approved Developmental Disability Home- and Community-Based Services and Family Supported Living waivers. When a requested service is determined to be medically necessary, it is approved within the limit of the total annual dollar cap.

Monthly Account Statement is provided by APD and shows the services that were billed by your service providers.

Natural Support includes friends, family members, agencies outside of the Medicaid system, and other people you do not pay to be around or help you. Examples of natural support —

- Your parents take you shopping for new clothes or pay for your vacation.
- Your next-door neighbor gives you a ride to your place of worship.
- You have coffee at a local café and visit with people.
- You belong to an online community through the Internet.
- You receive educational, vocational, or employment services from a non-Medicaid agency.

Person-Centered Planning is the process of developing your support plan. You, your parent(s), or legal guardian decides who will help you develop the plan and what the plan will say.

Prior Service Authorization (PSA) is a review of your support plan to decide if the supports and services listed in your plan are medically necessary and meet your needs. The process is a federal and state requirement for you to receive Medicaid services. Support plans and other forms are sent for PSA review. The reviews are done once a year or if you need to change your plan.

Qualifications are the skills, training, and experiences required for a provider to be enrolled as a Medicaid provider or Medicaid waiver provider.

Quality Management Unit (QMU) is the unit within the Central Developmental Program Office that supports and oversees quality assurance and quality improvement programs. The unit provides technical assistance on regulatory questions relating to recoupment issues, quality assurance interpretations and issues, and quality improvement plans and activities. The QMU coordinates with AHCA on statewide quality assurance system development and contract implementation. The unit also provides staff functions and supports for the IQC.

Service Log is a document that includes the recipient's name, social security number, recipient's Medicaid ID number, the description of the service, activities, supplies or equipment provided, and corresponding procedure code, times and dates service was rendered, amount billed for each service, provider's name and provider Medicaid ID number. Service logs are submitted to your support coordinator by agency or independent service providers.

Service Providers are independent people or agencies that provide services to an individual. They can be Medicaid enrolled providers, Medicaid waiver providers, or other providers that perform a service that is requested by the individual.

Support Plan is an individualized plan of supports and services for people receiving the DD/HCBS and the FSL waivers. It is designed to meet your needs and is based on your likes, interests, talents, and personality. You, your parent(s), legal guardian, or guardian advocate are consulted in the development of the plan and receive a copy of the plan and any revisions made to the plan.

Time Log is a document that includes your name; the description of the service, activities supplies, or equipment provided; the times and dates a service was provided to you; and the provider's name. It is not an official document that is submitted to anyone. It is a document for your personal use in order for you to keep track of the services, activities, supplies, or equipment provided to you. The time log can be compared to your monthly account statement to make sure that your service provider is billing you for the actual services, activities, supplies, or equipment provided to you.

Utilization Reviews are part of a program that safeguards against unnecessary and inappropriate medical care provided to Medicaid recipients. Medical services and/or records are reviewed for medical necessity, quality of care, appropriate place of service, and length of stay.

Peer Review Organizations (PRO) conduct these reviews for people receiving DD/HCBS and FSL waivers. IQC provides oversight to the PRO.

Appendix B: Important Telephone Numbers and Other Information

Agency for Persons with Disabilities: District/Region Contact Information

District 1

160 Governmental Center
Pensacola, FL 32502
(850) 595-8351

District 2

2639 N. Monroe, Suite 140-A
Tallahassee, FL 32399-2949
(850) 487-1992

District 3

P.O. Box 390 I/O 18
Gainesville, FL 32602-0390
(352) 955-5793

District 4

3631 B Hodges Blvd.
Jacksonville, FL 32224
(904) 992-2440

District 7

400 W. Robinson, Suite 5430
Orlando, FL 32801
(407) 245-0440

District 8

P.O. Box 60085
Ft. Myers, FL 33906
(239) 338-1572

District 9

111 South Sapodilla Ave.
West Palm Beach, FL 33401
(561) 837-5564

District 10

201 W. Broward Blvd., Suite 305
Fort Lauderdale, FL 33301
(954) 467-4218

District 11

NW 2nd Ave., Suite S-811
Miami, FL 33128
(305) 349-1478

District 12

210 N. Palmetto, Suite 312
Daytona Beach, FL 32114
(386) 947-4026

District 13

1601 W. Gulf Atlantic Hwy.
Wildwood, FL 34785
(352) 330-2749

District 14

200 N. Kentucky Ave. Suite 422
Lakeland, FL 33801
(863) 619-4326

District 15

337 N. U.S. Hwy. 1
Fort Pierce, FL 34950
(772) 468-4080

Suncoast Region

9393 N. Florida Ave.
Tampa, FL 33612
(813) 233-4300

Visit the APD website for current contact information and which counties APD area offices serve. Go to <http://www.apd.myflorida.com/> and click on "Area Offices" in the left side bar. Click on the part of the map where you live, or the area office that shows your county next to it.

Abuse, Neglect, or Exploitation

State Abuse Hotline:

Toll-free phone number: 1-800-962-2873 or 1-850-487-4332

Florida Sexual Offender Records

See: <http://offender.fdle.state.fl.us>

Medicaid Fraud

Attorney General's Office

Toll-free phone number: 1-866-966-7226

Quality Assurance

Florida Statewide Quality Assurance Program

<http://www.dfmc-florida.org>

Click on "Individual and Family Resources" section for more information.

You can contact the program's customer service representative located at the Delmarva Foundation at the following toll-free number: 1-866-254-2075.

Delmarva Foundation

<http://www.dfmc-florida.org>

Click on "About Delmarva" for more information.

Road Map

The Road Map is a tool to assist individuals with developmental disabilities and families to learn about the quality assurance process implemented by Delmarva. You can get a copy of it at <http://www.dfmc-florida.org>. Click on "Individual and Family Resources."

My Personal Compass

My Personal Compass is a tool to assist individuals with developmental disabilities and families to evaluate the quality of services received from service providers. You can get a copy of it at <http://www.dfmc-florida.org>. Click on "Individual and Family Resources."

Information Related to Emergency Preparedness

***Preparing for Disaster for People with Disabilities
and Other Special Needs***

<http://www.redcross.org/images/pdfs/preparedness/A4497.pdf>

Disaster Preparedness for People with Disabilities

<http://www.redcross.org/services/disaster/beprepared/disability.pdf>

***Emergency Preparedness: Taking Responsibility for Your Safety:
Tips for People with Disabilities and Activity Limitations***

<http://www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf>

Florida Division of Emergency Management

<http://www.floridadisaster.org>

Animal Safety

Red Cross

Pets and Disaster: Be Prepared

<http://www.redcross.org/services/disaster/beprepared/animalsafety.html>

Hurricane Preparedness

Pet Plan

http://www.nhc.noaa.gov/HAW2/english/prepare/pet_plan.shtml

Web-Based Interactive Training Modules

Delmarva Foundation

The Delmarva Foundation offers training and education that you can access from your home computer. Go to this website: <http://www.dfmf-florida.org>. Click on “Public Site.” Go to “Resource Center,” and click on “On-line Training.” Follow the instructions to enroll in the training. Courses you can take online include the following —

- Recognizing and Reporting Abuse (individuals/family members)
- Empowerment: Locating, Hiring, and Replacing Your Provider (individuals/family members)
- Why do I Want a Medication Review? (individuals)
- Medication Highway (individuals, family members, and service providers)
- Preventive Health Care (individuals/family members)
- Ethical Issues in Providing Supports (individuals, family members, and service providers)
- Quality Enhancement Planning (individuals, family members, and service providers)
- Protecting Consumer Rights (service providers)
- How to Prepare for a Desk Review (service providers eligible for a desk review)
- Introduction to Implementation Planning (service providers)
- Results Focus: reviews/Overview of CORE and WiSCC (service providers)

Florida Developmental Disabilities Council

Health Care Transition Training

<http://hctransitions.ichp.ufl.edu/ddcouncil/>

This program provides five chapters on health care for youth (ages 14 to 21), who are transitioning from receiving their care from pediatricians to family practice doctors or primary care physicians.

Appendix C: A List of Guidebooks and Other Self-Directed Materials

Arizona

St. Luke's Health Initiatives. (2006). You call the tune: The promise and challenge of consumer-directed care. *Arizona Health Futures*. Phoenix, AZ: Author.

Colorado

Colorado Department of Health Care Policy and Financing. (2004). *Medicaid resource book*. Denver, CO: Author.

Connecticut

State of Connecticut. (2005). *Understanding the Connecticut DMR home and community based services waivers: A guidebook for consumers and their families*. Hartford, CT: Author.

State of Connecticut. (2006). *Understanding the Connecticut DMR home and community based services waivers: An introduction to your hiring choices*. Hartford, CT: Author.

District of Columbia

Governor's Council on Developmental Disabilities. (2006). *Understanding the Medicaid waiver: A practical guide for families and individuals with developmental disabilities*. Washington, DC: Author.

Florida

Florida Department of Elder Affairs, Department of Health, and the Department of Children and Families. (2004). *CDC+: Consumer notebook*. Tallahassee, FL: Author.

Georgia

Georgia Department of Human Resources, Division of Aging Services. (n.d.). *Self-directed care guidebook: Developing your program*. Atlanta, GA: Author.

Hawaii

Kofel, S., & Dierks, K. (Draft). *KPASS Hawaii Demonstration Project: Self-advocate and family handbook*. Honolulu, HI: University of Hawaii at Manoa, Center on Disability Studies.

Kofel, S., & Dierks, K. (Undated). *Orientation to consumer directed personal assistance (CD PA)*. Honolulu, HI: KPASS Project, University of Hawaii at Manoa, Center on Disability Studies and the Department of Health and Developmental Disabilities Division (HCBS Waiver Program).

Idaho

Idaho Department of Health and Welfare. (2007). *Guide to a self-directed life for individuals self-directing their Medicaid services*. Boise, ID: Author.

Illinois

Ficker-Terrill, C. (2007 Draft). *Understanding the Illinois home- and community-based services waivers for individuals with developmental disabilities*. Downers Grove, IL: Ray Graham Association for People with Disabilities.

Indiana

Indiana Governor's Council for People with Disabilities. (2007). *Indiana Medicaid home and community-based services waiver programs: A guide for consumers (4th ed.)*. Indianapolis, IN: Author.

Kansas

Center on Developmental Disabilities. (2006). *Self-direction toolkit: A comprehensive guide to assist individuals in self-direction: Kansas personal assistance supports and services. (K-PASS)* (pp.253–255). Topeka, KS: University of Kansas.

Louisiana

Vogel, D. (2007). *Self-direction orientation*. New Orleans, LA: Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (Real Choice for Louisiana).

Maryland

State of Maryland (Developmental Disabilities Administration). (Undated). Retrieved March 2, 2008 from <http://www.dhmh.state.md.us/dda/waiver.htm>.
A series of documents —

1. New directions: Basics
2. General guidelines to determine if services are covered by the new direction waiver
3. Individual plan and budget form
4. Plan annual update form
5. Individual plan modification form
6. Support broker selection process
7. Support broker structured interview questions
8. Support broker structured interview checklist

Minnesota

Hewitt, A., Keiling, K., Sauer, J., McCulloh, N., & McBride, M. (2006). *Find, choose, and keep great DSPs: A toolkit for families looking for quality, caring, and committed direct support professionals*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Living.

Hewitt, A., Keiling, K., Sauer, J., McCulloh, N., & McBride, M. (2006). *Find, choose, and keep great DSPs: A toolkit for individuals looking for quality, caring, and committed direct support professionals*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Living.

Minnesota Department of Human Services, Disability Services Division. (2005). *Personal care assistance (PCA) program: Consumer guidebook*. St. Paul, MN: Author.

Missouri

Watson, S. D. (2002). *An advocate's guide to Missouri MC+/Medicaid for people with disabilities*. St. Louis, MO: Missouri Planning Council on Developmental Disabilities and Southern Disability Law Center.

New Jersey

Gaventa, B. (2002). *New Jersey self-determination resource manual: A manual for participants, families, and professionals involved in the New Jersey self-determination initiative*. New Brunswick, NJ: The Elizabeth M. Boggs Center on Developmental Disabilities (Self-Determination Training and Technical Assistance Team).

North Carolina

Zuver, D. (2006). *Speak up! manual: Action manual for peer leader teams*. Chapel Hill, NC: University of North Carolina, Clinical Center for the Study of Development and Learning. Retrieved March 2, 2008 from <http://www.self-advocate.org>.

Ohio

Ohio Department of Mental Retardation and Developmental Disabilities (2007). *The level 1 waiver handbook*. Columbus, OH: Author.

Oregon

Oregon Council on Development Disabilities. (2006). *A roadmap to support services* (2nd ed.). Salem, OR: Author. Retrieved March 2, 2008 from http://www.ocdd.org/support_services.htm.

Tennessee

Tennessee personal assistance supports and services. (2004). *User's guide: A comprehensive guide to assist individuals in self-direction*. Nashville, TN: The Arc of Tennessee.

Tennessee personal assistant supports and services. (2004). *Self-assessment: A needs assessment tool for consumers*. Nashville, TN: The Arc of Tennessee.

Vermont

Department of Disabilities, Aging, and Independent Living, Division of Disability and Aging Services. (2005). *Handbook for people who self- or family-manage Medicaid waiver services*. Montpelier, VT: Author.

Appendix D: List of *Your Life, Your Way* Additional Resources

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Notes

Notes

Notes



FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

124 Marriott Drive, Suite 203, Tallahassee, Florida 32301-2981, (850) 488-4180, FAX (850) 922-6702, TDD (850) 488-0956

CONSUMER SATISFACTION SURVEY

The Federal Developmental Disabilities Act of 2000 requires all Developmental Disabilities Councils to report on customer satisfaction with Council-supported activities. The information that you are providing in this survey will be incorporated into an annual report that is submitted to the Administration on Developmental Disabilities. We value your appraisal of this activity. Your reply is important. Please complete the information below and return it to the Provider or mail it to: Florida Developmental Disabilities Council, 124 Marriot Drive, Suite 203, Tallahassee, Florida 32301

Activity: "Your Life, Your Way" Management Services Guide (Contract #676CL07)

Check the category that best describes you: Individual with a disability Family member Public policy maker Representative of Public Agency or Private Agency Member of Community Organization or Association

Name of city where you live: _____

Please check the box that best reflects your opinion of this activity.

I. Consumer Satisfaction with Council Supported Activities

Statement	Very Satisfied	Somewhat Satisfied	Not Satisfied
For this guide book, I (or a family member) am			

II. Consumer Satisfaction with Council Activities

Statement	Yes	No
Respect: I (or my family member) was treated with respect with this guide.		
Choice: I (or my family member) have more choice and control as a result of this book.		
Community: I (or my family member) can do more things in my community as a result of reading this guide.		
Rights: Because of this guide, I (or my family member) know my rights.		
Safe: I (or my family member) am more able to be safe and protect myself from harm as a result of reading this guide.		

Statement	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Satisfied: I am satisfied with this guide.						
Better Life: My life is better because of reading this guide.						

III. What has been helpful or not helpful about this guide?
