

DEPARTMENT OF  
DEVELOPMENTAL  
SERVICES



# SELF-DIRECTED SERVICES PARTICIPANT DIRECTED PROGRAM

YOUR LIFE. YOUR CHOICES.



SUPPORT EMPOWERMENT CHOICE  
DDS SELF-DIRECTION PROGRAMS



## SELF-DIRECTION PROGRAMS



## ACRONYMS USED IN THIS TOOLBOX

AFC	Adult Family/Foster Care
AT	Assistive Technology
AWC	Agency With Choice
CORI	Criminal Offender Record Information
DDS	Department of Developmental Services
DPPC	Disabled Persons Protection Commission
EIN	Employee Identification Number
EOR	Employer of Record
FMS	Financial Management Service
ISP	Individual Support Plan
MRC	Massachusetts Rehabilitation Commission
NBC	National Background Check
PCA	Personal Care Attendant
PCP	Person Centered Plan
PDP	Participant Directed Program
PPL	Public Partnerships Limited
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
WIC	Women, Infants, and Children

## FOREWORD

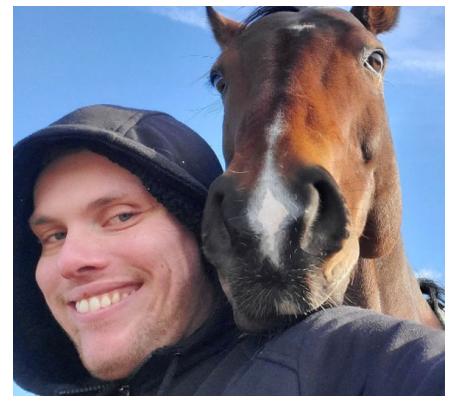
This toolbox is intended to provide guidance to individuals who are interested in the Participant Directed Program (PDP) and their families or people who are assisting them. It can also be used as a resource for individuals who are already participating in the PDP and includes some helpful forms and information. What we cover in this toolbox is best practices for the PDP as well as the role your Support Broker will play in supporting your self-direction journey. Adherence to practices contained in the toolbox will promote statewide consistency and standards for PDP implementation and understanding of self-directed service delivery.

This toolbox is not a substitute for legal counsel or advice or a thorough understanding of the governing law, policies, or regulations as they pertain to self-direction. If the contents of the toolbox conflict with any provision of law, regulations or DDS policies and waiver guidelines, they shall take precedence over the provisions of the toolbox that are in conflict.

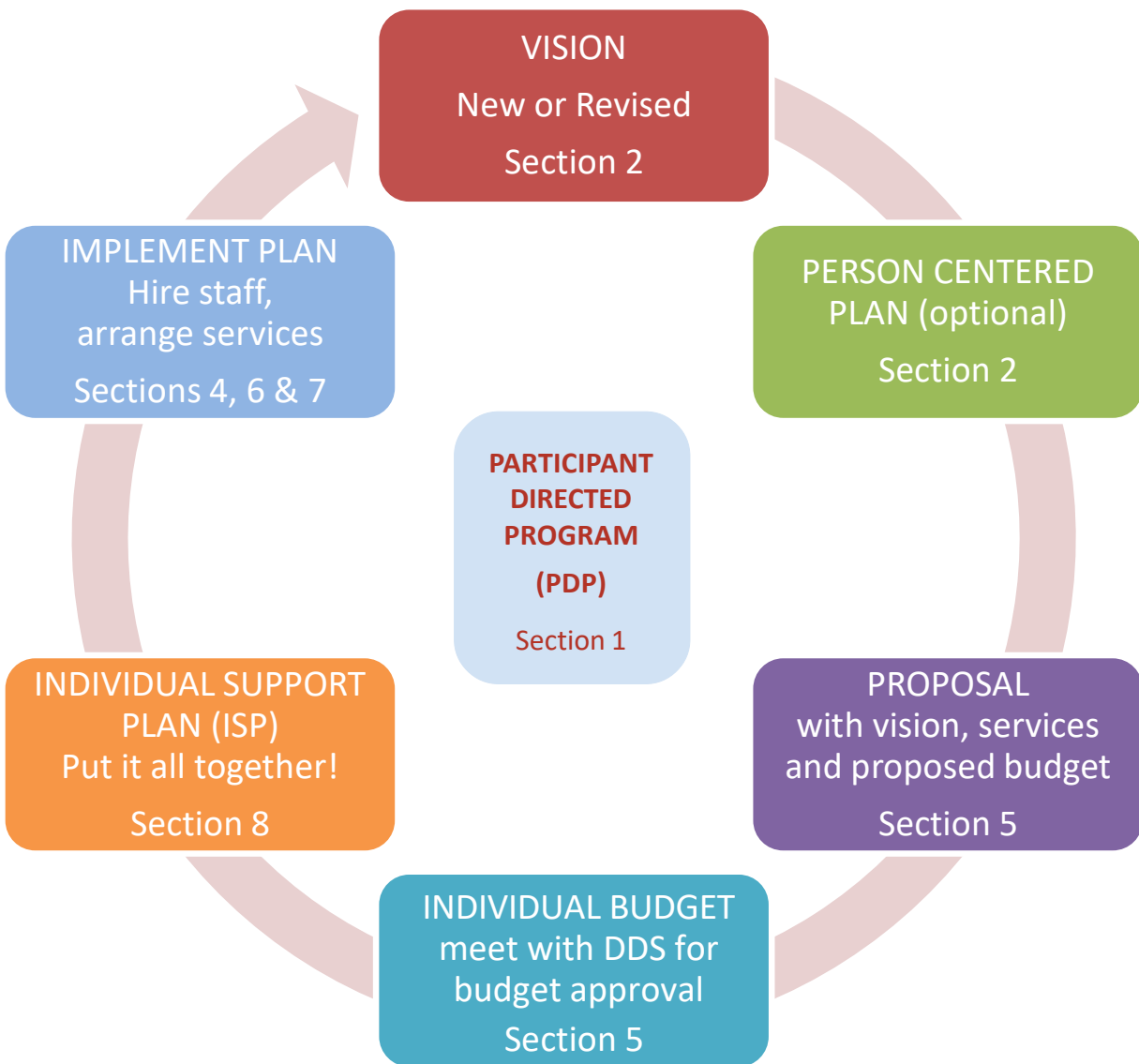
Your PDP budget is based on your support needs and funding availability. If you are unable to get in touch with your Support Broker, you can reach out to their supervisor. If you need further assistance beyond your Support Broker or their supervisor, you can reach out to your Area Director or Regional Self-Direction Manager for assistance.

This toolbox was created by a workgroup consisting of participants, family members, advocates, and DDS staff.

Thank you to everyone in the workgroup for your hard work, dedication, and contribution.



## OVERVIEW OF THE PARTICIPANT DIRECTED PROGRAM



# TABLE OF CONTENTS

<b>SECTION 1: The Participant Directed Program</b>	<b>Page 6</b>
Is the Participant Directed Program Right for You? • Participant Directed Program Checklist • Are You Looking for Support People? • Frequently Asked Questions about PDP	
<b>SECTION 2: Developing a Vision and Person-Centered Planning</b>	<b>Page 12</b>
The Person Centered Plan • Sample: Caleb’s Proposal & Goals	
<b>SECTION 3: The Role of Support Broker, Regional Self-Directed Supports Manager, and Financial Management Service</b>	<b>Page 16</b>
Communicating with DDS • Communicating with Public Partnerships (PPL)	
<b>SECTION 4: The Role of the Individual and Employer of Record</b>	<b>Page 20</b>
Self-Direction Program Financial Responsibilities • Everything You Need to Know About Hiring • Hiring Timeline • Samples: The Job Description	
<b>SECTION 5: Individual Budget Development</b>	<b>Page 29</b>
Sample: Caleb’s Budget • Sample: Amy’s Budget	
<b>SECTION 6: Staffing Supports</b>	<b>Page 35</b>
Service Limits: Staff Supports • Payments to Relatives	
<b>SECTION 7: Flex Funding &amp; Financial Assistance</b>	<b>Page 39</b>
Flex Funding Guidance • Flex Funding Code Breakdown • Service Limits: Non-Staff Supports • Non-Staff Support Service Descriptions • Disallowable Services • Community Resources	
<b>SECTION 8: ISP Development</b>	<b>Page 49</b>
SMART Goals • Components of Your ISP	
<b>RESOURCES</b>	<b>Page 54</b>



Real Lives  
We matter!

## Section 1: What is the Participant Directed Program?

**W**elcome to the Participant Directed Program (PDP)! It is one of the self-directed options available to you. You have choice and control over what services you get, how they are provided, and who will provide them.



SUPPORT

You can customize your supports to meet your schedule and your needs. You get to decide how to use your individual budget, within DDS guidelines. You have the control to change things around to meet your needs at that time. You will also have help setting up your program from your DDS Support Broker.

You decide who you want to hire to provide your supports. You will supervise and train your staff. This is a big responsibility and can come with a lot of challenges! You should keep this in mind when deciding if this program is right for you.



EMPOWERMENT

Your DDS Support Broker can *assist* you with finding, interviewing, and hiring your staff. They can also *assist* you in writing job descriptions. You choose when you want your support staff to work with you (evenings, weekends, mornings).

You will have help from a financial management service. This is an agency that helps you manage your responsibilities as an employer. Public Partnerships Limited (PPL) is the agency currently set up as the FMS in the PDP. Think of them as your payroll department. They are the ones who pay your support



CHOICE

staff. They make sure that all the right taxes are taken out of staffs' paychecks.

Your PDP is based on your support needs and funding availability. If you can't get in touch with your Support Broker, you can reach out to your Area Director or Regional Self-Direction Manager for help.



For more information about the role of PPL, see the graphic on page 17.

# Is the Participant Directed Program Right for Me?

## What does Self-Direction mean?

- Making your own decisions about goals you want to achieve and how you want to live life and receive the support necessary to do so.
- Having control over resources, including your individual budget.
- Taking responsibility for your decisions and actions.
- You can design your own “person-centered plan” to use the individual budget you are qualified to receive.

## What are some things to consider when exploring the PDP?

- How much responsibility are you willing and able to take on?
- Do you want to learn how to direct your own services?
- How much help would you need to direct your own services?
- Do you have any family or friends who could help you? If no, you may consider [Agency with Choice](#) first.
- What is the back up plan if your support staff does not show up?

A combination of Traditional and Self-Directed services may be a good starting place.

If you feel that the PDP is something that you would like to explore, you will work with your Transition Coordinator (if you are under 22 years old) or your Service Coordinator to have all your questions answered. You can also ask to speak to people who already self-direct their services.

## AUSTIN'S STORY

When I was turning 22 and still in school, I started thinking about my future. I knew I didn't



want to live in a group home, and I didn't want to go to a day program. It wasn't for me. A lot of my classmates went that route, but I wanted something different. I talked to my Transition Coordinator and he told me about self-direction. I was intrigued! I got in touch with someone who self-directs their services and it all made sense to me. I started thinking more about my own vision and how I could use self-direction to get to where I wanted to go. Traditional services are for some, but not for everyone, and certainly not for me. I was excited about choosing my own services and hiring my own support people. I began the PDP eight years ago, and because of that I am in a college certificate program, I belong to a gym where I regularly work out, I go to community events, and I'm a member of several boards in the disability community. PDP helped me find and use my voice, and opened up new opportunities for me.

# PARTICIPANT DIRECTED PROGRAM CHECKLIST

When considering the PDP, this checklist might help you determine if PDP is right for you. You do not need to be proficient in all of these areas from the outset because you will grow over time with practice. With support, you will gain confidence and competency, but these are things to consider.

## YOUR DAILY LIFE AND FUTURE

- ✓ What you want your life or the next few years or so to look like?
- ✓ Do you have a general idea of what you want to do throughout day/week and what you don't like or want to do?
- ✓ Do you want to create your own day to day plan?
- ✓ Do you want to make your own choices and build your own schedule/routine?
- ✓ Do you want to choose who will support you/ who you spend your time with and where you spend your time?
- ✓ Do you want to have a varied week/routine or a strict schedule?
- ✓ Are you able to work without a formal schedule or routine?

## JOB DESCRIPTIONS & INTERVIEWING

- ✓ Do you want to and can you create a job description(s) with the support/help of family / friends? To create the job description you should have an idea of how you want to spend your time and the hours when you need supports. You can have more than one job description for different roles and based on things you want to do.
- ✓ Interviewing: Are you interested and comfortable in interviewing, hiring and training people and/or do you have someone that can assist you with the advertising and interviewing, hiring process if you need?

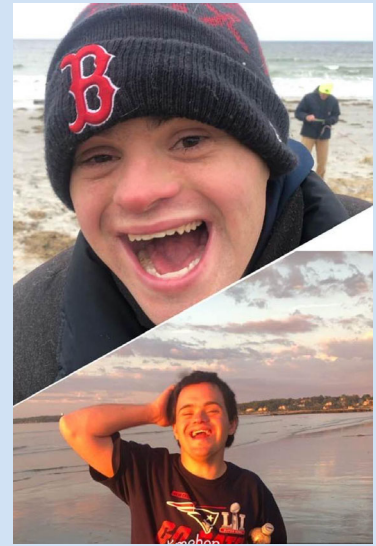
## HIRING STAFF

- ✓ Do you know where to look for staff?
- ✓ Do you already know reliable people who you

## JAMES' STORY

Our son James is 32, and we have had several person-centered planning sessions during his life to discover what captivates him. James has very limited

communication, so we surrounded him with lots of people to get their input with what they observed him enjoying. We developed a plan when he was in school with the *assistance and support of a well implemented IEP*. The goal was to get coaching and experience and learn a variety of jobs. We put together two days of work and activities with the help of family, friends, the Melrose Rotary, and local businesses. We learned James loves to recycle! He recycles for the local Y in exchange for a membership. He stamps books that are being taken off the shelves at the library, sets up the meetings and buses tables at the Rotary meetings and much more. We have built in therapeutic horseback riding and hikes in good weather, as well as bowling, swimming, basketball, and Zumba classes. We stretch his dollars with him attending a day program three days. James has a life that he enjoys and is continuing to learn and grow.





enjoy being with you who you can ask to sign up and work with you?

#### PAPERWORK/TIME SHEETS/FINANCIAL:

- ✓ Are you able to or do you have a family member or support to help you complete paperwork and financial tasks of the program ?
- ✓ Do you have a back up plan and supports or are you flexible when things don't go as planned (for example, when a staff cancels)?
- ✓ If things don't work as planned, are you flexible? If perhaps you don't have staff for a short while, can you map out your next steps?

#### TRANSPORTATION

- ✓ How will you get to where you need to go (The Ride/ Uber/Flex, the TAP card/ taking the MBTA or paratransit)?
- ✓ Do you have support staff to take you or accompany you to your activities/events?

#### SOCIAL CONNECTIONS

- ✓ How much time can you allocate to planning and finding opportunities for volunteer and paid work, social and recreational opportunities?
- ✓ Do you like to network and do you have a circle of people to spend leisure time with?

### ARE YOU LOOKING FOR STAFF?

Here are some suggestions from people who self-direct their services.

- Word of Mouth: I asked family members, friends, and people who knew me if they would spread the word to anyone that may be looking for a flexible job.
- I asked my networks and cousins who worked in school systems and got interest there.
- I asked staff where I went for PT and OT if they could post my job for me. I found several people there and when they had to leave they helped me find other people.
- I posted my job at colleges. I chose places with special education, PT, OT and CT students.
- I found people in the Human Services field or therapy fields --they worked best for me.
- Find places based on your interests or needs, like a college that specializes in film



if you're looking for support in making movies.

- I told everyone I knew!
- I posted online at Care.com. I also used Indeed.com.
- Some of my high school mentors became my staff after I left school.



For more ideas on staff recruitment, go to pages 69-70.

## FREQUENTLY ASKED QUESTIONS ABOUT THE PARTICIPANT DIRECTED PROGRAM

### **Q: Are there other Self-Directed options besides the Participant Directed Program?**

A: If you feel like the PDP is too much for you to take on, there is another self-direction option, Agency With Choice (AWC). In this program, the agency serves as the Employer of Record (EOR) for the employee(s) hired to provide services to you, and you act as the managing employer. The primary responsibilities of the agency are to facilitate your ability to self-direct your services by assisting in the planning, administration, and ongoing supervision of your support needs. Training, supervision, and evaluation are shared between you and the agency. The agency employs and pays the worker, assumes payroll, withholding taxes, and workers compensation responsibilities.



### **Q: If I want to Self-Direct my DDS services with the Participant Directed Program how would I get started?**

A: To be enrolled in the Participant Directed Program (PDP) you should contact your DDS Service Coordinator. A person must be eligible for adult DDS services, have an assessed need and be prioritized for DDS services with an allocation. You must be willing to work with a DDS Support Broker as needed to learn about the aspects of the PDP.

### **Q: Do I need a computer or smart phone in order to participate in the Participant Directed Program?**

A: Yes, you will need either of these to access your individual budget, approve timesheets, and access the internet to complete forms and to communicate with your Support Broker and your staff. If you need assistance with obtaining a computer or smart phone, please contact your Support Broker.

### **Q: At what age can someone enroll in the Participant Directed Program?**

A: Typically, DDS adult services begin at age 22 when school services end. Individuals who are eligible for ASD (Autism Services without Intellectual Disability)

can receive services when they are 18 and leave school. Individuals enrolled in the DESE program may choose to direct their services through the PDP. Other situations should be discussed with your Service Coordinator or Area Office.

### **Q: What is a Support Broker?**

A: A Support Broker is typically a Service Coordinator who helps you to define your vision and needs. They will help to create an individual budget and develop a network of services and supports. The DDS Support in many aspects of the Participant Directed Program.

### **Q: What is the Financial Management Service and how will I use it with the Participant Directed Program?**

A: Financial Management Service is a function provided to assist you in making payments from your allocated funds in accordance with your individual budget and person-centered plan. The services may include help with hiring, payments, accounting and tax issues and verifying provider qualifications. DDS currently contracts with Public Partnerships LLC (PPL). They issue paychecks and/or make payments every two weeks, perform background checks, process the employee applications, withhold appropriate taxes (state and federal), issue W-2 and 1099 statements, provide payroll status reports throughout the year and arrange for workmen's comp for employees.

### **Q: Do my staff have taxes withheld from their paychecks?**

A: Yes, taxes are withheld for staff including: Social Security, Medicaid (FICA), worker's comp, and state and federal income taxes. PPL will prepare and mail a W-2 Wage Statement to each staff, or a 1099 if they are an independent contractor, in January.

### **Q: How do I find staff?**

A: Many people are creative and find staff in their everyday network. It could be someone they knew in the school system, neighbor, friend of the family or a person who is found through advertisements or online

websites like RewardingWork.org, Care.com, Indeed.com and others. Word of mouth and being open to sharing the job posting is very helpful.

**Q: Can I hire a family member to be my staff?**

A: Participants may not hire their spouse, or their legal guardian for any services. Other family members may be hired as staff under specific circumstances. You should speak with your DDS Support Broker about hiring other family members for specific guidance.

**Q: What do staff complete to become hired?**

A: They must complete an employment application which includes a CORI, DPPC, and National Background Check request. These must be completed and approved before they can work.

**Q: Can my staff work before they do their background checks?**

A: No. Staff cannot begin to work prior to CORI and DPPC approval. PPL will not issue payments for time submitted prior to CORI and DPPC approval. This rule is in place to protect you and your family from hiring someone who may not meet the state standards. The National Background Check is required as well. A staff can begin working before approval of this background check if an attestation form is submitted.

**Q: What if my staff can't come to work one day?**

A: It is important to develop a backup plan as part of the Participant Directed Program, for when staff is unavailable. Hiring several staff is a consideration.

**Q: How is the individual budget determined?**

A: Each individual budget is based on the unique needs of the individual, the supports that are needed and the frequency of these services. The DDS Area Director determines the general amount of the individual budget based on the information from assessments and available resources. A DDS approved individual budget is necessary for enrollment in the Participant Directed Program.

**Q: How will I be able to keep track of my individual budget?**

A: Participants will have access to view their individual budget online in real time through the FMS Web Portal. Participants can also review and discuss their budgets with their DDS Support Broker.

**Q: If there are funds left at the end of the fiscal year, what happens?**

A: The individual budget is developed for a fiscal year (July 1 to June 30), to provide the services and supports that a person needs. Unused funds cannot be carried over to the next fiscal year or given to the individual directly.

**Q: Can I purchase "Goods and Services" for example, memberships or activities, classes etc.?**

A: Yes, Goods and Services can be purchased, but should be discussed in advance with your DDS Support Broker. A request for payment or reimbursement will only be paid with an invoice and/



or receipt submitted to your Support Broker. This option must follow DDS guidance and procedures which outline the categories of allowable and disallowable expenditures (see Section 7), prior approval requirements and procedures, and other reporting and monitoring requirements.

**Q: Can I combine traditional services and the Participant Directed Program?**

A: Yes!



For more information on Hiring Relatives, go to page 38.

To view a list of Disallowable Expenditures, see page 45.



## Section 2: Developing A Vision and Person-Centered Planning

Once you have decided that PDP is a good fit for you, the next step is to develop your vision. This means YOUR IDEAS, YOUR DREAMS, YOUR THOUGHTS and YOUR GOALS which will lead you to have a full and meaningful life. Dare to Dream!



SUPPORT

Your vision should guide your team throughout the entire self-direction planning process.

Your vision matters! It will help DDS determine what services you need to reach your vision.

Think about your short-term goals and your dreams for the future.

Your Support Broker does not run these meetings; however, they, along with other people in your life, can help you develop your vision through a Person-Centered Plan (PCP). This plan tells everyone how you want to live your life and what is required to make that possible.



EMPOWERMENT

The PCP process is an individualized approach to planning services and supports to help you achieve your goals, get the life you want for yourself, and help you reach your vision of a good life. PCP places YOU at the center of the planning process as the expert of your life, interests, and talents.

The PCP must:<sup>1</sup>

- Be lead by you where possible
- Include people chosen by you
- Provide the information that you need in order to make sure



CHOICE

that you are able to lead the planning process as much as possible

- Happen at times and places that are easily accessible for you
- Reflect your cultural background and experience
- Offer informed choices to you regarding services and supports
- Include a way for you to request updates to the plan as needed

<sup>1</sup> Adapted from Utah Department of Human and Health Services

# The Person-Centered Plan

## What is a Person-Centered Plan?

- You make your own decisions about goals you want to achieve and how you want to live life and receive the support necessary to do so
- You exercise control over your resources, including the individual budget you are qualified to receive
- You have responsibility for your decisions and actions
- The PCP is used to inform your Individual Support Plan (ISP)

## What are some things to consider when developing a Person-Centered Plan?

Here are some areas you might want to think about in your life:

- How I want to live my life
- What I would like to do for work
- Who are important people in my life who can help me make my vision come true
- How I want to be involved in my community, like volunteering
- What I like to do to have fun and be social
- How I can be healthy
- How I can have an active lifestyle
- Where and with whom I live
- What are my gifts and talents
- How best to share my gifts and talents
- How I am striving to become an independent member of my community

## How do I prepare for my PCP meeting?

- Think about your vision when drafting your plan
- Make notes
- Work with your family and Support Broker to prepare and think about who you want to attend
- Include your Support Broker, who can attend but does not facilitate the meeting
- Use one of the tools in this manual or tap into the vision planning you completed in school
- Choose someone who knows you well to facilitate the meeting, or lead it yourself

## TAYLOR'S STORY



I was so excited about my PCP meeting. I spent many hours preparing for it. I wanted people to know what I wanted—not what anyone else wanted for me, but what I wanted. I couldn't wait to share my ideas, and my Support Broker told me that my plans can change at any time.

This was the first time that a meeting was all about me and my family and Support Broker helped me prepare. We used some workbooks that encouraged me to think about specific areas of my life. The meeting was great! My friends, family and even my teacher from high school were all there. It was fun and everyone had so many good ideas, but the stage was definitely mine! I feel like I am set up for a good life!



For more resources on Person-Centered Planning, see pages 55-58.

## SAMPLE: CALEB'S PROPOSAL

By now you have mapped your vision, and you may have completed the person-centered plan. But how do you pull all the pieces together? Here is one young man's proposal for self-directing his services. A proposal such as Caleb's could be a great conversation starter for you and DDS to determine what services are required and what services are available within your individual budget to support your vision.

Remember, every plan for self-direction is different because we all have unique needs. Meet Caleb who developed this plan with his family when he was choosing self-direction.

### CALEB'S VISION & GOALS

Because of my disabilities I am not ready to be totally on my own so I will live with my mom. I need help with some things. But I am learning and want to be more independent. I want to have my own place some day. I would like to know how to totally take care of myself and my things. I am not good at organizing or keeping track so I need help to get a good plan. Then I will do it.

I am really happy and settled when I am totally busy and when I am helping people.

I really want a job in a hospital. I would like to begin working there and work more and more. I would also like to have a food truck. But I know I cannot drive so I want to figure out how to have a cart or bike or something as my own business. That way I can have a day job and a weekend job. I am a very hard worker and I want to help by volunteering doing hard work and also learn some things to get more jobs.

This is a new place and new way to do things. I am happy to work with people to keep it organized and do the things that need to get done. I think this is a good plan and I am excited.

I sat down with my mother and together we looked at my vision plan and came up with some goals. I looked at what is most important to me, and came up with these four goals:

- √ **MOVE HOME:** I want to live with my family in the home I grew up in on the North Shore.
- √ **BE READY TO GET MY OWN PLACE SOME DAY:** I do want to live in my own place someday so I will need to learn how to be more independent in order to do that.



- √ **REALLY WORK:** I want to find a job that I really like and get paid. I want to develop skills so that I'm successful at my job.
- √ **DO THE OFFICE BITS:** I need to learn to manage all the pieces of my life. It's complicated but I know I can grow to do this with support.

Next step--I looked at my goals and with help from my mom and some other people, I developed a budget proposal. We had a meeting with DDS to talk about the whole proposal and came up with a great plan. I'm really excited about my life!

*To see Caleb's individual budget proposal, go to BUDGET DEVELOPMENT on pages 31-32.*

## CALEB'S GOALS

Before Caleb developed a proposed individual budget, he worked with his family and Support Broker to list his goals and objectives. After establishing his goals as derived from his vision and person-centered plan, Caleb and his mother came up with the figures in Section 7 of this guide, BUDGET DEVELOPMENT. *See pages 31-32 for Caleb's final budget.*

GOAL	NEED/DESIRE	OBJECTIVES
<b>"MOVE HOME"</b>		
To Build Connections	For development of safe, appropriate, robust local network	Explore opportunities Try out things Research transportation opportunities
To be involved in North Shore Community	For construction of full, balanced life	Plan events Join groups Travel efficient
<b>"BE READY TO GET MY OWN PLACE SOME DAY"</b>		
To care for myself	For systems that help me be clean, healthy, and fit	Build routines Be consistent
To take care of my home	For my apartment to be organized, tidy, and clean	Develop systems Improve skills Be consistent
To cook and eat well and within a budget	For meal planning, shopping, and cooking	Prepare 2 family suppers/week Be responsible for all breakfasts and lunches
	For cooking lessons	Take ARC cooking classes
To be active and healthy and busy	For individual exercise	Workout at YMCA 2 times per week
	For exercise and fun with peers	Participate in Special Olympics
To manage personal budget	For oversight and accountability with spending	Manage envelope budgeting Manage banking
To organize time	For teaching and maintaining online schedule	Schedule in online, shared calendar Be consistent
To stay steady and calm	For mentoring	Meet with a mentor Work on personal goals and relationships
To have friends	For healthy peer relationships	Make friends nearby Do things with them
<b>"REALLY WORK"</b>		
To work full time someday in medical, farm, and doing indoor and outdoor maintenance	For a paying, part-time, starting job	Work at a medical facility
	For gaining skills and experience indoor and outdoor maintenance, cleaning, and	Volunteer at Cuvilly School/Three Sisters Farm
		Volunteer with FPC Church facilities team
To run something like a food truck		Research and develop a real plan for owning & operating a modest food cart/bike
<b>DO "THE OFFICE BITS"</b>		
To manage personal schedule and money and research	For development of systems of independent living	Get an iPad (Apple Care & hardcase)
To travel to where I need to be	For getting where I need to be	Have a driver Use public transportation
To communicate and take care of my staff	For monthly staff meeting	Cook dinner for staff Plan & run a business meeting to review goals, report hours, & plan together
To manage services (SSI, DDS, SNAP, Mass Health)	For Caleb to grow in understanding and management of his services	Report wages to SSI Oversee SNAP Keep notebooks up to date Report DDS wages



## Section 3: The Role of the Support Broker, Regional Self-Directed Supports Manager, and Public Partnerships Limited (PPL)

Once you have decided that the Participant Directed Program is for you, you will be assigned a Support Broker who will support your unique needs and assist you with navigating the system.



SUPPORT

Your Support Broker will work in full partnership with you to customize a plan that will meet your needs, and to develop an individual budget.

Your Support Broker can review your vision with you and help identify the necessary supports and services that can help make your vision a reality.

Once your plan and individual budget is developed within DDS guidelines, your Support Broker may help you with the hiring process, developing job descriptions, creating interview



EMPOWERMENT

questions, and supporting staff recruitment.

Your Support Broker can assist you in many ways, including the following:

- assistance with the online registration and credentialing process for new staff
- drafting, monitoring and revising your individual budget
- making adjustments to stay within the budget as necessary in accordance with changing needs



CHOICE

- suggesting ways to save money in your individual budget by looking at other community resources
- helping you to prepare for your ISP meeting
- troubleshooting with staff and other DDS-contracted agencies and providers



To learn how to set up the portal in PPL, go to page 59.



# The Role of the Regional Self-Directed Supports Manager

Each DDS Region has a Self-Directed Supports Manager dedicated to the expansion of the Department's Self-Directed Support Options.

The Self-Directed Supports Manager provides field support to help development and capacity building in Area Offices.

The Managers work closely with the Support Brokers

and Area Directors to promote outreach, educate all stakeholders and develop new training opportunities for DDS staff, and for current and prospective PDP participants.

These managers are also available to work 1:1 with Support Brokers, participants, and families to provide assistance and support.

## The Role of Fiscal Management Service (FMS)

DDS contracts with a financial management service that pays your bills and your staff for you from your individual budget.

The FMS provides the following services:

- Processing completed staff registration, credentialing, CORI, DPPC, and National Background Checks
- Assisting in the financial management and accountability of the individual's DDS budget, and assumes employer fiscal responsibility (e.g., payroll, taxes, worker's compensation)

- Processes payroll as well as payment for approved goods and services
- Provides a monthly financial report, as well as online access to review the individual's budget

You will be able to view your individual budget through an online Portal, and with your Support Broker, you can adjust line items or resolve issues with reimbursements or paying staff.

Through the portal, you can see how much you are spending, and similarly to any budget, you can adjust your spending habits based on your budget balance.



### Enrollment

- Pre-populated tax forms
- Online registration
- Partial online application
- Processing of EOR and provider applications



### Customer Service

- Spending & budget balances
- Troubleshooting of incorrect timesheets
- Technical support
- Interactive Voice Response system
- English & Spanish speakers and language line



### Payroll

- Bi-weekly processing and payment of correctly submitted timesheets
- Direct deposit
- Electronic timesheets via online portal or mobile app



### Taxes

- Withholding & filing of taxes (local, state, federal)
- Setting up and managing employment accounts
- Issuing W-2s and 1099s annually to providers

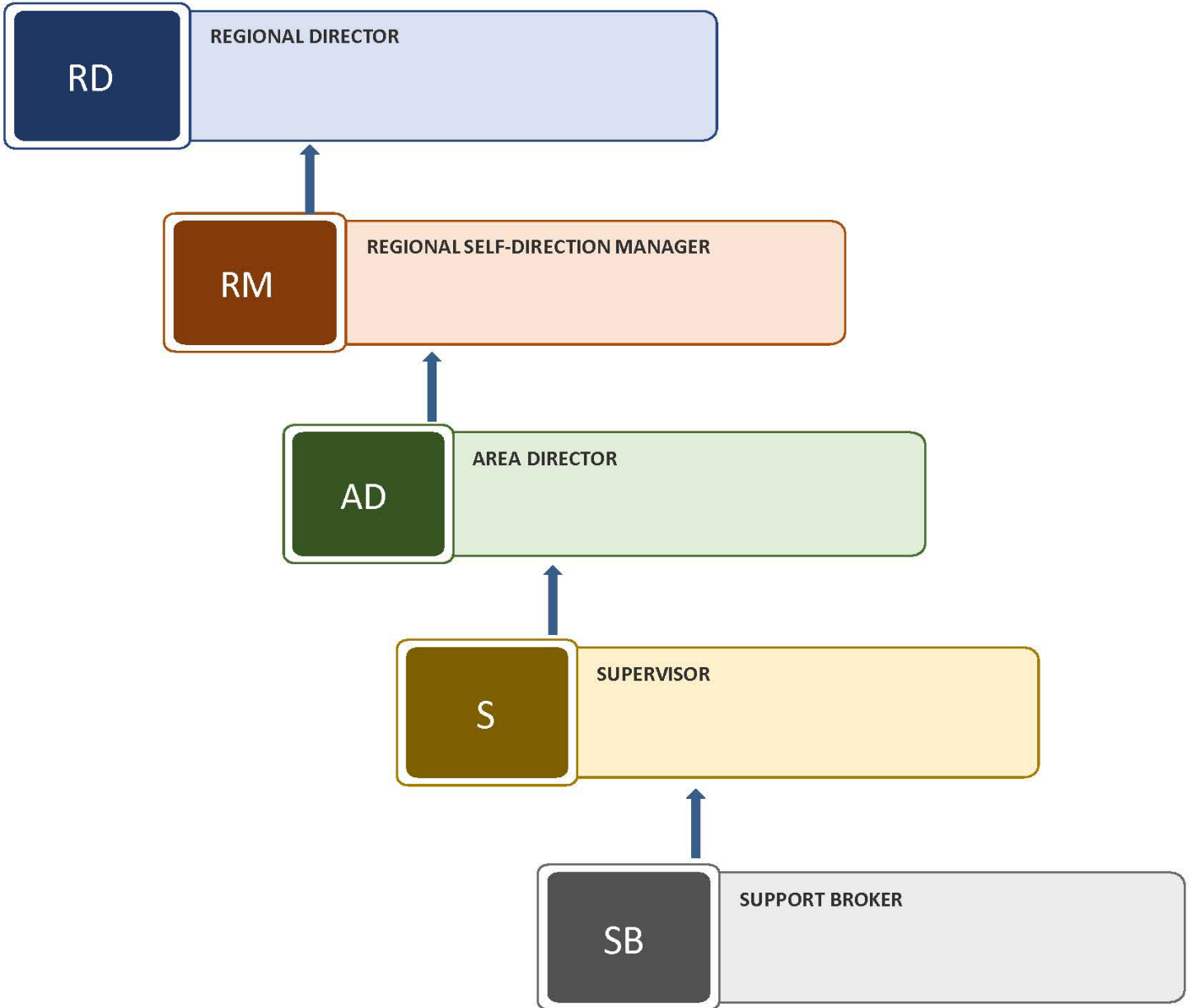


### Web-based Tools

- Budget management via online portal
- Real-time budget tracking & accounting
- Time4Care mobile app

# COMMUNICATING WITH DDS

Sometimes accessing administrative support can be confusing and frustrating. Below is an organizational chart that you can fill out with your DDS Support Broker so you can understand who to call within the DDS organization when you are in need of support. We want to make sure that you receive support from DDS in a timely way to resolve any issues you might encounter with the PDP.



# COMMUNICATING WITH PPL\*

To take advantage of the multiple options PPL has in communication services we have outlined 5 methods of interaction. Each form of communication can be utilized by all stakeholders in the program and has been broken down for your convenience. Please wait 48 hours for all requests to be answered or processed.

1

## EMAIL COMMUNICATION – PREFERRED METHOD

Email address communication is available to those who may not have access to a fax line or prefer computer interaction. Emails are responded to within 48 hours. If sending paperwork through email, please allow up to 48 hours before it is received in the system for processing. Using your cell phone or computer you can also send pictures and screenshots of your paperwork directly to the fax line by email. Email ensures the quickest processing time for your paperwork. **Customer Service:** [PPLMA\\_PDP@pplfirst.com](mailto:PPLMA_PDP@pplfirst.com)  
**Fax email:** [MA\\_PDP\\_Fax@pplfirst.com](mailto:MA_PDP_Fax@pplfirst.com)

2

## FAX LINES

PPL provides two separate fax lines in the program. One line is specific only towards timesheet submissions. The other is for other paperwork to be processed. Faxing to the wrong line may result in delay of processing and/or payment.

**Timesheet Fax Line:** (877) 779-4188 \*ONLY TIMESHEETS SHOULD BE SENT

**Admin Fax Line:** (877) 563-6438 \*All enrollment forms and invoices are sent here

3

## PHONE NUMBER

PPL has a robust Customer Service department to field multiple calls in the program. Our IVR system will provide callers with important information on their account to save them time and effort. A callback feature is also made available for those who don't wish to wait.  
**Customer Service Number:** (888) 866-0869

4

## PHYSICAL MAILINGS

All paperwork including enrollment packets, tax forms, timesheets and invoices may be mailed to our office for processing. Paperwork we receive will be scanned and archived for auditing purposes once processed.

**Physical Mailing Address:** 1 Cabot Road Suite 102, Medford, MA 02155

5

## WEB PORTAL – CONTACT US FEATURE

All users have the option to login to the BetterOnline™ Web Portal and utilize the 'Contact Us' page. Here you will get MA PDP's Admin Fax Line, phone number and Admin Email. You will also get the hours of operation for our customer service staff. This feature allows users to enter in a Question or Comment that will go directly to the program inbox to be answered within 48 hours by a Program Management staff.

[www.publicpartnerships.com](http://www.publicpartnerships.com)

**MARION EDWARDS ASSOCIATION (MEA) CONTACTS**  
*If paperwork is being issued on behalf of a participant or provider using MEA, do not send MEA paperwork to the PPL fax line as well.*

**MEA Fax Line:** (617) 717-1040 \*All paperwork and timesheets may be sent for employees and participants utilizing MEA as their Employer of Record

**MEA Phone Number:** (617) 717-1041

**MEA Email Address:** [kallen@meainc.us.com](mailto:kallen@meainc.us.com)



\*PPL is the current approved FMS, but that it is subject to change.



## Section 4: The Role of the Individual and Employer of Record

**C**ongratulations! You are now the boss. But being in charge comes with responsibility. It is important for you to understand your role as an employer of record. You will have support in this role from your Support Broker, your family, and/or others in your support circle.



SUPPORT



EMPOWERMENT



CHOICE

As part of the PDP, there are many responsibilities that you must be willing to take on, including the following:

- Participate in a person-centered planning process that will explore what you want in your life and how you want to achieve it.
- Follow and manage your individual budget so you can pay staff and bills.
- You will recruit, interview, hire, train and supervise staff.

- You will take action if your staff are not doing what you hired them to do.
- When approving timesheets, you will confirm that the work was done by your staff.
- You have a responsibility to only submit timesheets/invoices for services that are part of your Individual Support Plan (ISP).

- You will provide any back-up documentation and receipts when requesting reimbursement from your individual budget.

Being in charge may seem overwhelming at first, but you are not alone. Your family, your support team, and your Support Broker can help you to learn how to manage all these pieces.



For Employer of Record forms referenced on the next page, go to pages 60-68.

# The Employer of Record

In order to pay your support staff, you will need to set up an Employer of Record (EOR) and receive an employer identification number (EIN) from the Internal Revenue Service (IRS). You can be the EOR for your own program, or you can choose someone else. Being an EOR does not affect your personal income taxes. Something to think about when choosing the EOR is whether you already have an EIN. This usually happens if you have your own business or act as a surrogate for a personal care attendant (PCA) program. You can be the EOR for your self-directed services even if you have a guardian.

In order to get set up as the EOR, you will need to complete an EOR packet. Your Support Broker can help you with filling it out and signing where necessary. They can also submit the completed packet to the FMS for you and follow up if there are any issues.

The packet includes the following:

- IRS Form SS-4: Application for Employer Identification Number
- IRS Form 2678: Employer Appointment of Agent
- MA DOR Form M-2848: Power of Attorney and Declaration of Representative
- MA Worker's Compensation Power of Attorney

## Marion Edwards Associates\*

If you are unable to identify anyone to be the EOR for your self-directed program, you can access Marion Edwards Associates (MEA) for EOR services through the PDP. If you choose this option, MEA will process all your staffs' timesheets and issue their paychecks.

## Portal Account

Once you have decided who is going to be the EOR and submitted all the required paperwork, you are ready to set up your portal account. This is where you will be able to find your budget and staff timesheets that you will need to approve. You can look at your budget in real time and see what you have spent so far. It is important to keep up with this to make sure you do not run out of money before the budget year is over. To set this account up, you will need your last name, social security number, and mailing zip code.

## REBECCA'S STORY



I was very nervous when I started the PDP. My mom helped me interview staff and we prepared questions.

At first I was quiet but as time went on I had a lot to say. I wanted to make sure I hired just the right person.

Sometimes I had to let go of a staff person because we did not get along. At first I didn't realize that I could make this choice, but my family helped me to make that decision.

My Support Broker showed me how to look at my budget on the PPL portal, see how much I was spending, and how to approve time sheets. Whenever I have a question, my family or Support Broker helps me out.

I like being in charge! At first I was afraid that I wouldn't be able to do everything, but everybody was so helpful. It takes a long time to learn some of these things, but I'm proud to be the boss!

\* There is a small administrative cost to utilizing MEA. Please reach out to your Support Broker for more details.

# SELF-DIRECTION PROGRAM FINANCIAL RESPONSIBILITIES

## PREVENTING FINANCIAL ABUSE AND EXPLOITATION

Self-directing your services provides an opportunity for empowerment and independence. There are responsibilities that come with managing or overseeing your individual budget, especially when the funds are distributed by a state agency, like DDS. You must be careful and must promptly identify and respond to potential problems with providers (those who are being paid to provide services or support).

Financial abuse is *misusing, mismanaging or wasting* your funds or other financial resources.

Financial exploitation is *illegally or improperly using* your funds or other financial resources, often through deceit, coercion or undue influence.

Please keep in mind that financial abuse or exploitation can happen to anyone. Also, studies show those who commit financial abuse or exploitation are often caregivers, family members and friends.

Asking for support and collaborative problem-solving are important steps which help protect your ability to continue self-directing and do not affect the resources of you or your family.

Use the information here to learn how to identify financial abuse and exploitation, how to ask for help and how to prevent it from happening.

## SIGNS OF FINANCIAL ABUSE AND EXPLOITATION

- When staff is not providing the services outlined
- When staff consistently uses short cuts or avoids doing certain work
- When staff asks you to sign a document other than a timesheet
- When staff asks you to sign a timesheet that includes time that he or she did not work
- When staff does not bring back receipts when purchasing items
- When staff adds in items when purchasing items
- When staff asks to make cash withdrawals, write checks, borrow money from you
- When a friend or relative asks to be paid as staff but does not provide the services that you need
- When items purchased do not reflect the goals outlined in your plan

## HOW TO PREVENT FINANCIAL ABUSE AND EXPLOITATION

- Carefully outline the tasks and services that are to be provided, including how, where and how often.
- Negotiate the pay rate based on individual budget and comparable rates for the service.

- Set clear expectations and hold staff accountable to provide the services agreed to.
- Whenever possible do not create too much dependence on one staff person. Make sure to build in back-up help.
- Review the staff person's performance periodically throughout the fiscal year. Invite a third-party reviewer (such as a family member, friend or neighbor who does not know the staff) to sit in on the meeting to offer objective feedback.
- Be sure to document the positive feedback and the areas in need of improvement and share it with your staff.
- Occasionally, either drop in unannounced to observe the supports being provided or check in with others who may be natural observers of the interactions between you and your staff.
- Keep a copy of all documentation of staff's services, hours, purchases, etc.
- Be organized and closely track spending within the individual budget using the monthly budget reports.
- Be proactive and make a plan to address problems or seek help/assistance as soon

as you see them. Don't wait until a future meeting. Act now.

## HOW TO SOLVE PROBLEMS WHEN THEY ARISE

- Communicate and set performance expectations
- Connect with other participants or families to share strategies for problem-solving
- Make a written plan
- Train staff
- Request that a third party evaluate a service provider's performance
- Pursue new recruiting strategies for staff

## EXAMPLES OF POSSIBLE OUTCOMES OR SOLUTIONS

- Coaching on communication and setting performance expectations
- Connections with other participants or families to share strategies for problem-solving
- Planning to resolve specific performance problems
- Training for staff
- Third-party observation or performance review as needed

- Recruiting assistance
- Report financial abuse to DPPC and terminate employment with worker

## HOW TO GET HELP

For help with problem-solving, contact your DDS Support Broker. They can help by evaluating a situation, identifying the best options and collaborating on a solution. They can also help implement a solution. Asking for help will *not* affect your benefits or resources.

To report suspected financial abuse or financial exploitation, or other abuses against persons with disabilities (physical, emotional, sexual or neglect), contact the **Disabled Persons Protection Commission (DPPC) 24 Hour Hotline at 1-800-426-9009**. Your identity as a reporter will be protected.

To make a confidential report of any potential misuse, misappropriation or theft of DDS resources or services, call the **DDS hotline at 1-844-292-6088**.

## EDGAR'S STORY



Edgar hires a neighbor to do grocery shopping for him on a weekly basis. The neighbor brings groceries home, but Edgar does not see the receipts. One time, a receipt was stuck inside a bag, and Edgar saw that the neighbor bought cigarettes with his grocery money. When his support broker visited the home, Edgar did not have a substantial supply of food, and his pantry was not well-stocked.

**Strategy:** Support Edgar to review with the neighbor, spending expectations and the need to save receipts and place them in a location in his

house (a box on his desk). Discuss with the employee implications of inappropriate spending and, in this case, ask to be reimbursed for the cigarettes. Work with Edgar to review receipts against the list following the weekly shopping trip. If the situation is not resolved, seek advice or assistance and take further action.

# EVERYTHING YOU NEED TO KNOW ABOUT HIRING

You're ready to begin the process of hiring your staff. Here are some things you need to know before you get started. Your family or Support Broker can help you with these steps.

## Job Descriptions

Creating a job description is the first step you will need to take to hire your own staff. In the job description you get to choose what qualities are important to you in a support staff. You also get to clearly outline their responsibilities and your expectations. It is also important to include the hours you are looking for staffing. If you need help writing a job description, your family/Support Broker can work with you on creating one.

## Recruitment / Advertising

When your job description is ready there are various online platforms that you can use to post it. Some of these include Rewarding Work, Indeed, Craigslist, Handshake, Care.com, and social media. You can also post it in your community at a local library, community center, church, temple, mosque, and colleges.

## Interviewing

Once you have received some responses to your job posting, the next step is to set up an interview with the people who applied to see who is the best fit for the position. Be sure to ask the questions that are important to you and have them ready before you sit down for the interview. If you want or need help with interviewing process, you can ask a trusted friend, family member, or your Support Broker to provide support.

## Hiring Family Members

Hiring one of your family members to work for you can change the relationship you have with them. It is important that there are clear expectations set from the beginning on what their job responsibilities are. It is also important to note that if you have a legal guardian or legal representative they cannot be hired

## RICK'S STORY

I wanted to hire someone as a community support person. My Support Broker said to be very specific about the responsibilities that I wanted this person to have so together we wrote a job description. It outlined every part of the job, and then I decided on the hourly rate I could pay. The interview went well because I prepared for it with my mother and we decided on the questions. I was nervous at first but after interviewing a few people, I became very comfortable. I knew exactly who I wanted to hire so we called him that night and offered him the job. I never imagined that someday I would be hiring people! Hiring people can be intimidating, but my family and Support Broker helped me along the way. I'm thrilled that I'm the one making the choices -- finally!



as a support staff. Also, if you receive [Adult Foster Care](#) (AFC) services then the person who is appointed your AFC Provider cannot be hired in the PDP to provide Individualized Home Supports.

Family members living in the same household are not able to be hired as support staff unless they meet the following criteria: you have not been able to find a suitable non-family staff member, the family member is uniquely qualified to provide the service and the service is important to maintain your health and safety.

## Wage Considerations

Before starting the hiring process, it is important for you to determine what you would like to pay your



staff. You are required to pay at least minimum wage but can offer a higher hourly rate as long as it fits within your individual budget and is within the rate caps that are in place for certain staffing codes. It is important to know that as an employer you are expected to pay employer taxes and fringe benefits (i.e. workman’s comp) which may affect the hourly rate that you choose to pay your staff. This higher rate is referred to as the “billable rate” in the PDP. For example, if you chose to pay someone \$20.00/hour your PDP budget will be charged \$22.18/hour to account for these additional costs. When you are figuring out how much you can afford to pay your staff, you should use the billable rate to determine this. Be sure to leave room for a raise if you are satisfied with their work! If you need help coming up with a fair hourly rate that fits within your individual budget for the year, you can work with a family member or your Support Broker.

**Payment & Tax Information**

All staff have the option to sign up for direct deposit. Please note that it takes 1-3 pay cycles for this to take

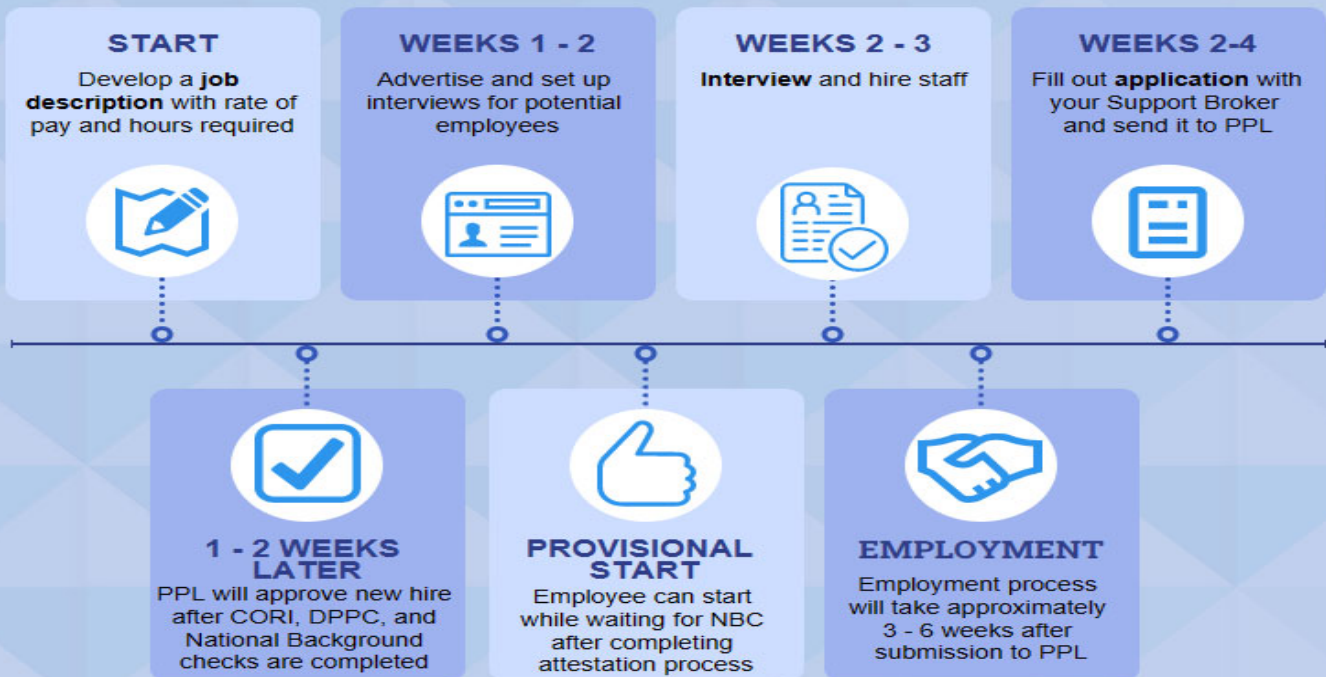
effect. Staff are paid on a biweekly basis and your Support Broker can provide you with the pay schedule for the year. You can also find it here: [PPL Documents](#) If you decide to hire your staff as an employee, PPL will issue them a W2 for their taxes. If they are hired as an independent contractor, they will be issued an 1099 for their taxes.

**Application Process**

Once you decide who you want to hire to provide your support, they will need to complete a credentialing packet. This packet includes a welcome letter & information about the Disabled Persons Protection Commission (DPPC) for the staff along with the following forms:

- General application with references
- CORI background check authorization
- DPPC check authorization form
- National Background Check (NBC) authorization form (fingerprinting)

# HIRING TIMELINE



- Forms A & B
- Tax forms: I9, W4, and M4
- Attestation form for NBC

All these forms must be filled out **completely** and all the signatures must be included in order for PPL to process the packet. Your Support Broker can give you this packet for your staff to fill out or they can complete it online. If they choose to complete it online, it will still need to be printed out and signed by you (or your EOR) and the staff. Electronic signatures are accepted if you can do those on your computer. Once the packet is complete and signed, it must be sent to your Support Broker for review before sending it to PPL. Your Support Broker can send it to PPL for you and follow up with their customer service team if there are any issues with the application.

Once the completed packet has been sent to PPL, it can take 3-6 weeks for the staff to be approved to start working so the sooner you can get this done, the better! **No staff can begin working until their CORI, DPPC, and NBC checks have been approved AND you receive notification from your Support Broker that they are all set to begin working.** You do have the option to allow staff to begin working under “conditional” status before they receive their NBC results. You can access this option by submitting an attestation form along with the staff's appointment confirmation for their fingerprinting. You must sign off on the attestation form as well to indicate that you agree to hiring the person before their NBC is approved. Again, you must wait to hear from your Support Broker before the staff starts working.

Your staff will receive an email from PPL within 7-10 business days from the date they receive the packet

## JAVI'S STORY

I thought the hiring process was going to be too hard and it looked like a lot of paperwork. But I got plenty of support from my



brother. He called my DDS Support Broker and she walked us through the process. The first time we filled out the application was challenging, but after we went through the hiring process a few times, we were able to do it, no problem. Plus if there is an error, it can be fixed. I will always need someone's help with the paperwork, but now I know what I want to hire someone for, how to work on a job description, and how to interview, all with support. I'm proud to be an employer and I like that I choose the people who work for me.

with a letter for them to set up their fingerprinting appointment for their NBC. The letter will have a unique ID number for them to use when setting up their appointment.

There is a \$45 fee for the fingerprinting appointment which the staff must pay. Once they go to their appointment, they can send in the fingerprint payment request form along with a copy of their appointment receipt to PPL to be reimbursed. PPL's contact information is listed on the bottom of the request form. Your Support Broker can give you this form or you can find it on [PPL's documents](#) page. Please note, if the provider waits longer than 60 days to set up their appointment, they will have to request a new letter with a new unique ID from PPL.



To access the forms listed above including the National Background Attestation Form, go to pages 60-68.

# THE JOB DESCRIPTION

Below are a few samples of Job Descriptions developed by people who self-direct their services.

## Sample Job Description: Individual Day Supports Worker

Regular Scheduled Hours

Supervisor: Self Direction Participant and her mom

Start Date:

Position Requirements:

- Worker must have a valid driver's license and a reliable vehicle to be used to transport me to and from activities.
- Worker must have a cellular phone available to be used for job related communications.
- Worker will assist me in developing money skills, including increasing my independence in making purchases and the budgeting of my spending money.
- Worker will encourage and support me in increasing my ability to ask for help when I need it.
- Worker will transport me from my home to locations in the community to assist me in learning the above skills in a community setting.
- Worker will accompany me to the library to work on further developing my reading and computer skills.
- Worker will allow and encourage me to be as independent as possible and perform as much of each/any task/activity as I can, but will provide me with the appropriate amount of supervision and/or assistance to ensure each task/activity is safely and effectively completed.
- If I am feeling ill, worker is to contact my mother. In the event of an emergency worker is responsible for contacting 911 and/or taking me to the emergency room as appropriate and will contact my mother as soon as possible.
- Worker is responsible for ensuring my health and safety at all times.

## KEVIN'S STORY

I worked on the job description with my family member and was able to hire someone who fit perfectly. I knew it was important to outline exactly what the staff would do so that there was no

confusion. I had a lot of help writing the job description but it was worth putting all that work into it. Plus I can use the same job description in the future.



- Worker will always treat me with respect and dignity.
- Worker may be required to complete paperwork as part of their job duties.
- My mother and I reserve the right to modify this job description and the required position requirements as needed.

I, \_\_\_\_\_, acknowledge that I have read and understand the above listed job description and that any failure on my part to uphold/carry out any of the requirements, duties, and/or expectations outlined in this job description may result in a termination of my employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## Sample Job Description: Individual Home Supports Worker

### Position Requirements:

- Valid driver's license
- Cell phone
- Computer literate (familiar with iPad and how to use Face Time, emails, Apps, etc.)
- Must keep information confidential. Permission must be obtained prior to sharing anything.

### Position Job Duties:

- Assist with meal planning and grocery shopping weekly.
- Assist in weekly cleaning of kitchen, bathrooms and living areas, reinforcing cleaning techniques to work towards independent living.
- Reinforce usage of hearing aid and cochlear implant to maximize benefits from devices. Assist with acclimation to the neighborhood, including public and recreational facilities. Assist with engaging in social events, recreational activities and cultural opportunities.
- Remedy any home maintenance issues and report to parents if additional attention is needed. Reinforce coping strategies and problem solving when unexpected routine changes, such as work hours or family plans.
- Assist with organizing home, including clothing and hobby/craft storage.
- Assist with budgeting and managing a cash allowance for personal expenditures. Follow the directives of the ISP and participate in ISP meetings.
- Reinforce adult responsibilities and avoid acquiescing to non-essential activities. Transport to medical appointments and other necessary events.
- Teach and reinforce use of iPad and email to strengthen communication with family. Other duties as may be assigned.

### Schedule:

14 hours weekly at \$25/hour. Schedule may vary based on Meghan's work schedule and other commitments (doctor's appointments, vacation, etc.). Usual schedule will be:

- Monday 6 hours (TBD)
- Tuesday 4:00 - 6:00PM (2 hours)
- Wednesday 4 hours (TBD)
- Friday 4:00 - 6:00PM (2 hours)

## Sample Job Description: Individual Home Supports Worker

Need someone to help with grocery shopping and meal preparation, tutoring/assistance for a friendly woman with a developmental disability living independently in Brighton

Five hours weekly - Specific evenings and hours are negotiable.

Duties consist of:

- assisting with weekly meal planning and grocery shopping
- dinner preparation and helping prep lunch for next day
- ability to incorporate nutritionist recommendation with all meals
- creating teaching moments through the use of grocery lists, hands on meal prep, grocery shopping modeling, reading food labels, and cooking tasty simple healthy meals

Needs to be responsible, reliable, patient, and kind, concentrating on helping; respectful and courteous, e.g., calling if you'll be late, no texting/phone calls, respecting confidentiality, etc.

Must be 18 or older, and must complete a CORI.

Basic english language skills and non-smoker preferred.

Hold a current driver's license and provide transportation to and from grocery store.

\$22.00 per hour





## Section 5: Budget Development

**Y**ou now have the tools to develop a individual budget to support your vision. You may have developed the Person Centered Plan which this guide referred to in Section 2, and you may have developed a plan similar to Caleb’s plan on page 15. Let’s examine the ways you can outline an individual budget showing the money you will need to make your vision a reality!



Budget planning starts as a conversation. You want to be as prepared as you can for it. You should communicate your most important needs clearly and concisely to your team. You should also share what your vision is for the future. You and your team should share the same expectations. You should stay in touch as the individual budget is being created. You may not get all that you had hoped for at first, but that doesn’t mean things can’t change in the future.

You can get your friends and family together to ask them what



thoughts and ideas they have. This can be a powerful way to gather information. A written plan is preferred when you are telling your team what services and supports are important to you. Sometimes just thinking about these questions can be a quick and easy way to get started.

- √ What do you want to have more of in your life?
- √ What do you want to have less of in your life?
- √ What are your needs? (list all of them)



- √ What are the three most important needs? (you’ve got to start somewhere)

This information helps DDS understand the kind of supports you need. Your Support Broker can also include these in your Individual Service Plan (ISP). This plan is required for everyone who gets services from DDS.

It is important to understand that your PDP budget represents a portion of your supports. These are not meant to be the only supports you get. You should learn about all the resources that may be

available to you when creating your individual budget. For example, other government agencies such as the Mass Rehabilitation Commission, Mass Health, Social Security, Department of Transitional Assistance etc. should be explored. Your own circle of natural supports such as family and friends are important.

Once the individual budget is created your job is to work within the budget amount and prioritize your needs and wants in such a way that the individual budget will last for the full year.

Remember Caleb from Section 2: Developing a Vision? Caleb did a Person-Centered Plan with close relatives and friends and came up with some goals and objectives (see page 15). With support from his mother, Caleb then developed an individual budget to identify the costs associated with each objective and identified the responsible party. Caleb's proposed individual budget was discussed with his Support Broker and presented at his ISP as a proposal. See next two pages for the individual budget proposed by Caleb.

### WHAT TO CONSIDER WHEN DEVELOPING AN INDIVIDUAL BUDGET

- The cost of staff is the largest expense and should be thought of first
- The number of hours of support per week
- The average hourly wage paid to staff
- Will staff be paid mileage?
- What kind of services will be needed?
- Individualized Day supports
- Individualized Home supports
- Adult Companion
- Transportation (Optional): How often, what kind, and what is the estimated cost? Taxi, Uber/Lyft, Bus/train pass
- Flex Funding (optional)
- Decide on goods to be purchased and estimate the total cost for the fiscal year

### WHEN DEVELOPING A BUDGET CONSIDER ALL YOUR RESOURCES

#### *Benefits:*

- Social Security
- Housing subsidies
- Food stamps

- Fuel assistance
- Adult Family Care
- PCAs
- WIC
- Employment earnings

#### *Natural Supports:*

- Family
- Friends
- Neighbors
- Co-workers
- Community members
- Community centers

### IT IS IMPORTANT TO THINK ABOUT YOUR SUPPORT IN A VARIETY OF WAYS

- What support do I need to achieve my vision?
- What has or hasn't worked in the past?
- Who have I had a positive working relationship with before?
- Who would I work best with, and why?
- What are the job responsibilities?
- Are there any special requirements? (license, certificates, schedules, etc.)

# CALEB'S INDIVIDUAL BUDGET

GOAL	NEED/DESIRE	OBJECTIVES	STAFF	\$20/HOUR WEEK	ANNUAL COST
<b>"MOVE HOME"</b>					
To Build Connections	For development of safe, appropriate, robust local network	Explore opportunities Try out things Research transportation opportunities	PDP Staff	2 hours/week for 50 weeks	\$2000.00
To be involved in North Shore Community	For construction of full, balanced life	Plan events Join groups Travel efficient			
<b>"BE READY TO GET MY OWN PLACE SOME DAY"</b>					
To care for myself	For systems that help me be clean, healthy, and fit	Build routines Be consistent	Family		(Family)
To take care of my home	For my apartment to be organized, tidy, and clean	Develop systems Improve skills Be consistent	PDP Staff	2 hours/week for 50 weeks	\$2000.00
To cook and eat well and within a budget	For meal planning, shopping, and cooking	Prepare 2 family suppers/week Be responsible for all breakfasts and lunches	Family		(Family)
To be active and healthy and busy	For cooking lessons	Take ARC cooking classes	Northeast Arc	1 hour (\$120/quar.)	\$480.00
	For individual exercise	Workout at YMCA 2 times per week	Ipswich YMCA	3 hours (Yearly)	\$396.00
	For exercise and fun with peers	Participate in Special Olympics	Northeast ARC	2 hours	(No fee)
To manage personal budget	For oversight and accountability with spending	Manage envelope budgeting Manage banking	PDP Staff	1 hour/week for 50 weeks	\$1000.00
To organize time	For teaching and maintaining online schedule	Schedule in online, shared calendar Be consistent	PDP Staff	2 hours/week for 50 weeks	\$2000.00

To stay steady and calm	For mentoring	Meet with a mentor Work on personal goals and relationships	PDP Staff	1.5 (6 hours/mo.)	\$1500
To have friends	For healthy peer relationships	Make friends nearby Do things with them	Family		(Family)
<b>“REALLY WORK”</b>					
To work full time someday in medical, farm, and doing indoor and outdoor maintenance	For a paying, part-time, starting job	Work at a medical facility	PDP Staff	4 hours/week for 50 weeks	\$4000.00
	For gaining skills and experience indoor and outdoor maintenance, and cleaning	Volunteer at Cuvely School/Three Sisters Farm Volunteer with FPC Church facilities team	PDP Staff PDP Staff	3 hours/ week for 50 weeks 3 hours/ week for 50 weeks	\$3000.00 \$3000.00
To run something like a food truck		Research and develop a real plan for owning & operating a modest food cart/bike	PDP Staff	2 hours/ week for 50 weeks	\$2000.00
<b>“DO THE OFFICE BITS”</b>					
To manage personal schedule and money and research	For development of systems of independent living	Get an iPad (Apple Care & hardcase)			\$500.00
To travel to where I need to be	For getting where I need to be	Have a driver Use public transportation	PDP Staff	Record mileage (~150/mo)	\$1800.00
To communicate and take care of my staff	For monthly staff meeting	Cook dinner for staff Plan & run a business meeting to review goals, report hours, & plan together	6 staff	1.5 (6 staff/1 hour/month)	\$1500.00
To manage services (SSI, DDS, SNAP, Mass Health)	For Caleb to grow in understanding and management of his services	Report wages to SSI Oversee SNAP Keep notebooks up to date Report DDS wages	PDP Staff	2 hours/ week for 50 weeks	\$2000.00
<b>24 Staff hours /50 weeks at \$20/hour = \$24,000</b> <b>Other costs (membership, classes, mileage, equipment) = \$3,176</b> <b>TOTAL COST = \$27,176</b>					



## AMY'S PDP BUDGET

Amy and her mother worked out a proposed budget based on what Amy's needs are. They completed the schedule on the next page as an exercise to see where more support was needed.

Amy attends a day program five days/week but is unable to access the community outside of the day program without support. She lives at home with her mother and a younger sister. Amy's mother does not want Amy to miss out on social inclusion opportunities and merely be shuttled back and forth from her day program to home. That would lead to boredom and depression which eventually could result in hospitalization as it did in her past. They decided that a hybrid model of traditional services (day programming) and self-direction (support in the community) would serve Amy best. So together they set out to develop a proposed budget.



The first step was looking at Amy's week. They estimated staffing needs based on Amy's activities and upon completing the worksheet (on the next page), they were able to determine how much support staff was required.

Amy did not want to go out most evenings because she was tired from the day program which included community-based employment, for which she is paid. She wanted to continue her participation in Special Olympics, bowl with her league, and do something fun on Saturday evenings. Most of her Saturday was spent on household chores

such as cleaning her room, doing laundry, and preparing for the next week.

For the budget for the self-direction piece, here's what Amy's proposal looked like:

STAFFING SUPPORT	8 hours/week x \$20/hour x 50 weeks	\$8,320.00
STAFF'S EXPENSES	To pay for staff's food and entry fees to activities	1,200.00
CELL PHONE	For safety in the community	600.00
<b>TOTAL REQUEST FOR SELF-DIRECTION FUNDS</b>		<b>\$10,120.00</b>

Amy's individual budget request was approved by DDS! Her schedule is flexible, so for example, if there is no bowling in a particular week, she can use those hours on another day. Amy feels very satisfied with the level of support and activity she currently has. Budgets are flexible, and certainly Amy and her mother can revisit this at any time with Amy's Support Broker.

AMY'S WEEK

SUPPORT STAFF HOURS NEEDED							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
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7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
STAFF HOURS	2 HOURS				3 HOURS		3 HOURS



## Section 6: Staffing Supports

There are many types of support, and this section lists some of the kinds of support you may need to achieve the life vision that you have developed. Support is not limited to what is listed here, but all supports provided through your DDS budget will need DDS approval.



SUPPORT



EMPOWERMENT



CHOICE

**Adult Companion\*:** This service is used by participants who might require assistance with general household tasks, such as laundry, housekeeping, meal preparation, participation in community activities, and shopping.

**Agency Providers:** These are providers who are professionally licensed or certified to deliver particular services. The agency directly employs staff and delivers a service through the PDP. Agencies are able to be hired

under specific Support Services Qualified Providers (SSQUAL) which include behavioral supports and consultation, Assistive Technology Evaluation & Training, Speech Therapy, Occupational Therapy, and Physical Therapy. There are pay rate caps, established by MassHealth, associated with all of these services.

**Behavioral Supports and Consultation\*:** This support is designed to provide clinical and

therapeutic services that help you with independence and integration in your home or in the community. The service may include a functional assessment by a trained clinician; the development of a positive behavior support (PBS) plan with intervention strategies; implementation of the PBS plan and associated documentation and data analysis, and/or monitoring of the effectiveness of the PBS plan. Behavioral Supports and Consultation does not include any service covered by MassHealth

*\*Hourly rate caps apply. Please reach out to your Support Broker for more details.*

State Plan services, including individual, group, or family counseling, or under private insurance including benefits under An Act Relative to Insurance Coverage for Autism (ARICA). The providers of this service must be licensed to provide these services before being hired.

**Family Training\*:** This support is designed to provide training and instruction about any specialized treatments, behavior plans, and the use of specialized equipment that supports you to participate in the community. Family Training may also include training in family leadership, support of self-advocacy, and promoting your independence. “Family” is defined as the people you live with or who provide care to you.

**Independent Contractors:** In some cases, you may want to hire an independent contractor to provide specialized supports. Use of independent contractors is limited to those who have specific expertise, qualifications and/or licensure (i.e. OT, PT & Speech Therapy) that support you to have rich and meaningful experiences during the day. These services may be provided on an intermittent and time-limited basis. In order to hire independent contractors, the services they are providing must be linked to goals and included in your ISP, fit within your individual budget, and be approved by your DDS area office.



For staff recruitment resources, PPL information on registration and electronic timesheets, and PPL phone app, see pages 69-77.

There are certain rules one must follow according to the Dept. of Labor which can be reviewed [here](#).

*Example: You are interested in filmmaking and know a local videographer that is willing to mentor you. You will work with them on learning more about video editing and filming for a few months to see if you would like to explore it further.*

**Independent Facilitator:** The Independent Facilitator service assists people to manage their self-directed services. The Independent Facilitator might help the participant and/or Employer of Record to understand the employer role, develop a circle of support, identify community resources, recruit potential support staff, or assist in creating a schedule, among other things. This role is in addition to the supports a person already has, including their Support Broker and circle of support. The Independent Facilitator cannot supervise staff or approve timesheets. This is displayed as “private support broker” in the portal.

**Individualized Day Supports:** Staff for this service support you to reach your goals around work and community activities. These goals are set to gain, improve, or keep skills needed for employment, meaningful retirement or volunteer



### JIMMY'S STORY

I always wanted to be a dee-jay but I didn't know where to get started. It is one of my ISP goals and with support from my brother we found someone with dee-jay experience to teach me some skills. We practiced and finally went to a dance at a local ARC where I was able to dee-jay with my staff supporting me. It was the best night ever, especially when I got paid, and they booked me for another dance. I plan on doing more and more events. My support person even helped me get business cards. I'd like to do this as a job. It is a dream come true!

activities, or general community involvement. Examples include socialization, community travel, and identification of employment interests. These supports are delivered in the community.

**Individualized Home Supports\*:** This service is focused on skill building to promote independence. Some examples of this includes budgeting & money management,

health, shopping, use of community resources, community safety, and other social skills to live in the community. It may include training and education in self-determination & self-advocacy. This service may not be provided at the same time as respite, any employment services, or adult companion.

**Live-In Caregiver:** This support is designed to provide you direct payments to cover the additional costs of rent and food that comes along with having a live-in caregiver. The caregiver does not pay for any household living expenses. This support requires an agreement between you and the caregiver who function as two “roommates.” The two roommates agree on how to share the household chores, whether they will participate in social activities together and any other typical roommate decisions.

**Peer Support\*:** This support is designed to provide you training, instruction and mentoring about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support is designed to promote and assist your ability to

participate in self-advocacy. This service can be provided by an individual or agency peer support facilitator.

**Physical Therapy, Occupational Therapy, Speech Therapy\*:** You must go through your health insurance before you can access these services. If your insurance



denies your request, then PDP funds can be used. If these services are determined to be part of a maintenance program by your therapist, these can be provided without a denial letter from

insurance. These services must be recommended by a physician or licensed therapist and performed by a licensed professional at home or in the community. You must have a clear and measurable ISP outlined for these services. You can talk to your Support Broker for more information on the rate caps for these services.

**Respite\*:** Respite supports are provided on a short-term overnight basis for relief of those persons who normally provide your care or due to your needs. This is a support that may be provided in your home, or in the home of a care provider. Facility-based respite cannot be self-directed.

**Supported Employment\*:** Staff for this service work with you to help you find a job or assist in creating a job. The job should be based on your interests and located in the community. The staff assist with job skill assessment, person-centered employment planning, job placement, job development, negotiation with potential employers, training, and job coaching.

***\*Hourly rate caps apply. Please reach out to your Support Broker for more details.***

## SERVICE LIMITS - STAFF SUPPORTS

SUPPORT TITLE	SERVICE LIMIT*
<b>Supported Employment &amp; Individualized Day Supports</b>	Up to 184 hours per month (total of all day support hours)
<b>Individualized Home Supports</b>	Up to 23 hours per day**
<b>Adult Companion</b>	Up to 23 hours per day
<b>Respite</b>	Up to 30 days per calendar year
<b>Live-In Caregiver</b>	Up to 40 hours of direct support hours per week

*\*These are federal HCBS waiver program limits which DDS is required to adhere to and no exceptions can be made.*

*\*\* If you receive Adult Family Care (AFC) services, the service limit for home supports is 14 hours per week and you cannot access the live-in caregiver service. Respite for those with AFC is limited to 2 weeks/calendar year.*

## PAYMENTS TO RELATIVES

Payment is not permitted for services provided by an individual's spouse or the parent of a minor (legally responsible individual). Payment also is not permitted to a relative if the relative is the guardian.

Other relatives may be Individual Providers and paid for providing certain services only if they meet the following requirements:

1. the relative is qualified to provide the specific service(s);
2. the service is not a function that a family member normally provides for the individual without charge as a matter of course in the usual relationship among family members; and
3. at least one of the following criteria is met:
  - a. there is a lack of a qualified staff of that service(s) in the geographic area;
  - b. there is a lack of a qualified staff who can furnish the service(s) at necessary times and places;
  - c. the relative has a unique ability to meet the needs of the individual;
  - d. there is a cost-benefit to having the relative provide the service.

During the development of the service plan, an individual's request for a relative to provide services/supports, i.e. become a staff for the individual, must be reviewed. This includes confirmation that the relative meets the qualification standards to provide

the service(s) and meets at least one of the criteria identified, above.

Other requirements and rules apply to services provided by relatives, including:

- Payment rates to a relative must be consistent with the rates paid by the state for similar support/service codes.
- Services provided by relatives are subject to the time limits established for each Waiver Program service and may not exceed 40 hours per week for services measured in weekly units.
- Individuals may hire relatives directly and pay them using the Fiscal Intermediary Service or using an Agency with Choice (AWC).
- A paid relative may not also act as the EOR.

Additional Service Information:

Relatives may be employed to provide: adult companion, chore, individual supported employment, individualized day supports, individualized home supports, respite in home of individual family provider, transportation, and 24-hour self-directed home sharing supports.

Relatives may not be employed to provide: assistive technology, behavioral supports and consultation, family training, individual goods and services, live-in caregiver, peer support and transitional assistance services.



## Section 7: Flex Funding & Financial Assistance

You also have the option to have flex funding be part of your PDP budget. You can use flex funding to pay for non-staff supports like transportation, community activities, music therapy, or art classes. You can also access Post High School Education programs through flex funding.



SUPPORT

### Flex Funding

You should bring this up to your Support Broker when planning your individual budget. All flex funding requests require Area Director approval. Approval is based on your support needs and available funding.

\$5,000 is the most money you can have in flex funding. This cap does not apply to Post High School Education. You should talk to your Support Broker about an exception if you have a unique assessed need. Your Support Broker will bring your request to their Area Director. If approved, the Area



EMPOWERMENT

Director will then send the request to the regional team for final approval.

The Central Office self-direction review committee also look at exceptional situations. These requests still need to go through regional approval first. If the regional director feels it's appropriate, they will bump it up to this review committee.

### Financial Assistance

If you live on your own, you may be able to use financial assistance (this service cannot be used if you



CHOICE

receive Adult Family Care services). This helps with expenses like rent and utilities. You must sign up for Section 8 waiting list and explore all other resources before financial assistance is considered. Examples of other resources include: food stamps, local housing voucher programs, and fuel assistance programs. You will have to fill out a Resource Inventory Tool.



For information on Post High School Programs and services related to Adult Education, go to pages 78-79.

You may be able to get some help with household expenses that affect your health and safety even if you are living with your family. Again, these expenses should be discussed with your Support Broker. All financial assistance requests require Area Director approval. Approval is based on your support needs and available funding.

If approved, you will have to turn in receipts to your Support Broker for reimbursement within 60 days of making the purchase. The sooner the better! You also have the option to pay a company directly.

With direct payments, the company would have to complete a W9 in order to be registered with PPL as an “approved vendor”. Once they are set up in the portal, either you or the company will have to submit an invoice to your Support Broker for payment. Receipts and invoices should not be sent directly to PPL.

You will be asked to complete a resource inventory if you are going to be receiving flex funding and financial assistance. This will help your Support Broker get a full

picture of all your services and potentially help you access additional services that may be helpful. Often, we overlook all the possibilities of resources that can help us achieve our dreams, and this tool will help your team of family members and Support Broker determine whether more resources should be accessed, such as community groups and organizations, and whether your individual budget is adequately supporting all of your needs based on the expenses listed.

## FLEX FUNDING GUIDANCE

### Standards of Acceptable Purchases and Documentation

Purchases such as Goods and Services that provide direct benefit to you and support specific outcomes as identified in your ISP and/or vision are often reimbursed to you or your parents/guardian. The individual goods and services ideally promote community involvement and engagement or provide resources to expand opportunities for self-advocacy.

Questions regarding the appropriateness of a service or support should be discussed with the Support Broker in advance who may raise it to the Area Director as needed. The Area Director or his/her designee will have final decision on the approval of allowable expenditures. Every possible request cannot be accounted for in this guidance.

Annually, you will be asked to complete a resource inventory

that includes all income and assets for consideration when determining Financial Assistance allocations.



All payments require provider registration in the PPL portal. Vendors other than the participant must complete a W-9 form.

### Minimum Standards of Receipts

- A receipt must clearly show the item purchased, the date, the amount, and which person/entity has received payment.
- Receipts must be submitted to the Support Broker within 60 days of purchase.

- The purchase must align with your needs and represent your goals in the ISP.
- All purchases MUST be paid for and received within the current fiscal year.
- Receipts must be legible and clearly demonstrate the payment method, for example: Debit card, credit card, cash, check.
- Examples of non-acceptable payment methods: EBT, SNAP, Gift certificate or merchandise credit.
- Bank statements not including details as identified above are unacceptable.
- Check payments require an image of the check's front and back, clearly demonstrating it has been cashed.

For any questions, please contact your DDS Support Broker for further details.



## FLEX FUNDING CODE BREAKDOWN

### Individualized Goods & Services (5728)

- \$3,000 annual cap-this is a waiver cap so no exceptions to exceed the cap are available
- Promote Community involvement and engagement, self-advocacy, or decrease the need for other Medicaid services, or reduce the reliance on the paid support, or are directly related to health and safety of the participant in their home or community
- Must be related to an ISP goal and approved by the area office prior to purchase
- Examples include enrollment fees, dues, membership costs associated with the participant's participation in the community etc.

### Flex Funding (5300)

- \$5,000 annual cap. Exception to exceed cap based on need and funding availability
- Should provide a *direct benefit* to the individual
- Includes reimbursements for caregiver expenses incurred by working on community inclusion with the participant (i.e. meals or admission fees)
- Examples of reimbursements available in this code include transportation, community activity, medical supplies, participant employer expenses etc.
- All reimbursements must be reviewed/approved by the Area Office

### Financial Assistance (5400)

- Designed for longer term/ongoing financial assistance with rent or utilities if the person lives independently in the community
- Includes reimbursements for purchases that may benefit the participant and their family
- All items/services must be reviewed/approved by the Area Office prior to purchase

*Please note that these are breakdowns of the 3 most commonly used non-staff support codes. For a full list of non-staff support services please see next page.*

## SERVICE LIMITS - NON-STAFF SUPPORTS

The table below lists the maximum amount someone can receive, but all determinations are based on funding availability and your support needs.

SUPPORT TITLE	BUDGET LIMITS
<b>Individualized Goods &amp; Services</b>	Limit of \$3,000 per fiscal year*
<b>Flexible Funding</b>	Limit of \$5,000 per fiscal year
<b>Home Modifications &amp; Adaptations</b>	Limit of \$50,000 in a 5 fiscal year period
<b>Specialized Medical Equipment &amp; Supplies</b>	Limit of \$3,500 per fiscal year
<b>Transportation</b>	Per mile or per trip
<b>Transitional Assistance</b>	Room & Board excluded
<b>Vehicle Modifications</b>	Limit of \$25,000 in a 5 fiscal year period

\*Fiscal year is July 1<sup>st</sup> – June 30th

# NON-STAFF SUPPORT SERVICE DESCRIPTIONS

*There are pay rate caps associated with all of these services, with the exception of Chore.*

## **Assistive Technology Devices:**

Assistive technology is defined as an item, piece of equipment, or product system, that is used to develop, increase, maintain, or improve your functional capabilities. This service covers the purchase, maintenance, repairs of devices and rental of assistive technology during periods of repair. Access to this service is limited to assistive technology that will support you in being more independent.

## **Assistive Technology Evaluation & Training:**

The evaluation of your assistive technology needs, including a functional evaluation of the impact a specific device may have on your independence. It also includes services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices. Training or technical assistance for you, or where appropriate your family members, guardian(s), advocate, professionals or other individuals who provide services to you, or your authorized representative is also included.

**Chore:** Used to maintain your home in a clean, sanitary, and safe environment. This includes minor home repairs, general housekeeping and heavy household chores such as washing floors, windows, and walls, securing loose rugs and tiles, and moving heavy furniture in order to



## **EMILY'S STORY**

I was not sure how Assistive Technology could help me but with guidance from my Support Broker, I filled out the referral form. It was life-changing! I am much more independent in my apartment, and feel like I don't have to always depend on my staff to do things for me. The assessment included looking at the environment and covered everything including

hygiene, modified cooking utensils and cookware, timers, even using my smart phone to access apps that support my independent living skills. They also provided training and followed up with me to see what was working and what wasn't. I feel much more independent in my own home!

provide safe egress and access. These services are only available to individuals who live independently in the community. In the case of rental property, the responsibility of the landlord, as outlined in the lease agreement, is examined prior to any authorization of this service.

*\*This service cannot be used if you receive Adult Family Care services.*

## **Educational and Training Institutions / Post High School Education:**

These are typically community colleges, universities, or other organizations that have educational and training programs specifically for people who receive DDS services. Please see Post High

School Programs at Educational and Training Institutions Guidance for additional information.

## **Home Modifications &**

**Adaptations:** This support is available to make physical adaptations to your home that are necessary to ensure your health, welfare, and safety or that enable you to function with greater independence in your home. Service includes the assessment and evaluation of home safety modifications. Examples include installation of ramps, widening of doorways/hallways, or automatic door openers. Funds for home modifications shall only be used for modifications that will allow you to remain in your home, and

must specifically relate to the functional limitation(s) caused by your disability. Funds are not available to make adaptations or modifications to a home that you visit periodically. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. General household repairs are not included in this service.

Home Modification Requests that exceed \$1,000 require Prior Approval from the Regional Office. These requests should be submitted to your Support Broker along with 3 quotes for the work that needs to be done. If it is not possible to provide three quotes, an explanation must be included in the request.

- The request will be reviewed by the Area Director and, if approved, it will be forwarded to the Regional Director/Designee for their approval.
- Both Area and Regional Director signatures are required for approval
- Verification of completion of the home modification will be made in person by the Support Broker

*\*This service cannot be used if you receive Adult Family Care services.*

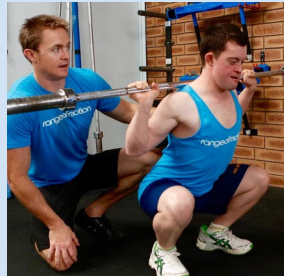
**Individualized Goods and Services:** Individual Goods and Services are services, equipment or

supplies that will provide a direct benefit to you and support specific outcomes that are identified in your ISP. It should promote community involvement and engagement or provide resources to expand opportunities for self-advocacy. Individual Goods and

treatments are excluded. This may not be provided at the same time as respite, or any employment or day activity program. Individual Goods and Services exclude all services and supplies provided under specialized medical equipment and supplies or assistive technology.

### PAUL'S STORY

My ISP goal is to improve my health. I found a program at the YMCA that has everything I need to work out so I use my allocation for membership. My staff person supports me and teaches me how to safely use the gym equipment. He is a personal trainer and I was able to hire him as well. I like being at the gym and have gotten to know so many people. I go three times a week and it's the best part of my day. I like getting into shape and seeing my gym friends!



Services are used when the participant does not have the funds available from another source to purchase the item or service. \$3000 annual cap.

Examples of allowable Individual Goods and Services include enrollment fees, dues, membership costs associated with the participant's participation in community activities, training, preventative veterinary care and maintenance of service dogs, supplies, and materials that promote skill development and your independence in accessing and using community resources. Experimental and prohibited

**Specialized Medical Equipment and Supplies:** Specialized medical equipment and supplies include: (a) devices, controls, or appliances that enable you to increase your ability to perform activities of daily living; (b) devices, controls, or appliances that enable you to perceive, control, or communicate with the environment in which you live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the state plan that is necessary to address your functional limitations; and (e) necessary medical supplies not available under the state plan.

Utilization of all available insurance benefits must occur. All items shall meet applicable standards of manufacture, design and installation. The medical support devices or equipment must be ordered by a licensed professional to verify proven evidenced-based support and conformance with acceptable medical practice; no experimental

## COMMON FLEX FUNDING REIMBURSEMENTS

- YMCA/gym memberships (individual or the individual's portion of a family membership only)
- Art Supplies
- Transportation UBER, LYFT, Taxi, Paratransit transportation
- Admission to events in the community
- Adult Education Classes
- Adaptive Equipment (not covered by insurance) i.e. silverware, plates, Portable Wheel Chair
- Ramps
- Memberships to community organizations
- iPads used as a communication device
- Music Therapy
- Equine Therapy

or alternative devices or equipment are permitted to be purchased. The company from which any device(s) is purchased must verify that it is Food and Drug Administration (FDA) approved. **Annual cap applies, please reach out to your Support Broker for details.**

### **Transitional Assistance:**

Transitional Assistance Services are one time set-up expenses for individuals who are transitioning from an other provider-operated living arrangement to a living arrangement in a private residence regardless of who is directly responsible for the individual's living expenses. Examples include security deposits, furniture, window coverings, food preparation items, and bed/bath linens. Examples of some excluded items are rent or mortgage, food costs, regular utility payments, and purchase of household appliances.

**Transportation:** Transportation includes mileage payment, payment for ride-sharing services, some parking, tolls, round trip repeat routes, and automatic payments for MBTA passes. Reimbursement for mileage is negotiable with the provider up to the current state of Massachusetts mileage reimbursement rate. Public transportation options should be maximized whenever possible. Transportation that is provided as part of a day or residential program or a contracted transportation provider cannot be self-directed.

**Vehicle Modification:** This service is for vehicle adaptations or alterations to an automobile or van in order to accommodate your needs. The vehicle being modified must be your primary means of transportation and must be necessary to enable you to integrate more fully into the community and to ensure your health, welfare and safety. Examples of allowable Vehicle Modifications include adding a van lift, ramp, tie-downs, or adaptive

seating. In addition, funding for adaptations to a new van or vehicle purchased/leased by a family may be available at the time of purchase or lease to accommodate your needs and assist in offsetting additional costs related to the modification.

Vehicle Modification Requests that exceed \$1,000 require Prior Approval from the Regional Office. These requests should be submitted to your Support Broker along with 3 quotes for the work that needs to be done. If it is not possible to provide three quotes, an explanation must be included in the request.

- The request will be reviewed by the Area Director and, if approved, it will be forwarded to the Regional Director/Designee for their approval.
- Both Area and Regional Director signatures are required for approval
- Verification of completion of the vehicle modification will be made in person by the Support Broker

*\*This service cannot be used if you receive Adult Family Care services.*

**Vendor:** Typically known as a supplier and is a company that provides goods or services available for purchase by the general public- not an "Agency Provider". For example, YMCA, and public utility companies. This provider type is used for the purchase of goods or services.

# DISALLOWABLE SERVICES

In addition to other limitations on services and expenses described in this guide, the following services, items, activities, etc. are not allowed in the PDP. Expenses must be limited to the categories of allowable expenses. This list is not exhaustive. Utilization of the PDP allocation to cover unapproved or disallowable expenses including, but not limited to, those specified in this guide may jeopardize the continued participation by the participant in the PDP program.

Questions regarding the appropriateness of a service or support should be discussed with your Support Broker who must confer with the Area Director or his/her designee prior to authorizing such use. Because every possible request cannot be accounted for in this guide, the Area Director or his/her designee will make the final decision on all requests.

## General

- Items or activities that have limited benefit to the individual with a disability. An example is a home modification which has no direct impact on the functional limitations of the person with a disability, or luxury items such as a swimming pool.
- Any purpose that may directly or indirectly jeopardize the integrity of the program, for example, fraudulent use of funds, support for criminal conduct, or any activity which places the individual at physical or medical risk.
- Any purpose that may unduly infringe on an individual's privacy or that may violate their human rights.
- Purchasing of items or services that are not allowed by state regulation, including the regulations of the Operational Services Division regarding lobbying for litigation against the Commonwealth.
- The provision and purchase of services that are normally covered by other contracted DDS

service codes, including but not limited to, residential supports outside of the family home, employment and day program services.

## Medical

- Payment for therapies, treatments or medications which are not evidence-based, including experimental and/or non-approved FDA (Federal Drug Administration) treatments or medications unless it is part of an approved clinical trial.
- Costs associated with CommonHealth and other private health insurance premiums, or supplement MassHealth or private insurance rates for medically necessary services.

## Personal Expenses

- Payment for housing supports such as the principal on a mortgage, the down payment on a residence, or tax or other municipal bills on property.
- Payments towards the purchase or lease of a vehicle, including insurance costs and related taxes.
- Share of cost of family vacation and or housing rental.
- College credit classes, and related registration, fees, books, meals, and education based residential housing. Funding cannot be used for out of state programs. See DDS Post High School Educational and Training Institutions –Guidance on page 12 of the Guide.

## Legal

- Payment for an attorney or legal fees. Examples include fees related to trusts, immigration petitions or appeals (citizenship), educational appeals, and guardianship

***It is good practice to discuss the purchase of services, supports and goods in advance with your support broker.***

## COMMUNITY RESOURCES

There are many resources that exist in the community which you could explore that can be used in addition to the PDP budget that you developed with DDS. Many towns and cities offer exciting opportunities for you to meaningfully participate in the community. Explore!

*This is not an exhaustive list of all community resources available. Please reach out to your Support Broker to discuss community resources that may be available in your community. These resources are not affiliated with DDS.*

### TRANSPORTATION RESOURCES

**Central MA Safety Council:** CMCS is located in West Boylston, MA and assists people with physical, cognitive and emotional challenges including ADHD, Amputation, Anxiety, ALS, Autism Spectrum disorder, Brain Injury, Cerebral Palsy, Dementia Hearing Impaired/Deaf, Multiple Sclerosis, Muscular Dystrophy, Learning Disabilities, Parkinson's Disease, Post-Polio, Peripheral Neuropathy, Short Stature, Spina Bifida, Spinal Cord Injuries, and Stroke. Instructors may travel to you for lessons but require travel reimbursement. They have a 3-step adaptive driving program which includes an in office pre-driving assessment, an in-vehicle driving assessment, and driving training. For more information on the program and contact information please click [here](#).

**Adaptive Driving Program Inc.:** Provides virtual assessments with licensed occupational therapist and partner with community resources. Instructors will travel to the individual for lessons. For more information and contact information, please click [here](#).

**TAP Pass for MBTA:** Individuals with disabilities are eligible for a TAP pass which offers discounted rates and monthly passes for all MBTA transportation. The specialized card is good for 5 years. For more information and to apply, please click [here](#).

**LyftUp Program:** Provides discounted or free transportation to individuals in low-income families. To assist people with getting back to work Lyft will provide free rides to and from job training programs, interviews, and the first three weeks of new employment. To provide more access to nutritious

### MATT'S STORY

I live in my own apartment with support



and I have a PDP budget. My Support Broker and mother helped find other resources in the community so I also have Section 8, job coaching from Mass Rehab, and I am in the Uber Flex program through The Ride. My team always says that I have a mosaic of services because we're always using different resources in the community. I also have enrolled in community classes like video production and photography. There's so much out there and I try everything, including kick-boxing at the local studio, bowling and playing horseshoes with a community organization. I use my PDP budget mainly for support at all of these activities, but the activities are in my community.

food they are providing discounted rides to low-income families and seniors heading to and from grocery stores, farmers markets, food pantries, and SNAP benefits appointments. They team up with local organizations and first responders to provide rides to help those in need access urgent services, shelter, and other critical resources after a natural disaster. . For more information, please click [here](#).

## STATE AGENCIES

**Massachusetts Rehab Commission (MRC):** Can assist individuals with finding employment and providing the necessary supports for the person while they are working. They also have various other programs they offer which include more community and home-based supports for people living independently. For more information, please click [here](#).

**Massachusetts Commission for the Blind (MCB):** Works with individuals who are legally blind to assist them with accessing employment and community resources. They also provide social rehabilitation and some of those services include low-vision evaluations, low-vision devices to maximize the consumer's residual vision, orientation and mobility instruction, rehabilitation teaching to help the consumer learn new ways of doing activities of daily living, assistive devices, and peer support groups for individuals who are legally blind. For more information on their programs please click [here](#).

**Department of Transitional Assistance (DTA):** Provides a monthly benefit to eligible individuals to use for their food purchasing. They also provide a Pathways to Work program to help individuals become more self-sufficient. Included with the monthly benefit for food purchasing is the Healthy Incentives Program (HIP) which allows people to shop at local participating farmers markets, CSA farm shares, mobile markets, or farm stands and the money they spend goes back onto their EBT card. Anyone who is found eligible for SNAP benefits has access to this program. For more information and participating vendors near you please click [here](#).

### DTA Application

## ADDITIONAL BENEFITS TO SNAP RECIPIENTS

**Card to Culture Program:** Provides discounted or free admissions to museums and cultural institutions for DTA cardholders. Most venues extend the discount to 1 other person and some venues extend the discount to additional people. For general program information, click [here](#). For a list of participating vendors, click [here](#).

**SNAP Card to Ride Program:** Offers \$5 monthly memberships or \$50 for annual memberships for Blue Bikes bike share to SNAP cardholders over the age of 16. The membership includes unlimited 60-minute

rides. Currently available in Boston, Brookline, Cambridge, and Somerville. For more information, please click [here](#).

**Discount Utility Rates:** Most individuals are eligible through DTA to receive discounted rates on their gas and electric bills. Discounts vary depending on supplier. Other eligible groups include those receiving one or more of the following benefits: Low Income Home Energy Assistance Program (LIHEAP/Fuel Assistance), Supplemental Security Income (SSI), Veterans Dependency & Indemnity Compensation (DIC) Surviving Parent or Spouse, MassHealth – Basic or Standard, School Breakfast/Lunch Program, Emergency Assistance for the Elderly, Disabled & Children (EAEDC), Veterans Non-Service Disability Pension, Public or Subsidized Housing, Commonwealth Care Plan Types 1, 2 or 3A, Transitional Aid to Families with Dependent Children (TAFDC), Health Safety Net Plan – Primary or Secondary (Not Partial), Head Start, Women, Infants & Children (WIC) Nutritional Program, Veterans' Service Benefits (Chapter 115)

- Eversource: [Discount Rate](#)
- National Grid: [Discount Rate](#)

**Discounted phone bills:** Individuals who receive DTA benefits are eligible for discounted rates on their cell phone or home phone/internet through the Lifeline services. They may also be eligible for free cell phone service with smart phone. For more information, please click [here](#).

**Amazon Prime:** Offers discounted monthly membership rate of \$5.99 to SNAP recipients. Individuals can also now use their EBT card to purchase groceries with free shipping available. For more information and to sign up for a discounted account please click [here](#).

**PCs for People:** Offers free or discounted computers for SNAP recipients. Approval letter must be submitted as documentation and a copy of the EBT is not accepted as proof of eligibility. They also offer fixed wireless internet service for households within limited coverage areas. For more information please click [here](#).

**Discounted YMCA Membership:** Please contact your local YMCA for low-income membership information. For additional discount deals please click [here](#).

## FOOD RESOURCES

**Community Supported Agriculture (CSA):** Provides a way for people who may be far from grocery stores or food markets to receive fresh produce on a weekly basis. People pay a fee to become members of the CSA and in return get a weekly delivery or pick up. Some CSA provide meat and milk as well. Some CSAs also require their members to work a small number of hours during growing season. To find a CSA near you please click [here](#).

**Project Bread:** Project Bread's FoodSource Hotline is toll-free and confidential. Hotline Hours: Monday-Friday: 8am - 7pm. Saturday: 10am - 2pm. Hotline Number: 1-800-645-8333. They can assist callers in 180 different languages with SNAP benefits, locating free meals for children, and locating local food pantries.

## MASS HEALTH RESOURCES

**Adult Family Care(AFC):** This MassHealth funded service provides a monthly stipend to a qualified, live-in caregiver which allows you to stay in your home. Your caregiver can help with your personal care needs, whether you just need reminders or you need more hands on help. If you are still living with your family, one of your family members can be qualified to be your caregiver. Please click [here](#) for more information.

**Personal Care Attendant (PCA):** Similar to AFC, your PCA provides assistance with your personal care needs. The major differences are that your PCA gets paid an hourly rate and they are not required to live in the same home as you. There is a PCA directory available for use, or you can hire someone you know already. For more information, please click [here](#).

**Premium Assistance Program:** For MassHealth members who have access to employer-sponsored health insurance (ESI) from a job or from another source, such as members of your household. If you have MassHealth and have access to ESI, you may be able to get help paying for your share of the health insurance premium if you qualify for the PA program. MassHealth may also assist with other out-of-pocket costs such as co-payments, deductibles, and coinsurance, so that having ESI should not cost you more than when you only had MassHealth. For more information, please click [here](#).

## ADVOCACY

**Massachusetts Advocates Standing Strong (MASS):** MASS is a statewide advocacy organization run by individuals with cognitive and developmental disabilities. They offer various trainings and have several individuals who are available for public speaking events. They advocate for things such as transportation, education, legislation, and health to name a few. For more information, please click [here](#).

Facebook Page: <https://www.facebook.com/MASS.Advocates.Standing.Strong/>

**Advocates for Autism of Massachusetts (AFAM):** One of the leading advocacy groups for people with Autism Spectrum Disorder (ASD). They work on various legislation to support and break down barriers for people with ASD. The organization is comprised of self-advocates, families, and concerned citizens. For more information, please click [here](#).

**Disability Law Center:** Organization which provides advocacy on disability issues which impact people's social and economic well-being in the community. For more information, please click [here](#).

**The Arc of Massachusetts:** Provides self-advocacy groups, advocacy training, and advocacy resources to individuals and their families. For more information, please click [here](#).

**Massachusetts Down Syndrome Congress:** provides information, networking opportunities, and advocacy for people with Down syndrome and their families, educators, health care professionals, and the community-at-large. For more information, please click [here](#).

**Disabled Persons Protection Commission:** DPPC protects adults with disabilities from the abusive acts or omissions of their caregivers through investigation oversight, public awareness, and prevention. For more information, please click [here](#).

## HEALTH INSURANCE

**Autism Insurance Resource Center:** Even though Autism is in the name, you do not have to be diagnosed with autism to access this resource center. They will help you navigate the challenging world of health insurance and provide you with resources and support. For more information, please click [here](#).





## Section 8: ISP DEVELOPMENT

**Y**ou will work with your Support Broker on creating a vision for your Individual Support Plan. This is where you can share who is important to you, what you like, what you don't like, what kind of help you need, and your dreams for the future. You also get to brag about yourself. Share some things that you're really good at! You can invite other people to join the conversation.



SUPPORT

To be ready for your support plan meeting, there is a bit of paperwork you will need to do.

First, you will need to do a Safety Assessment. This helps people working with you know how to keep you safe and what safety skills you already have. It goes over your safety skills both at home and in the community. It is a multiple-choice assessment. You can work with your Support Broker or family to fill it out.



EMPOWERMENT

There are other assessments your Support Broker may ask for.

- **Health & Dental Assessment:** if your staff take you to medical appointments or help you with your medications.
- **Financial Assessment:** if your staff helps you manage your money.
- **Assistive Technology Assessment:** if you have any devices that help you to be more independent.



CHOICE

Next, you will need to complete a Progress Summary. This tells your team the how you did on your goals from last year. If you didn't reach your goal(s), then you should share what made it hard for you. What can staff do to make it easier for you? If you reached your goal, then you can pick a new one to work on.

You need to pick a goal or goals you want to be working on over the next year. This could be anything like finding a job, getting healthy,

taking an art class, or saving up for a vacation to somewhere you always wanted to go.

Once you pick your goal, you will need to write a Support Strategy. A Support Strategy tells people what kind of help you need to be able to reach your goal.

For example, if your goal is to go to the gym more, you might need someone with you to make sure you're safe and give you some motivation to keep going when you are getting tired. You also may need someone to drive you to the gym.

## SMART GOALS

You may want to consider using this template when developing your goals..  
Apply the criteria to each of your goals and see if you can refine them so they are SMARTER!

**S**

- **SPECIFIC**
- Define the goal as much as possible with no unclear language
- **Who** is involved, **WHAT** do I want to accomplish, **WHERE** will it be done, **WHY** am I doing this – reasons, purpose, **WHICH** constraints and/or requirements do I have?

**M**

- **MEASURABLE**
- Can you track the progress and measure the outcome?
- How much, how many, how will I know when my goal is accomplished?

**A**

- **ATTAINABLE/ACHIEVABLE**
- Is the goal reasonable enough to be accomplished? How so?
- Make sure the goal is not out or reach or below standard performance.

**R**

- **RELEVANT**
- Is the goal worthwhile and will it meet your needs?
- Is each goal consistent with the other goals you have established and fits with your immediate and long term plans?

**T**

- **TIMELY**
- Your objective should include a time limit. Ex: I will complete this step by month/day/year.
- It will establish a sense of urgency and prompt you to have better time management.

# COMPONENTS OF YOUR ISP

## I. Your Vision

These are some of the questions that you might want to answer in preparation for your meeting to develop your ISP which includes a section called Vision.

- Who is important in my life?
- What activities do I enjoy? What activities do I want to explore?
- What does someone need to know about me in order to provide effective supports?
- What are my strengths?
- Where do I see myself in the future?

- How do my PDP staff assist me with meeting my goals?

## II. Current Supports

*Supports you receive in your home and in the community*

We talk about the other supports you have which may include the following:

- Adult Foster Care
- Personal Care Attendant
- Assistance with accessing the community

## AUSTIN'S VISION

These are the things that Austin identified as vital to his ISP.

### THINGS THAT I WANT IN MY LIFE

- ✓ Meaningful, social, and productive life
- ✓ Self Direction
- ✓ Live with friends in a community I want
- ✓ Accessibility
- ✓ Employment
- ✓ Family
- ✓ Friends
- ✓ Strong Connections and Sense of Community
- ✓ Mental wellness & Fitness
- ✓ Good Health
- ✓ Good Health Care and doctors
- ✓ Working out at the gym / physical therapy
- ✓ Continued Education / Learning
- ✓ Engaged Member of organizations
- ✓ Choice

- ✓ Stable income and support
- ✓ Hobbies
- ✓ Accessible and Reliable Transportation
- ✓ Originality



### THINGS THAT I DO NOT WANT IN MY LIFE

- ✓ Loneliness
- ✓ Unemployment
- ✓ No Services or Supports
- ✓ Unhealthy life style
- ✓ Inactive lifestyle
- ✓ Unhealthy relationships
- ✓ Shying away from taking risks
- ✓ Negativity
- ✓ Boredom

- Transportation, including Uber Flex, Paratransit, or Dial a Ride
- Food Stamps
- Section 8

### *Employment Supports/Day Services*

We talk about the other supports you have that support your employment goals and which may include the following:

- a Day program or Day Hab program
- Competitive Employment
- Job Coaching
- Transportation to and from work

### *Health and Dental Information*

This information is listed in your ISP and is updated every year or more often as needed:

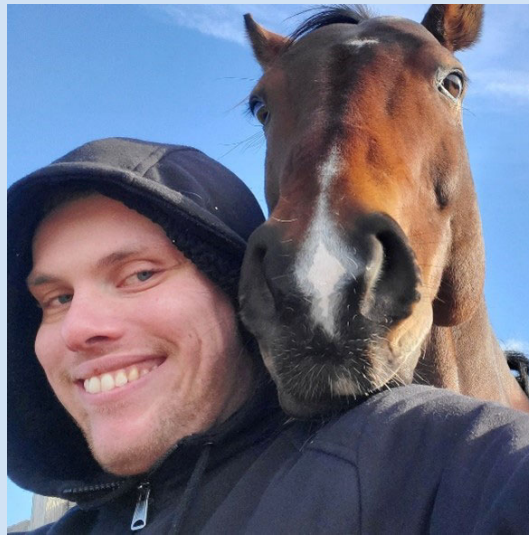
## **AARON'S STORY**

Aaron: I have a job! My goal was finding a job and having someone provide me with the supports I need and work alongside me. I tried traditional programming, and it wasn't for me. I tried to independently work but I needed more support to stay on track. PDP allows me to hire who I want and structure my time how I want.

Rich (Dad): It's the perfect program for Aaron. Aaron gets a choice to choose who he wants to work with. It truly is self-directed. He has a job, goes out to eat, and does the things that are important to him. The PDP has brought light that the person is able to make the choices. If he doesn't like something about it, we can make the change overnight and not have to wait. Freedom of choice!

Cindy (Mom): Aaron never fit in with traditional programming, not even when he was in school. He tried traditional programming but it stressed him out. When he first started the PDP, I called a local barn

to see if he could trial there, and here we are 6 years later! He has a PDP staff that helps him at the barn and another that runs errands with him, assists him with money management, attends Comic Cons, goes out to eat with him. We all love the flexibility the program has to offer and it's the only program that has worked successfully for him!



Aaron works at a local farm in Barre, MA. He works Tuesday-Thursday and receives the supports from his PDP staff/job coach. Aaron reports he would struggle without the supports the Participant Directed Program staff provide him. When he isn't working, Aaron loves getting out into the community, going out to eat, working out, shopping for his family, running errands, attending Comic Con's and Furry Conventions. His PDP staff give him the flexibility and independence that traditional programs just could not offer him. Aaron strives to stay gainfully employed and would like to live on his own someday.

- Information from your last physical
- Dental information
- Specialists that are involved in your care
- Your medical diagnosis and medications

#### *Adaptive Equipment/Assistive Technology*

List any relevant information, including the following:

- Communication devices you use
- Mobility devices you require, such as a walker or wheelchair
- Adaptive utensils

#### *Clinical Support*

### III. Safety & Risk

Consider the supports you require in order to stay safe in the community and at home. Here are some examples:

- Carrying a cell phone
- Programmed numbers
- Personal identification
- Dial 911
- Evacuate independently during a fire/alarm
- Home alone or community alone time

### IV. Legal/Financial/Benefit Status

Include any of the following if applicable:

- Special needs trust
- Guardian /Conservator/Power of Attorney
- Burial plans
- Health care proxy
- SSI/SSDI
- Section 8
- MassHealth
- Rep Payee

### V. Successes / Positive Events, Challenges, Emerging Issues, And Unmet Needs

In this section , list all the positives in your life as well as the challenges that you face.

### WHAT MAKES A GOOD SERVICE PLAN?

How do you know that the ISP you just developed is an accurate reflection of you?

Things to check for:

- It was unique to you
- Focused on your abilities
- Showed your choices and preferences
- Was respectful
- People significant to you were involved
- Identified social connections
- Maintained confidentiality
- Hopes/Dreams/Goals are a priority
- Hopes/Dreams/Goals are realistic
- Hopes/Dreams/Goals are precise & measurable
- Hopes/Dreams/Goals state how they are to be met

The plan should include a personalized statement of your expectations for the future and state who will be responsible for providing the supports and services to reach those goals. Additionally, the plan should address natural supports and connections to other citizens of the community.

### VI. Goals

This part of the ISP will state the goals you would like to work on over the next year. Some people choose two or three goals to work on, and each person's goals are unique.

### VII. Objectives

Think about how you will reach your goals. What kind of supports or services do you need to achieve each one?



To see a sample Provider Support Agreement, go to page 80.

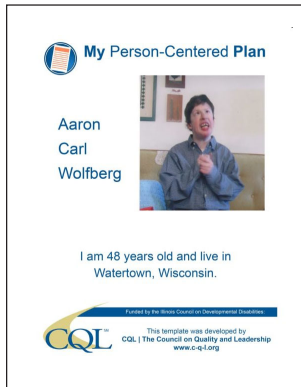


## RESOURCES

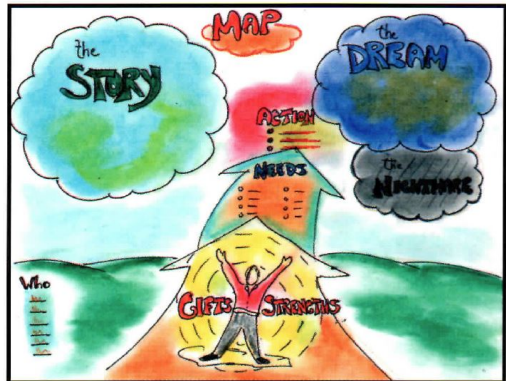
<b>PERSON-CENTERED PLANNING (PCP) RESOURCES</b>	Page 55
Life Trajectory Planning Tool, Integrated Supports Star, Life Domain Vision Tool, Person-Centered Planning Resources	
<b>PUBLIC PARTNERSHIPS LIMITED (PPL) RESOURCES</b>	Page 59
Participant Portal Set Up Instructions	
<b>EMPLOYER OF RECORD (EOR) RESOURCES</b>	Page 60
National Background Check Attestation Form, Checklist for Employees in the MA Participant Directed Program, Employer of Record Forms	
<b>STAFFING RESOURCES</b>	Page 69
Staff Recruitment Resources, PPL Better Online Web Portal Registration and Electronic Timesheets Registration, Time4Care Mobile App	
<b>FLEX FUNDING RESOURCES</b>	Page 78
Post High School Programs at Educational and Training Institutions	
<b>INDIVIDUAL SUPPORT PLAN (ISP) RESOURCES</b>	Page 80
Sample Provider Support Agreement	

# PERSON-CENTERED PLANNING RESOURCES

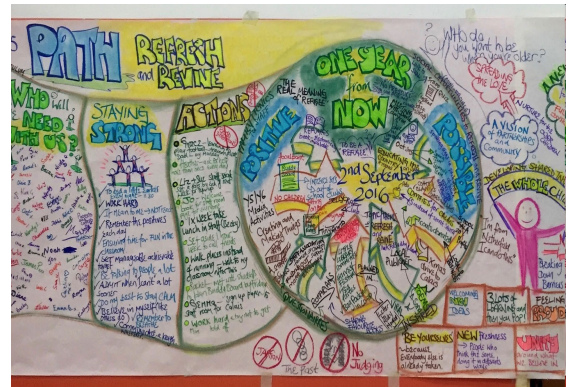
Person Centered Plans come in all shapes! Check out some of these samples and download the templates of the ones you like.



Check out Aaron Wolfberg's PCP at <https://www.c-q-l.org/resources/guides/person-centered-plan-template/>



Learn more about PCPs at <http://www.trilliumservice.com/person-centered-planning>



Get more information on the PCP process at <https://inclusive-solutions.com/training/path-person-centred-planning-in-action/>

Where can you find PCP resources in Massachusetts?



Person Centered Planning with Cheryl Ryan Chan <http://personcenteredplanning.com/>



Department of Developmental Services <https://www.ddslearning.com/person-centered-practices>



Autism Housing Pathways <https://autismhousingpathways.org/person-centered-planning/>



Mass Families <https://massfamilies.org/housing-webinar-series/may-2020-housing-webinar-archive/>



Charting the Life Course <https://www.lifecoursetools.com>

The templates on the next three pages are tools provided by Charting the Life Course. For further instruction on how to use these tools for your Person Centered Plan, go to <https://www.lifecoursetools.com>



## LIFE TRAJECTORY | PLANNING

### Past Life Experiences

List past life experiences and events that have supported your vision for a good life

\_\_\_\_\_

List past life experiences that pushed your trajectory toward things you don't want

### Moving Forward

List current or future life experiences or goals that will continue to support your good life vision

\_\_\_\_\_

List things to avoid that could keep you from your good life vision or lead to what you don't want

### Vision for What I Want

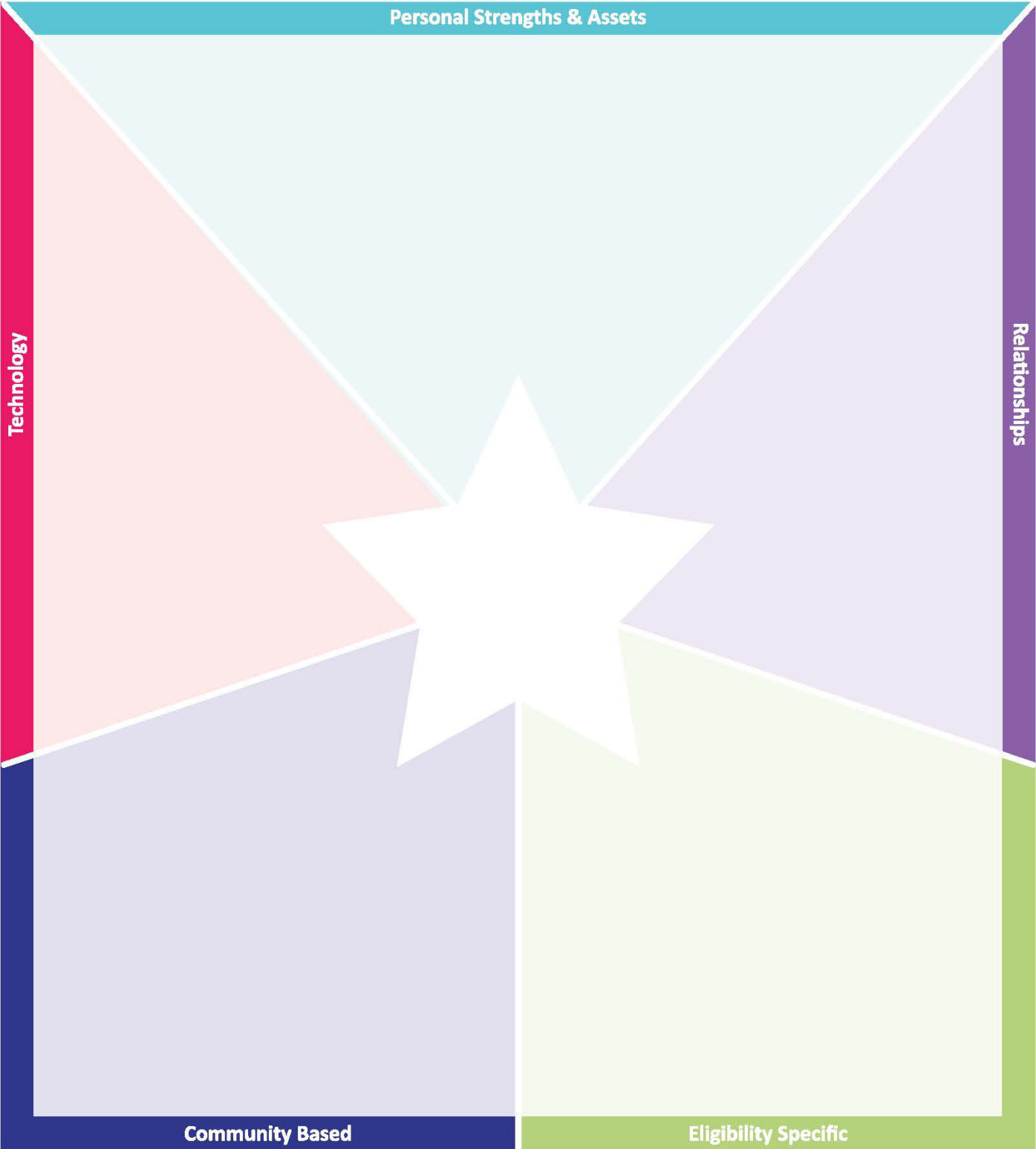
List what you want your "GOOD LIFE" to look like

### What I Don't Want

List the things you don't want or what is NOT a "good life"














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# LIFE DOMAIN VISION TOOL / PERSON CENTERED

Name of Person Completing: \_\_\_\_\_

Date: \_\_\_\_\_

On Behalf of: \_\_\_\_\_

LIFE DOMAIN	DESCRIPTION	MY VISION FOR MY FUTURE	PRIORITY
	<b>Daily Life &amp; Employment:</b> What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?		
	<b>Community Living:</b> Where would I like to live in my adult life? Will I live alone or with someone else?		
	<b>Social &amp; Spirituality:</b> How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?		
	<b>Healthy Living:</b> How will I live a healthy lifestyle and manage health care supports in my adult life?		
	<b>Safety &amp; Security:</b> How will I stay safe from financial, emotional, physical or sexual harm in my adult life?		
	<b>Advocacy &amp; Engagement:</b> What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own life is lived?		
	<b>Supports for Family:</b> How do I want my family to still be involved and engaged in my adult life?		
	<b>Supports &amp; Services:</b> What support will I need to live as independently as possible in my adult life, and where will my supports come from?		



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# PUBLIC PARTNERSHIPS (PPL) RESOURCES

## PARTICIPANT PORTAL SET UP INSTRUCTIONS

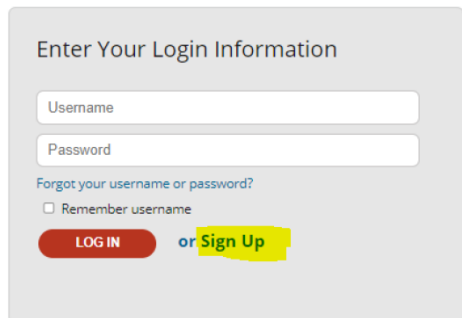
It's time to set up your account on the PPL portal. This is where you will access the details of your individual budget and monitor your spending. You can also receive support from your Support Broker to get into the portal.

Link to create portal account: <https://fms.publicpartnerships.com/PPLPortal/login.aspx>

### 1. Click "sign up" to begin

#### BetterOnline™ web portal

Don't forget to bookmark this page



Enter Your Login Information

Username

Password

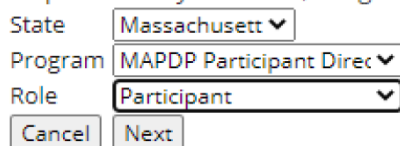
Forgot your username or password?

Remember username

LOGIN or Sign Up

### 2. Enter the information as follows on the next page

Step 1: Select your State, Program and Role



State

Program

Role

Cancel Next

### 3. It will then ask you to enter name, SSN, and zip code where lives. When entering the SSN do NOT include any spaces or dashes.

Required fields \*



Last Name \*

SSN \*

Mailing zip code \*

Previous Next

### 4. After clicking "next" it will bring you to the page to set up a username, password, and security questions.

# EMPLOYER OF RECORD RESOURCES

Public Partnerships, LLC  
One Cabot Rd. Suite 102  
Medford, MA 02155  
Phone: 1-866-315-3740



## National Background Check (NBC) Attestation Form

Once a provider completes required enrollment paperwork, they may begin providing services to the participant under “Conditional” status for the NBC fingerprint check. If the provider fails the NBC fingerprint check they will be notified by PPL and must immediately cease working. If the provider fails to complete the NBC fingerprint check within 60 days, they must immediately cease working. In order for the NBC fingerprint check to be considered complete, the provider must have been fingerprinted and had their fingerprinting results approved. In both cases, the provider will not be paid for services provided after failure of the NBC fingerprint check or failure to complete the NBC fingerprint check process.

Before the provider can be assigned conditional status, they must set up an appointment for their NBC with IdentoGO using the unique ID they receive from PPL. **Please include appointment booking confirmation when submitting this form.**

By signing below, the employer/representative authorizes this provider to begin providing services prior to completion of the NBC fingerprint check.

\_\_\_\_\_  
**Participant/Responsible Party/EOR Name (Printed)**

\_\_\_\_\_  
**Participant/Responsible Party/EOR Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**Provider ID #**

You may either fax directly to 1-877-563-6438 or scan an image and email to:  
[MA\\_PDP\\_Fax@pplfirst.com](mailto:MA_PDP_Fax@pplfirst.com).

**If no appointment confirmation is included with this form, PPL will not be able to assign the provider “conditional” status.**

If you have any questions or concerns, please contact PPL customer service at 1-888-866-0869 or email [PPLMA\\_PDP@pplfirst.com](mailto:PPLMA_PDP@pplfirst.com)

Public Partnerships, LLC (PPL)  
148 State Street, 6th Floor  
Boston, MA 02109

Phone 1-888-866-0869  
Admin Fax 1-877-563-6438  
TS Fax 1-877-779-4188



# CHECK LIST For Employers

## MA Participant Directed Program

Dear Future Employer,

You have received this letter and the enclosed forms because you have indicated an interest in recruiting and hiring your own staff through the Massachusetts Participant Directed Program using Public Partnerships, LLC (PPL). The goal is to allow you to hire your own staff without having to do all the tax filings yourself. If you decide to move forward, you will need to complete these forms and return them to PPL. PPL will use these forms to issue paychecks to your employees, withhold federal and state taxes, and file tax deposits on your behalf. Your MA Department of Developmental Services (DDS) funds are used to pay for these services.

Below is a summary of the payroll services provided and enclosed tax forms. While PPL and DDS remain committed to providing as much flexibility to you as possible, we must do so while adhering to federal and state employment and tax laws. Therefore, all the forms have to be signed and returned to PPL before paychecks are issued to an employee. We understand that the forms are technical, so please don't hesitate to call us if you have questions at (888) 866-0869.

**All forms must be signed and returned to PPL  
prior to issuing paychecks to employees.**

If you have any questions, please call PPL at (888) 866-0869.

Please allow 3 to 4 weeks to process all the Employer paperwork above.

Do not wait until the last minute to fill out this paperwork if the payment type requires taxes to be withheld from the employee's paycheck. We strongly recommend providing advanced notice.

## STEP ONE - SETTING UP AN EMPLOYER ACCOUNT

Please mail the following forms to PPL's Payroll Department *immediately*:

- IRS Form SS-4 - Application for Employer Identification Number
- IRS Form 2678 - Employer Appointment of Agent
- IRS Form 8821 - Tax Information Authorization
- MA DOR Form M-2848 - Power of Attorney and Declaration of Representative
- MA Worker's Compensation Power of Attorney

## STEP TWO - HIRING AN EMPLOYEE

When you have decided to hire an employee, please:

- Confirm the employee has completed their credentialing paperwork, it has been submitted to PPL and they have submitted a CORI Request (Criminal Background Check)
- Have your employee fill out an Employee Packet
- Submit Employment and Service (Form A and Form B) Agreements signed by both you and your employee
- Verify the information your employee will submit on the INS Form I-9 in the Employee Packet and sign Section 2 as the employer

## Frequently Asked Questions

### **What is my role as an employer? What is PPL's role in the process?**

The Payroll Service allows you to use your Participant Directed Program funds to hire your own staff. In this model, you are the employer and PPL is your agent. Below is a brief summary of what is done by whom:

#### As an Employer, you will:

- Recruit, hire and fire all employees
- Submit signed timesheets to PPL noting hours worked for each employee
- Establish wage rates and performance evaluation criteria for each employee
- Establish schedules and tasks to be completed by each employee
- Post the Information on Employee's Unemployment Insurance Cover (page 10 of this packet) in a noticeable place- *Per Massachusetts General Law, there are monetary fines for non-compliance.*
- In the event an employee is terminated, distribute the pamphlet "How to File for Unemployment Insurance Benefits" (pages 11-12 of this packet.)

#### As your Agent, PPL will:

- Perform a criminal background check on prospective employees (CORI Form) to complete the credentialing provider process
- Issue paychecks to employees every two weeks per receipt of signed timesheets
- Withhold appropriate taxes at the state and federal level for each employee
- File monthly, quarterly and annual forms and tax deposits with state and federal agencies (See below to learn more about what taxes are withheld)
- Issue W-2 Statements to each employee in January, and provide you with regular payroll status reports through the year
- Arrange to purchase workers compensation insurance to cover your employees

### **What taxes are withheld for my each of my employees?**

All employees must pay taxes. Public Partnerships will withhold Social Security, Medicaid (FICA), and state and federal income taxes from each employee's paycheck. A summary of all employee tax withholdings will appear on their paycheck stub. Furthermore, PPL will prepare and mail a W-2 Wage Statement to each employee in January.

### **Do employers pay taxes too?**

Yes. As an employer, you must match each employee's Social Security and Medicaid (FICA) contribution. In addition, as the employer, you must pay federal and state unemployment and workers compensation insurance premiums for each employee. Acting as your agent, PPL will complete all this paperwork, and send you regular reports on progress. These tax payments are made using your Participant Directed Program funds.

### **Will I be required to pay for services out of my own pocket?**

No. All payroll related expenses are funded using your Participant Directed Program funds. These expenses include employee wages and taxes, and employer payroll taxes, unemployment insurance, workers compensation insurance, travel and mileage expenses.

### **What are the Terms and Conditions of Employment?**

As the employer, you must present each employee with the Employment and Service (Form A and Form B) Agreements before they can be paid as an employee. This document needs to be signed and dated by the employee and yourself before PPL can issue a paycheck for services rendered. This Agreement will establish a hire date, wage rate, as well as provide important information to the employee about employment policies and rules.

### **Do my employees have to complete paperwork too?**

Yes. Each employee needs to complete tax forms, a criminal background check and a credentialing application before starting work. Please notify PPL and your Participant Directed Program Support Broker when you hire an employee. Providers can download all of these forms by completing the 'Provider Registration' directly at: <https://fms.publicpartnerships.com/PPLPortal/Login.aspx?mapdp>

# IRS FORM 2678 Employer Appointment of Agent

## What is it for?

This form tells the IRS that you give PPL permission to do some work for you. By signing this form, you authorize PPL to withhold taxes from your employees' paychecks and deposit those taxes with the IRS. With this form, you delegate the employer tax responsibility to PPL.

## If I appoint you as my agent with the IRS Form 2678, what will you be able to do?

The IRS Form 2678 only allows us to withhold taxes from your employee's paychecks and deposit those taxes to the IRS. This form is only recognized by the IRS; other tax agencies do not recognize this form. The 2678 does not authorize us to perform any other tax responsibilities.

## What liability does PPL take on when I sign the 2678?

IRS Form 2678 subjects PPL to all provisions of law, including any penalties that may be incurred as a result of withholding and depositing taxes on your behalf. When you authorize PPL as your agent with Form 2678, PPL is responsible *by law* for correctly representing you.

## Does the IRS Form 2678 authorize you to file my personal income taxes?

No. PPL only deposits withholding taxes for your employees; we cannot handle any of your personal income tax matters.

## What sections do I complete?

This form is completed for you. You should review the form and then sign and date in the spaces underneath section 5.

**Form 2678 Employer/Payer Appointment of Agent** (Rev. October 2007) Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

• If you are an employer or payer who wants to request approval, complete Part 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

• If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**Part 1: Why you are filing this form...**

(Check one)

You want to appoint an agent for tax reporting, depositing, and paying.

You want to revoke an existing appointment.

**Part 2: Employer or Payer Information: If you want to appoint an agent or revoke an appointment, complete this part.**

1. Employer identification number (EIN) [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

2. Employer's or payer's name (not your trade name) \_\_\_\_\_

3. Trade name (if any) \_\_\_\_\_

4. Address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees	For SOME employees/ payees
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944-PR, 944-SS, 944-SSR (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employer Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

Note: You may NOT appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosure required to process Form 2678. The agent may contact with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contact may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here \_\_\_\_\_ Print your name here \_\_\_\_\_  
 \_\_\_\_\_ Print your title here \_\_\_\_\_  
 Date: / / \_\_\_\_\_ Best daytime phone: ( ) - \_\_\_\_\_

Now give this form to the agent to complete. →

OMB No. 1545-0047 Form 2678 (Rev. 10-07-07)



# MA Worker's Compensation Power of Attorney Form

Public Partnerships, LLC  
Fiscal/Employer Agent  
148 State Street, 6th Floor  
Boston, MA 02109

PUBLIC PARTNERSHIPS

**Workers Compensation Insurance Power of Attorney Form**

I, \_\_\_\_\_, hereby appoint *Mike McConville, Public Partnerships LLC, 148 State Street, 6th Floor, Boston, MA, (866) 315-3740* to act as my attorney-in-fact for the purpose of obtaining and maintaining workers' compensation insurance for me as the named insured. The appointed attorney-in-fact has the authority to handle all transactions with the insurance carrier regarding the workers' compensation insurance policy issued in my name, including but not limited to: payment of premium, receiving notices of non-renewal and cancellation and cooperation with audits.

Signature of Employer: \_\_\_\_\_  
Date: \_\_\_\_\_  
Employer of Record Name: \_\_\_\_\_  
Employer of Record Address (City, State, Zip): \_\_\_\_\_

Public Partnerships, LLC Required

## What is it for?

This form allows PPL to obtain and manage a Worker's Comp insurance policy on your behalf. This includes payment of the policy premium, receiving notices of non-renewal and cancellation and completing audits. The difference between the 2848 and M-2848 Power of Attorney forms are that they specifically authorize PPL to sign on quarterly and annual employer *tax* forms.

## Which lines do I complete?

You should sign the line that says 'Signature of Employer' and print the date, your name and address.

# Information on Employees' Unemployment Insurance Coverage

Employer name

Employer DUA ID #

**Address**

Employees of this business or organization are covered by Unemployment Insurance, a program financed entirely by Massachusetts employers. No deductions are made from your salary to cover the cost of your Unemployment Insurance benefits.

If you lose your job, you may be entitled to collect Unemployment Insurance. Outlined below is the information you need in order to file a claim for Unemployment Insurance benefits.



**Before you file**

Your employer will give you a copy of the pamphlet: How to File for Unemployment Insurance Benefits, supplied by the Massachusetts Department of Unemployment Assistance (DUA). On the front of the pamphlet is a space to write down your employer's DUA identification number. That number is shown at the top of this poster. Having the number will help in the filing of your claim.



**You can file over the telephone**

Unemployment Insurance services are available by telephone. You can file a new claim for Unemployment Insurance, reopen a current claim, be interviewed if there are issues that affect your eligibility, obtain up-to-date information on the status of your claim and benefit payment, resolve problems, and sign up for direct deposit — all by telephone. To file your claim by telephone, call the TeleClaim Center at 1-877-626-6800 from area codes 351, 413, 508, 774, and 978; or 1-617-626-6800 from any other area code.

You will be asked to enter your social security number and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

If the last digit of your Social Security number is:	Assigned Day to Call Teleclaims is:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

**Note:** During peak periods from Monday through Thursday, call scheduling may be implemented, providing priority for callers based on the last digit of their Social Security Number. This helps ensure that you and others can get through to the TeleClaims Center in a timely manner. Please check the schedule on the left before calling.



**You can file your claim in person**

Unemployment Insurance Walk-In services are available at One-Stop Career Centers in communities throughout Massachusetts. Services include assistance with filing a new claim for Unemployment Insurance, reopening an existing claim, or resolving problems with your current claim.

For the address of the nearest UI Walk-In service, call **617-626-6560**. After hearing the greeting, enter the number **331** on the keypad of a touch tone telephone. When you are asked to do so, enter the first five digits of your zip code. You will be given the address of the nearest Walk-In service. You can also find the addresses of all Walk-In services in Massachusetts on the DUA web site at [www.mass.gov/dua](http://www.mass.gov/dua). Select "Find UI Walk-In Services" on the home page.

<p>This poster includes important information on how to file a claim for Unemployment Insurance benefits.</p> <p>Эта афиша содержит важную информацию о том, как подать документы для получения пособия по безработице.</p> <p>本海报包括如何建立失業保險福利檔案的重要資訊。</p> <p>Este cartel incluye información importante sobre cómo entablar un reclamo por beneficios de Seguro de Desempleo.</p>	<p>Pancard sa ginyin infòmacion ki impòtan o sigè dé ki gan pou fè yon déman pou asirans pou mounne ki pap travay yo.</p> <p>Il presente poster include importante materiale informativo su come presentare domanda circa la riscossione di un premio assicurativo per Disoccupazione.</p> <p>Bảng thông cáo này có nhiều tài liệu quan trọng về quyền lợi và trách nhiệm của bạn trong chương trình bảo hiểm cho người thất nghiệp. Hãy nhớ người dịch ra cho bạn.</p>	<p>Este cartaz inclui informação importante sobre como preencher uma reclamação para os benefícios de segurança dos desempregados.</p> <p>ក្រុមការងារនេះមានមុខងារព័ត៌មានប្រាប់លោកអ្នកនូវរបៀបដាក់ពាក្យសុំលុយនេរោលលោកអ្នកអត់មានកិច្ចការធ្វើផងដែរ។</p> <p>ກະណាក៏ចំណេះពីរបៀបដាក់ពាក្យសុំលុយ</p>
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**IMPORTANT** Massachusetts General Law, Chapter 151A, Section 62A requires that this notice be displayed at each site operated by an employer, in a conspicuous place, where it is accessible to all employees. It must include the name and mailing address of the employer and the identification number assigned to the employer by the Department of Unemployment Assistance.



An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For hearing impaired relay services call 1-800-439-0183 or 711

# IRS FORM SS-4

## Application for Employer Identification Number

### Number

#### What is it for?

This form tells the IRS that you are going to be an employer and is used to obtain an Employer Identification Number (EIN) from the IRS. This EIN is used to open state employer accounts and designate all tax deposit and filing responsibility to PPL.

#### Why isn't my address listed on lines 4a and 4b?

Lines 4a and 4b ask for the mailing address to be attached to this employer account. PPL does not intend to burden you with IRS paperwork. By establishing PPL's address as the mailing address on your employer account, PPL ensures that you will not receive IRS paperwork relating to this program at your home.

#### Who are the people listed in the 'Third Party Designee' section?

Those are PPL staff members who are experienced obtaining EINs on behalf of consumer employers. These three individuals are the only people who can obtain an EIN on your behalf.

#### What lines do I complete?

PPL has completed the SS-4 in a way that notifies the IRS that even though you will be the official employer of your service providers, you will be using PPL to file and deposit your employer taxes. If you have applied for an EIN in the past, complete lines 16a, 16b and 16c. You also must review, sign, and date the bottom of the form.

Form <b>SS-4</b> Application for Employer Identification Number		OMB No. 1545-0047	
Rev. February 2008 Department of the Treasury Internal Revenue Service		<b>EIN</b>	
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		See separate instructions for each line. Keep a copy for your records.	
<b>1</b> Legal name of entity (or checked) for whom the EIN is being requested			
<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Director, administrator, trustee, name of trust	
PUBLIC PARTNERSHIPS, LLC		PUBLIC PARTNERSHIPS, LLC	
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)		<b>4b</b> Street address (if different) (Do not enter a P.O. box.)	
148 STATE STREET, 10TH FLOOR		123 MAIN STREET	
<b>4c</b> City, state, and ZIP code		<b>4d</b> City, state, and ZIP code	
BOSTON, MA 02109		INDIANAPOLIS, IN 46207	
<b>5</b> Country and state where principal business is located			
MARICON, IN			
<b>7a</b> Name of principal officer, general partner, grantor, owner, or contractor		<b>7b</b> SSN, TIN, or EIN	
FRANCIS FANE		123-45-6789	
<b>6a</b> Type of entity (check only one box)			
<input checked="" type="checkbox"/> Sole proprietor (SSN) 123 45 18789		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Corporation (enter form number in field) =>		<input type="checkbox"/> Non-charitable trust	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other nonprofit organization (specify) =>		<input type="checkbox"/> Federal government/military	
		<input type="checkbox"/> Indian tribal government/enterprise	
		Group Exemption Number (GEM) =>	
<b>6b</b> If a corporation, name the state or foreign country (if applicable where incorporated)		State	
		Foreign country	
<b>9</b> Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) =>		<input type="checkbox"/> Existing purpose (specify purpose) =>	
<input type="checkbox"/> Household employee		<input type="checkbox"/> Changed type of organization (specify new type) =>	
<input type="checkbox"/> Hired employees (Check the box, and see line 12c)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) =>	
<input type="checkbox"/> Other (specify) =>		<input type="checkbox"/> Created a passive plan (specify type) =>	
<b>10</b> Date business started or acquired (month, day, year). See instructions.		<b>11</b> Closing month of accounting year	
01/01/07		DECEMBER	
<b>12</b> Past date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to account (date, month, day, year) . . . . . => 01/01/07			
<b>13</b> Highest number of employees expected in the next 12 months (enter 0 if none)			
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, if you expect to pay \$1,000 or less in wages, you can mark "yes"		Agricultural Household Other	
HOUSEHOLD EMPLOYER		3	
<b>14</b> Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-retailer		<input type="checkbox"/> Wholesale-retailer <input type="checkbox"/> Retail	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) Household Employer w/ Employer Agent			
<b>15</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
HIRE EMPLOYEES FOR IN-HOUSE CARE			
<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Note: If "Yes," please complete lines 16b and 16c.			
<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name above on prior application if different from line 1 or 2 above.		Trade name =>	
<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		City and state where filed (Previous EIN)	
Complete the section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the creation of the form.			
<b>Third Party Designee</b>		Designee's name	
Agent Staff: Halina Kielec, Vanessa Stone, Tom Collins		Designee's phone number (include area code)	
Address and ZIP code		Designee's fax number (include area code)	
148 STATE STREET, 10TH FLOOR BOSTON, MA 02109		( 617 ) 426-2026	
Name and title (type or print clearly) => Francis Fane Household Employer		Designee's signature (include area code)	
		( 617 ) 899-8736	
Signature =>		Date =>	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 1545-0047 Form SS-4 (Rev. 2-2008)			

# State of Massachusetts Power of Attorney & Declaration of Representative (M-2848)

## What is it for?

The State of Massachusetts Form M-2848, Power of Attorney & Declaration of Representative, is very similar to the IRS 2848 Power of Attorney, except the M-2848 is for the State of Massachusetts Department of Revenue. This form tells the Division of Taxation that you authorize PPL's CPA, Michael McConville, to sign quarterly and annual employer tax reports.

## Will PPL be able to get information about my personal income taxes now?

No. This form does NOT allow PPL representatives to obtain any personal income tax information or sign for any personal income tax matters.

## How long will this Power of Attorney be in effect?

The authority granted by this Power of Attorney will last three years. After three years, the representative listed on the form will not be able to sign for you without you first signing another form like this one. PPL will automatically send you another form to sign and return at that time.

## What sections do I complete?

PPL has completed most information for you. You should review the form and then sign and date Part I, Section 8 on the second page.



Form M-2848  
Power of Attorney and  
Declaration of Representative

Rev. 12/09  
Massachusetts  
Department of  
Revenue

See separate instructions. Please print or type.

**Part 1. Power of Attorney**

**A Name of taxpayer(s)** \_\_\_\_\_ **Social Security number(s)** \_\_\_\_\_

**Reside and care, indicate care level number, if care level** \_\_\_\_\_ **Trust identification number** \_\_\_\_\_

**City/town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**B. Newly appointed Revenue for:** \_\_\_\_\_

Number and street, including apartment number or rural route \_\_\_\_\_

Maureen Peckin	Public Partnerships, LLC 143 State Street, 10th Floor, Boston, MA 02110	(617) 426-7303
Megan Ring	Public Partnerships, LLC 143 State Street, 10th Floor, Boston, MA 02110	(617) 426-7303

Type of tax (individual, corporate, etc.): \_\_\_\_\_ Year(s) or period(s) of each filing date(s): \_\_\_\_\_

Payroll tax, for Sole Proprietorship 2006 - 2010

**C. The attorney-in-fact (or any of them) are authorized, subject to any limitations set forth below or to revocation, to receive confidential information and to perform any and all acts that the principals can perform with respect to the above specified tax matters, such as the authority to sign any agreements, contracts or other documents. The authority does not include the power to substitute another representative, unless specifically acted below or the power to receive refund checks.**

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**D. Originals of notices and other written communications go to the taxpayer(s). Send copies of all notices and all other written communications addressed to the taxpayer(s) in proceedings involving the above tax matters to:**

1.  The addresses listed herein above, or

2.  Name of other addressee designated above: \_\_\_\_\_

This power of attorney revokes all earlier powers of attorney on file with the Department of Revenue for the same tax matters and years or periods covered by this power of attorney, except the following: (Specify to whom granted, date and address including Zip code or attach copies of earlier powers.) \_\_\_\_\_

**E. Signatures of or for taxpayer(s)**  
(If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.)

Signature	If applicable	Date
	Owner	

Also type or print your name if signing for a taxpayer who is not an individual

Signature	If applicable	Date
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## STAFF RECRUITMENT RESOURCES



Rewarding Work offers **FREE** support to help them with their hiring needs of support workers. Through a unique, ongoing partnership, individuals and families eligible for DDS services may use [www.RewardingWork.org](http://www.RewardingWork.org) free of charge to find and hire qualified support staff!

**Search Caregivers** on Rewarding Work’s website. There are a large number of qualified applicants –between 450 and 500 applicants throughout Massachusetts – waiting to work! ***This means there are more applicants than jobs – just waiting to be hired!***

**Post a Job** and receive applicant responses by email. Check out the types of jobs recently posted by DDS families:

- *“Job coach needed to support my son in his position at a supermarket.”*
- *“Looking for someone to support my 13-year-old daughter with IDD and engage her in activities.”*
- *“Unique position for active, organized female to live with a woman with Down syndrome.”*

***How get started with this incredible, free resource!***

1. Go to [www.RewardingWork.org/MA](http://www.RewardingWork.org/MA) for more information and to subscribe.
2. **Subscribe for FREE!** For a free, 12-month subscription, enter the MA DDS Access Code when subscribing. **The access code is: `ddsconnect`**
3. **Contact Rewarding Work** for questions or support. Email [support@rewardingwork.org](mailto:support@rewardingwork.org) or call [866-212-9675](tel:866-212-9675).

## OTHER RECRUITMENT SITES

These sites have no affiliation with DDS but can be additional places to post jobs. All these resources have a free account option in addition to a premium account option. You may be able to use some of your self-directed funds to cover the cost of premium accounts. Please reach out to your Support Broker if you are interested in purchasing a premium account for the sites below.



<https://www.care.com/>

You can sign up for a basic account for free. There is also a Premium Membership option which costs \$37/month or \$147 for an annual subscription.

**Basic Account:** Post a job, search and view profiles of local caregivers, see every caregiver who applies to your job and view their profiles, send automated “no, thank you” messages to prospective caregivers who have applied to your job and won’t be hired for it, use site tools and resources — hiring guides and rate calculators for nannies, babysitters, and more.

**Premium Account:** Contact caregivers directly to schedule interviews, request and have access to results of all background checks, view and reply to applications and other messages received from caregivers, access to LifeMart Discount Program, sign up for the Unlimited Background Checks add-on, discount on HomePay tax services.



[https://app.joinhandshake.com/employer\\_registrations/new](https://app.joinhandshake.com/employer_registrations/new)

Handshake has a standard free product that allows you to post jobs, register for events and career fairs.



<https://www.indeed.com/>

You can post jobs for free on Indeed. The job post will be most visible for the first 2-3 days, but then drop down on the list when people are searching for a job. If you want to attract more job seekers, you can choose Indeed’s pay-per-click sponsored job posting option. This means every time someone clicks on your job post, you will be charged. It can cost as little as \$5/day and you set your daily budget that you want to spend.



<https://www.linkedin.com>

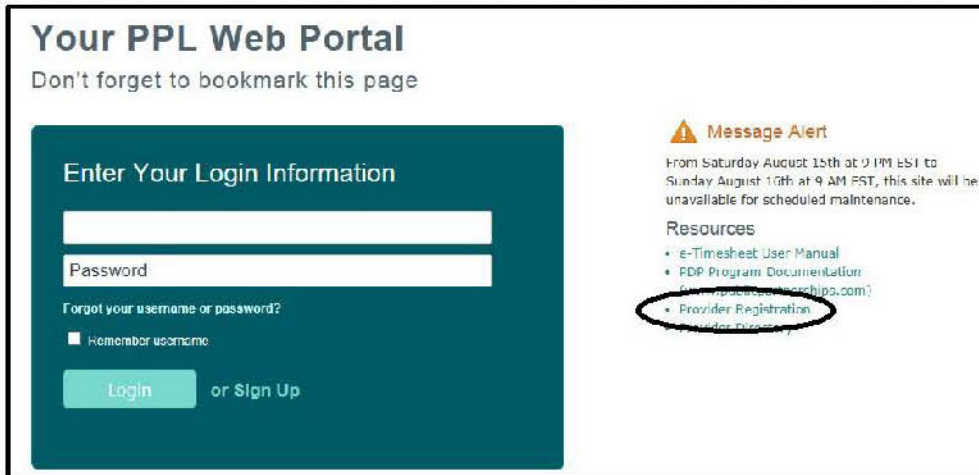
You can post jobs for free on LinkedIn. You can only post 1 job at a time and the post will be visible in a non-promoted search for 30 days. LinkedIn Premium Career costs \$29.99 per month, or \$239 per year if you pay . For more information on the differences between the free and premium accounts please visit

<https://business.linkedin.com/talent-solutions/resources/hiring-tools/free-vs-paid-hiring-tools-on-linkedin.annually>

## Public Partnerships BetterOnline™ Web Portal Registration and Electronic Timesheet Instructions

### PROVIDER REGISTRATION

- 1.) Go to the following website and click on 'Provider Registration' on the BetterOnline™ web portal home page: <https://fms.publicpartnerships.com/PPLPortal/login.aspx?mapdp> \*Please note you must use the MA PDP Specific Portal web link in order to have access to the forms on the home page



- 2.) Select one of the following provider types from the drop-down: Independent Contractor(IC), Agency, Independent Provider (employee) or Participant (PA). If you are not sure what provider type to select, please work with your support broker. Once you select your provider type, enter your demographic information into each required field and click 'Next' when complete.

**Add Provider**

Please enter the following information. All fields are required for good to go, unless otherwise specified. \* fields are required to save the form.

Provider ID  
 Provider Type Employee  [Help](#)

**Step 1: Enter Demographic Information**

Demographic Information	
First Name *	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name *	<input type="text"/>
Suffix (optional)	<input type="text"/>
Address 1	<input type="text"/>
Address 2 (optional)	<input type="text"/>
City	<input type="text"/>
State	- Select - <input type="text"/>
Zip	<input type="text"/>
Mailing Address 1 (optional)	<input type="text"/>
Mailing Address 2 (optional)	<input type="text"/>

3.) Check off the services you will be providing to the participant under the 'Direct Support' or 'Professional Services' dropdown. Once you have selected the services, click 'Next.'

**Add Provider**

Please enter the following information. All fields are required for good to go, unless otherwise specified. \* fields are required to save the form.

Provider ID  
 Provider Type Employee [Help](#)

Step 2: Select Services

Services

**Direct Support** Checklist Complete

Service Code	Service Description	Show Checklist	Maximum Rate
<input type="checkbox"/> 5'56	24 Hour Self Directed Home Sharing Support		\$138.9 /
<input type="checkbox"/> 5'57	24 Hour Self Directed Home Sharing Support		\$168.02 /
<input type="checkbox"/> 5'58	24 Hour Self Directed Home Sharing Support		\$261.27 /
<input type="checkbox"/> 5707	Adult Companion		\$20.28 /
<input type="checkbox"/> 5726	Chore		\$31.12 /
<input type="checkbox"/> 5749	Individual Support and Community Habilitation		As Negotiated /
<input type="checkbox"/> 5790	Individual Support and Community Habilitation		As Negotiated /
<input checked="" type="checkbox"/> 5704	Individualized Day Support		As Negotiated /
<input type="checkbox"/> 5703	Individualized Home Supports		\$31 /
<input type="checkbox"/> 5'68	Individual Supported Employment		\$49.48 /
<input type="checkbox"/> 5705	Respite - In Recipients Home		\$26 /
<input type="checkbox"/> 5284	Transitional Services		As Negotiated /
<input type="checkbox"/> 5'96	Transportation		\$28.28 /
<input type="checkbox"/> 5'97	Transportation		As Negotiated /

**Professional Services** Checklist Complete

Previous **Next** Cancel

4.) Select the forms you wish to print. The required forms will be preselected for you as they need to be printed in order to finish registration. Once you have selected the forms you need, press 'Print Form'.

**Add Provider**

Please enter the following information. All fields are required for good to go, unless otherwise specified. \* fields are required to save the form.

Provider ID  
 Provider Type Employee [Help](#)

Step 3: Print Forms

All Documents

Required Print Forms	Regulatory Information	Payroll Forms
<input checked="" type="checkbox"/> Welcome Letter <a href="#">Print</a>	<input type="checkbox"/> Domestic Worker Rights <a href="#">Print</a>	<input type="checkbox"/> Direct Deposit Application <a href="#">Print</a>
<input checked="" type="checkbox"/> CORI Background Check <a href="#">Print</a>	<input type="checkbox"/> Employee Paperwork Instructions <a href="#">Print</a>	<input type="checkbox"/> E-Timesheet Instructions <a href="#">Print</a>
<input checked="" type="checkbox"/> Credentialing Application <a href="#">Print</a>	<input type="checkbox"/> I-9 Instructions <a href="#">Print</a>	<input type="checkbox"/> Paper Timesheet & Invoice Instructions <a href="#">Print</a>
<input checked="" type="checkbox"/> Employee Information <a href="#">Print</a>	<input type="button" value="Print Form"/>	<input type="checkbox"/> Paper Timesheet and Invoice Instructions <a href="#">Print</a>
<input checked="" type="checkbox"/> Form A <a href="#">Print</a>		<input type="checkbox"/> Payment Schedule <a href="#">Print</a>
<input checked="" type="checkbox"/> Form B <a href="#">Print</a>		<input type="checkbox"/> Registration E-Timesheets User Manual <a href="#">Print</a>
<input checked="" type="checkbox"/> DPPC Guidelines and Reporting <a href="#">Print</a>		<input type="checkbox"/> Registration E-Timesheets User Manual <a href="#">Print</a>
<input checked="" type="checkbox"/> I-9 Tax Form <a href="#">Print</a>		<input type="button" value="Print Form"/>
<input checked="" type="checkbox"/> M-4 Form <a href="#">Print</a>		
<input checked="" type="checkbox"/> W-4 Form <a href="#">Print</a>		

**Print Form** Previous Submit Cancel



5.) A pre-populated credentialing application, provider enrollment packet and any other forms you selected will 'pop-up' as a pdf document. Once you have printed all the paperwork, click 'Submit.' You have now created your provider profile and your provider ID number will appear on the screen!

**\*\*\*Please be sure to take a screenshot or write your provider ID down because you will need it to set up your portal account (see below for those instructions).\*\*\***

6.) Please submit your completed paperwork to Public Partnerships by mail, fax or email:

**Mail:** 1 Cabot Road Suite 102, Medford, MA  
02155  
**Fax:** (877) 563-6438  
**Email:** PPLMA\_PDP@pcgus.com

## CREATING A USERNAME AND PASSWORD

7.) To register a username and password for the Portal they will need to click the 'Sign Up' button on the Portal homepage. Please go to <https://fms.publicpartnerships.com/PPLPortal/login.aspx> and click sign up:

Massachusetts Participant Directed Program (PDP)

### BetterOnline™ web portal

Don't forget to bookmark this page

**Enter Your Login Information**

Username

This field is required.

Password

Forgot your username or password?

Remember username

**Message Alert**

This site will not be accessible from 9:00 AM to 9:30 PM EST on Thursday April 21 apologize for any inconvenience.

**Resources**

- e-Timesheet User Manual
- PDP Program Documentation ([www.publicpartnerships.com](http://www.publicpartnerships.com))
- Provider Registration
- Provider Directory

8.) From there you will be directed to enter your 'State', 'Program' and 'Role' then select 'Next':



The screenshot shows the 'New User Registration' page for the Massachusetts Participant Directed Program (PDP). The page has a teal header with a map of Massachusetts and the text 'Massachusetts Participant Directed Program (PDP)'. Below the header is a dark grey navigation bar with 'Timesheets' and 'Contact Us' links. The main content area is white and contains the title 'New User Registration' and the instruction 'Step 1: Select your State, Program and Role'. There are three dropdown menus: 'State' (set to 'Massachusetts'), 'Program' (set to 'MAPDP Participant Directed Prog'), and 'Role' (set to 'Provider'). At the bottom of the form are two buttons: 'Cancel' and 'Next'. The 'Next' button is circled in black.

9.) Once you click 'Next' you will have to enter your provider ID, Last Name, SSN (without dashes or spaces), and zip code:



The screenshot shows the 'New User Registration' page for the Massachusetts Participant Directed Program (PDP), Step 2: Enter Credentials. The page has the same teal header and dark grey navigation bar as the previous screenshot. The main content area is white and contains the title 'New User Registration' and the instruction 'Step 2: Enter Credentials'. Below the instruction is the text 'Required fields \*'. There are four input fields: 'Provider ID \*', 'Last Name \*', 'SSN \*', and 'Mailing zip code \*'. Each input field is represented by a white rectangular box. At the bottom of the form are two buttons: 'Previous' and 'Next'. The 'Next' button is circled in black.

10.) Finally, you can create your username and password. Once the password is created you can login and start submitting timesheets (as long as all paperwork is good to go)

## ELECTRONIC TIMESHEETS

\*Please do not proceed any further unless all paperwork has been submitted and you are good to go.\*

- 11.) Log into the BetterOnline™ web portal using the username and password that you created in the above sign up steps. Once logged in you will be brought to the Timesheets page. From there you can create a new timesheet for submission by clicking the 'Create Timesheet' button.

The screenshot shows the 'Timesheets' section of the web portal. At the top, there are navigation links: 'Provider Home', 'Sick Time', 'Timesheets', and 'Contact Us'. Below these, there are two buttons: 'Create Timesheet' (circled in red) and 'Search Timesheet'. The main heading is 'Timesheets'. Below this, a message reads: 'There were no timesheets that matched your search criteria.' There are three search filters: 'Timesheet Status' (set to 'Unpaid'), 'Timesheet Start Date Range' (set to 'any'), and 'Timesheet Submitted Date Range' (set to 'any'). There is also a 'Check Number' input field and a 'Search' button.

- 12.) Click 'Create Timesheet' next to the participant that you served.
- 13.) Click on the calendar to select the first date for which you wish to submit time for. You will then select the service(s) and in and out times for all dates worked.

The screenshot shows the timesheet entry form. At the top, there is a 'Service:' dropdown set to 'Select a common service'. Below this, the 'Time Period' is 'Begin: Sunday 10/09/2016'. There is a calendar icon and the date '10/17/2016' is selected. Below this is a table with columns for Date, Service, Activity, Time In, and Time Out. The first row is for 10/09/2016 Sunday, and the second row is for 10/10/2016 Monday. The 'Service' dropdown for the first row is circled in red.

Date	Service	Activity	Time In	Time Out	There
10/09/2016 Sunday	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]
10/10/2016 Monday	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]
10/11/2016 Tuesday	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]

- 14.) Once you have completed your timesheet click 'Next' at the bottom of the screen. You will then do a final review of your timesheet and be given the option to 'Edit,' 'Save Your Work' so you can complete your timesheet at a later time, or 'Submit.'
- 15.) Once you click 'Submit' the electronic timesheet will be ready for review and approval by the participant/employer.

# Time4Care™ Mobile App | A Quick Guide

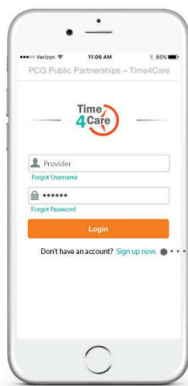
## Download App



### Download the Time4Care App

- Step 1:** Go to the App Store on your phone.
- Step 2:** Tap on **Search**.
- Step 3:** In the search bar, type in: **Time4Care**.
- Step 4:** Download the Time4Care app.
- Step 5:** Once the application has downloaded, tap to open.

## Log in or Sign Up



### Log in to Time4Care

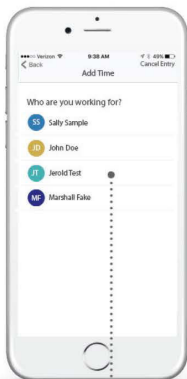
If you already have a user account for the BetterOnline™ Web Portal, log in to the app with the same username and password. If you do not have an account, you can create one by tapping **Sign up now** on the app login page.

## Menu and Features

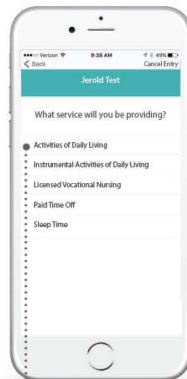


- Hours** - manage your daily entries and add your time
- Pay Periods** - view all entries grouped by pay period
- Notifications** - view important messages
- Offline Times** - view entries recorded if offline
- More** - access **About Us, Contact Us, Touch ID, and Log Out**

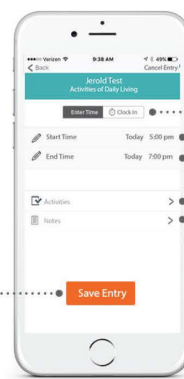
## How to Record Your Hours Worked



For each shift worked, tap **Add Time** from the **Hours** screen. Select who you worked for.



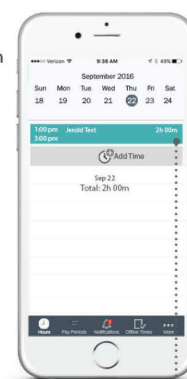
Tap on the service you provided.



Record time worked by tapping on **Start Time** and **End Time**. Enter additional visit information by tapping **Activities** and **Notes** (if required in your program).

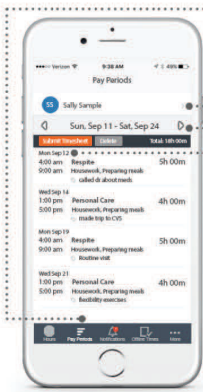
**Save Entry** Save your entry.

Another option to log hours: **Clock In.**



Your entry will be saved to the pay period's timesheet and will show on the **Hours** screen. Tap entry to edit or view. Go to the **Pay Periods** screen to view or submit your timesheet.

## Submit Your Timesheet



Tap **Pay Periods** on the base menu to view or submit your saved time entries. Review and **Submit Timesheet** when you are finished entering time for the pay period.

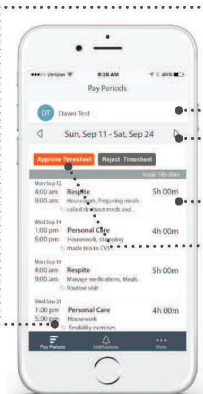
Tap the arrow next to name to view time for another consumer.

Tap the right or left arrows next to the calendar date to select another pay period.

**Submit Timesheet**

Submit your timesheet when all entries are completed for the pay period.

## How to Review & Approve Your Provider's Timesheet



Tap **Pay Periods** on the base menu to view submitted time entries.

Tap the arrow next to name to view time for another provider.

Tap the right or left arrows next to the calendar date to select another pay period.

Tap to view entry.

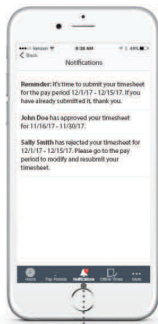
**Approve Timesheet**

**Reject Timesheet**

Approve or Reject timesheet.

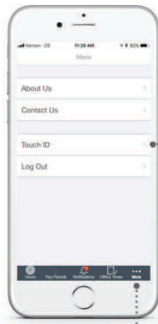
## Other Features

### Notifications



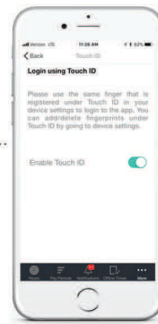
The number of new notifications will be indicated in a red circle. Tap **Notifications** on the base menu to view notifications.

### More Information



Tap on **More...** on the base menu, to view additional information. Tap on each item to view details.

### Touch ID



Tap on **Touch ID** on the **More...** screen to enable or disable Touch ID login.

Touch ID allows you to securely login using your fingerprint (if available on your device).

# FLEX FUNDING RESOURCES

## POST HIGH SCHOOL PROGRAMS AT EDUCATIONAL AND TRAINING INSTITUTIONS

DDS offers opportunities for post high school education and training through the Self-Directed Services Participant Directed Program as outlined below. MRC funding must first be pursued for such supports whenever appropriate. Additionally, it is important that the individual budget plan for 12 months of day time services be developed and funding for the opportunities below are a part of the individual's day support needs for the full calendar year. Please contact your Support Broker for questions regarding this guidance.

Funding may be considered when an individual is eligible for DDS adult services, has an allocation and

1. there is a related goal identified in their ISP; for individuals who do not have an ISP, the Area Director has reviewed and approved the request
2. requests need to describe expected outcomes upon completion of the program
3. the annual cap for the program will not exceed the costs for a traditional day service based on the individual's needs and will not exceed 4 years

Funding may include programs, individual classes, staff support and transportation as detailed below, program codes are included.

1. Programs in higher education institutions that have programs specifically for individuals with ID or Autism and that lead to adult vocational opportunities, targeted skill development, and/or social and workplace skills (examples include the transition programs at Mass Bay Community College). Funding cannot be used for meals, books and residential housing. - 5300P
2. Certificate programs that lead to adult vocational opportunities, targeted skill development, and/or social and workplace skills (examples include HVAC, woodworking, dog grooming, graphic designs). Funding cannot be used for meals, books and residential housing.- 5300P
3. Auditing classes and non-credit classes in higher education institutions that lead to adult vocational opportunities, targeted skill development, and/or social and workplace skills (examples include Creative Writing, Photoshop) - 5300P
4. Adult education including e-learning classes- 5300
5. Staff support needed to attend college classes (credit or non-credit) and participate in e-learning classes- 5704 (individualized day)
6. Transportation - 5196, 5197, 5198 or 5300

Other considerations:

- If program requires pre-payment and the program is dropped, any available refund must be returned or redirected to other day supports.
- Pre-pay can only be made one semester at a time.
- A backup plan for day support must be in place for a pre-paid program in the event that the program is dropped and there is no or limited refund.

Funding cannot be used to pay for college credit classes, and related registration, fees, books, meals, and education based residential housing. Funding cannot be used for out of state programs.

TABLE OF SERVICE NAMES AND DESCRIPTIONS

<b>Service Name</b>	<b>Description of service</b>
Adult Education Classes	Can be used to pay for Adult Education classes.
Transportation Unique	Used for special transportation situations, such as an Uber ride, or a single month T-Pass. It is a reimbursement to the individual.
Ed and Training Institutions	Used when paying for programs specifically for individuals with ID or Autism in higher education institutions and certificate programs that lead to adult vocational opportunities, targeted skill development, and/or social and workplace skills
Transportation	This is a per trip reimbursement code that will pay drivers from point A to point B with a set rate. This is paid to an employee.
Transportation	This is an auto payment code to cover recurring transit costs, such as a monthly T Pass. This is an auto payment only.
Transportation Mileage	This is a mileage reimbursement code that will pay drivers by a per mile rate. This is paid to an independent contractor.
Individualized Day Supports	Services and supports provided to individuals tailored to their specific personal goals and outcomes related to the acquisition, improvement, and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, and could not do so without this direct support.

DEPARTMENT OF DEVELOPMENTAL SERVICES

**PROVIDER SUPPORT AGREEMENT**

<b>Individual's Name:</b>	Jose R.
<b>Date:</b>	12/01/2022
<b>Prepared By:</b>	Maria R.

<b>Goal <sup>i</sup>:</b>
Medication
<b>Measurable Objective <sup>ii</sup>:</b>
By December 2023, Jose will organize his weekly medication with 80% accuracy.
<b>Setting and Learning Environment <sup>iii</sup>:</b>
Home
<b>Support Strategy <sup>iv</sup>:</b>
Staff will maintain a separate medicine box with visual examples of what Jose's pills look like to ensure accuracy and correct amount
Jose will use a weekly medication planner to ensure he has enough medications for the week
Staff will provide assistance with calling in Jose's refills to the pharmacy as needed
Staff will review for accuracy
This will be added to his weekly schedule and a reminder will be set up on his phone.
Staff will provide support and encouragement to Jose as needed
<b>Agency Responsible For Implementation <sup>v</sup>:</b>
PDP





*SUPPORT*



*EMPOWERMENT*



*CHOICE*

**DDS SELF-DIRECTION PROGRAMS**

