

# Person Centered Care Services

## Self-Directed Participant Designee

Updated as of 07.2025



# Our Mission and Vision

**Our Mission:** *Person Centered Care Services is a not for profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance.*

**Our Vision:** *To reconfigure humankind. To be genuine and authentic human beings; disabled and non-disabled. Creating a society of belonging and helping one another to live a good life.*



# Our Strategy and Impact

**Our Strategy:** *To help a person build comprehensive supports that will engage and propel them to lead the life they want to live.*

**Our Impact-** *Providing support to the Staten Island community and the greater NYC area to help create and facilitate relationships resulting in a more diverse community while providing services to people with disabilities to engage and be a part of their community.*



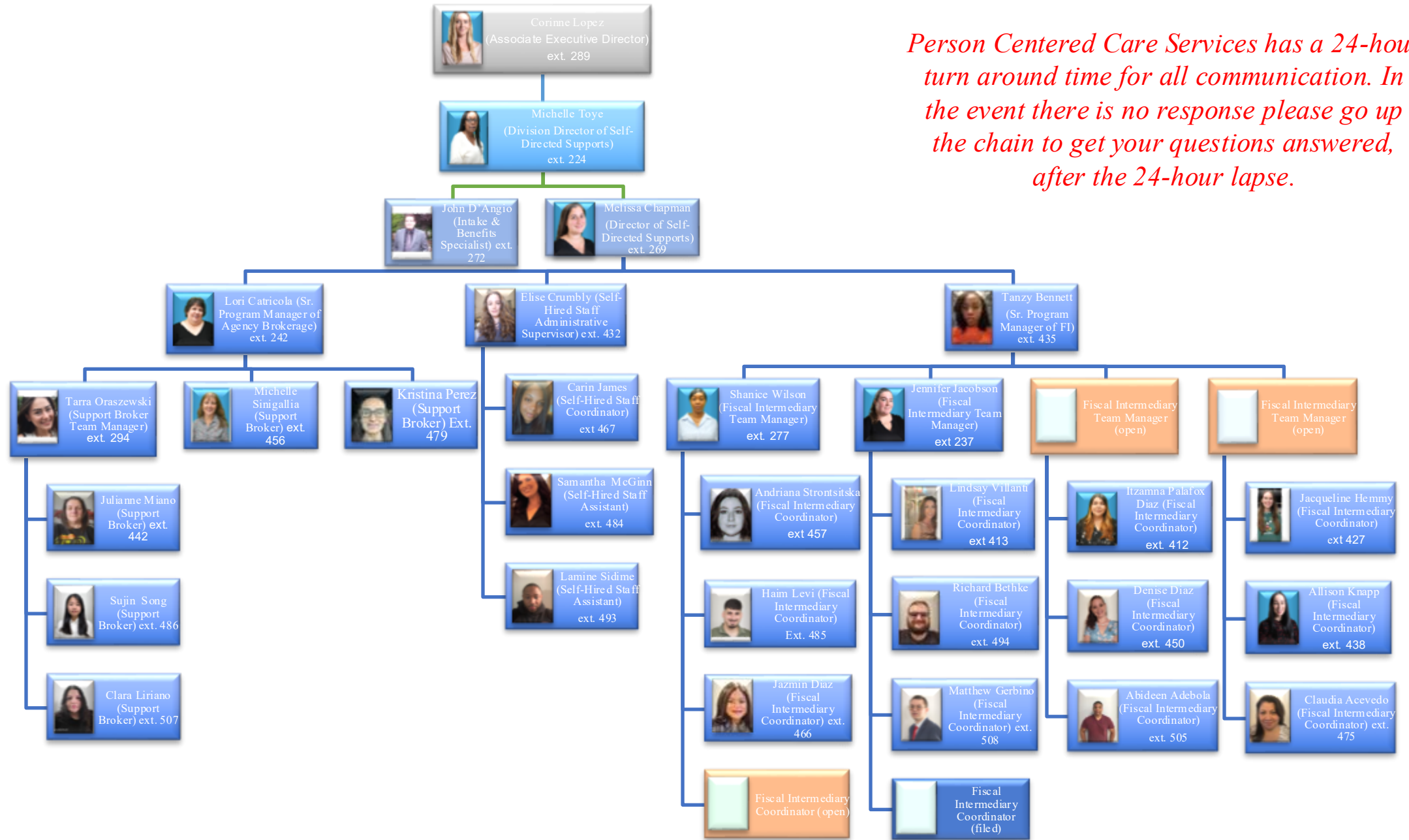
# Our Core Values

support *Our responsibility as human beings is to support ourselves and one another.*

eQuity *To participate in community is to have active citizenship. To be a participating citizen, one must have opportunities which are equitable; which accommodate the differences all human beings have.*

aCCeptance *One of the most vital components of having a quality of life is love. It's okay to tell someone you love them; more importantly, it's okay to show them. To accept another for who they are and what makes them human can be a most validating experience; it is self-empowering.*





*Person Centered Care Services has a 24-hour turn around time for all communication. In the event there is no response please go up the chain to get your questions answered, after the 24-hour lapse.*



# Agenda

*Person Centered Care Services Policies and procedures*



*Roles and responsibilities of the Participant/Designee, Fiscal Intermediary, Support Broker, Care Manager, and Self-Hired staff*



*Review all systems (Paycom, Relias, and eVero)*

# ROLES AND RESPONSIBILITIES

## Self-Directed Participant/Designee

- Co-Employer to Self-Hired Staff
- Directing your Self-Direction Plan
- Any expense/reimbursement need approval from you before FI can review for processing
- Working/Addressing with Circle of Support if issues arise.
- Follow FI Policies provided in SD Guide/PPT

## Fiscal Intermediary Dept.

- Employer of Record - complete all employment functions
- Fingerprints
- Background checks
- Wage and tax statements
- Employment taxes
- Provide advice on interviewing potential staff, train/help you train your staff in accordance with OPWDD requirements and the provisions of the Self-Directed budget
- Provide payments/reimbursements in a timely manner (please allow 30 – 45 days before payment is received)

## Care Manager

- Works with Participant or their Designee to write/update the Life Plan
- Can assist with Medicaid recertification
- Update/distribute as necessary documents to support team (LOC, Life Plan, DDP 2)
- Assist with programs that fall in or outside of the Self-Directed budget
- Attend COS Meetings

## Support Broker

- Assist to develop and maintain a Circle of Support.
- Assist in planning and directing team meetings
- Meeting with Circle of Support at least 2x per year
- Ensuring regular updates to Staff Action Plan (at minimum 2 x per year) for Community Habilitation or Supportive Employment staff, if applicable.
- Assist to develop a Self-Directed budget that is consistent with the Life Plan
- Ensure all necessary safeguards are addressed in the Life Plan



# CIRCLE OF SUPPORT (COS)

Circle of Support, recommended to occur on a Semi-Annual basis 2 times within budget year. More meetings can be requested to be held if needed. Best practice is to have with the Life Plan meeting.

FIC should be invited to ALL COS meetings. However, we will only be attending the Annual meeting, unless we are requested to be present.

Broker must take attendance & add meeting minutes to eVero. Should a Staff Action Plan be implemented, this must be amended to reflect changes.

## Members of the COS are:

- Self-Direction Participant
- Designee
- Broker
- Care Manager
- Anyone else the Self-Directed Participant choose (i.e. Friend, Neighbor, Teacher)



# Individual Direct Goods & Services (IDGS)

IDGS are services, equipment or supplies not otherwise provided through OPWDD's HCBS waiver or through the Medicaid State Plan. A person can manage their IDGS to fully purchase or contribute towards the purchase of items or services that meet the following criteria:

- Are related to a need or goal identified in the person-centered care plan/Individualized Service Plan
- Are for the purpose of increasing independence or substituting for human assistance and/or promote opportunities for community living and inclusion
- Are able to be accommodated without compromising the participant's health or safety
- Are provided to or directed toward the benefit of the participant

Camp  
Community Classes  
Coaching/Education for Parents  
Clinician (Direct & Non-Direct)  
Memberships  
Household Related Items  
Paid Neighbor  
Self-Directed Staffing Support  
Transition Programs  
Transportation  
Interpretation Services



# Other than Personal Services (OTPS)

Landline/Cellphone service \*

Internet \*

Software related to the Individual's Disability

Staff Activity Fee

Staff Advertising

Staff Training

Personal Use Transportation

Clothing \*

Board Stipend \*

Utilities \*

Other Good & Services that Increase Independence

Other Good & Services related to Health & Safety

People who are self-directing their services with Budget Authority may choose to use up to \$3,000 from their budget for additional goods and services that are not Medicaid-fundable. OTPS are 100% State funded and must meet the following criteria:

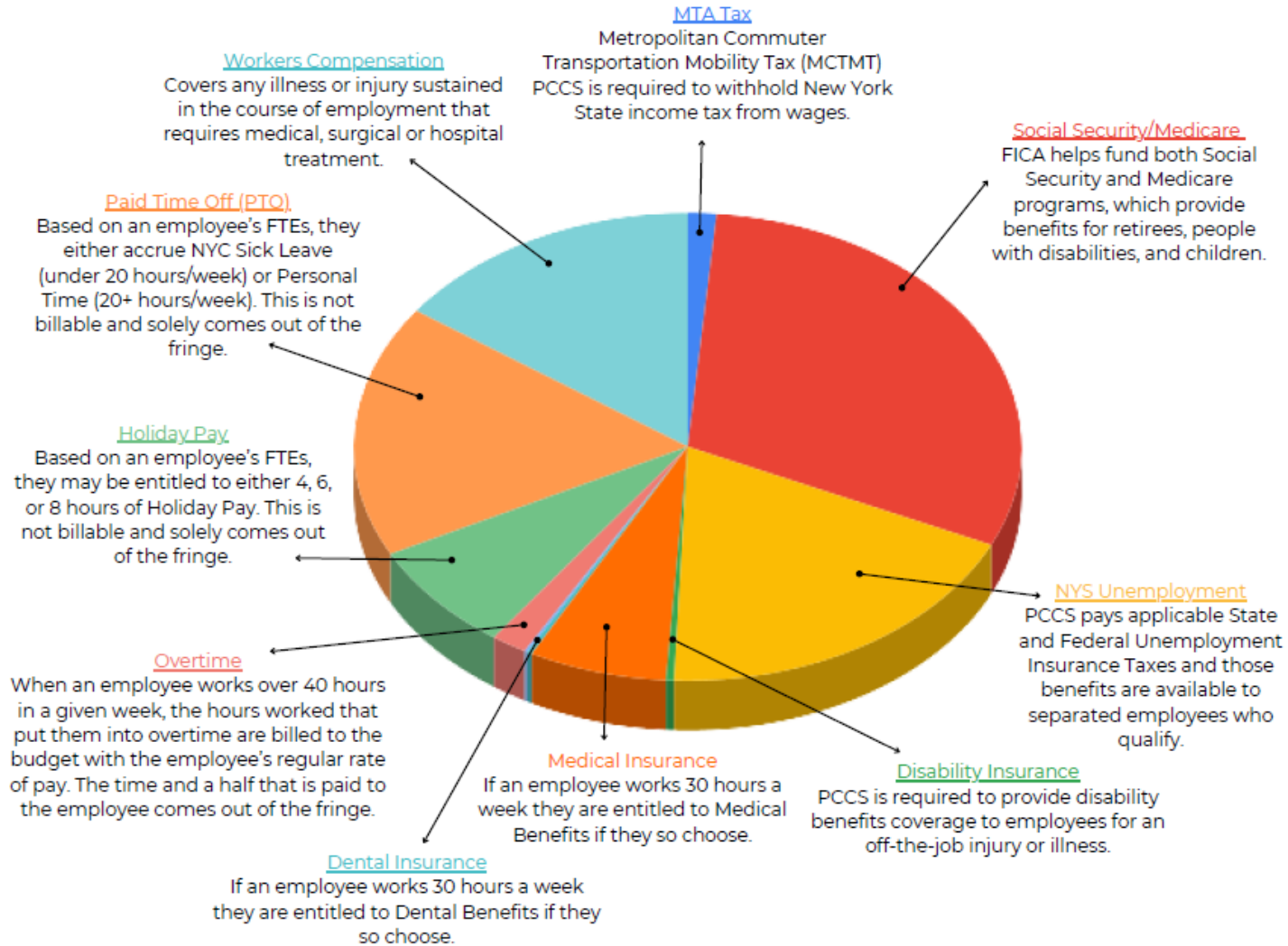
- relate to a valued outcome in the person's plan
- increase independence and/or the ability to live safely at home
- other resources must first be explored and exhausted (including community based and Medicaid funded resources)
- cannot be on the OTPS Excluded Items List

*Items with an \* are for individuals over the age of 18, however if requesting for these items for anyone under the age of 18 clear justification is required and approved by OPWDD.*



# What is our Fringe Rate?

Our fringe rate is currently **24%** regardless of the number of hours your Self-Hired Staff work.



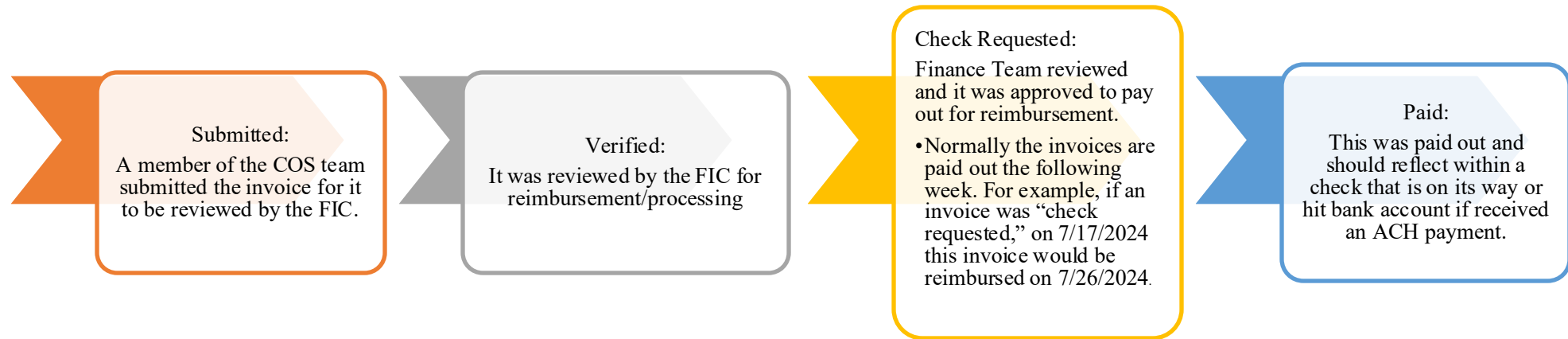
# When should Invoices be submitted to the Fiscal Intermediary Dept.?

- All invoices should be in by the 10<sup>th</sup> of the follow service month
- If your Support Broker Agreement, has checked off “Assisting the participant with properly documenting services according to applicable federal and state regulations and policy (including assisting the participant with reviewing and submitting documentation to the FI, such as: employee time sheets; monthly summary note; mileage and expense reimbursement forms; and all other required documentation)” The Support Broker on file can assist you with uploading invoices if needed.

***SIDE NOTE:** Invoices are processed/reimbursement within the 30-45days of submission. We review invoices in the order received. Therefore, the sooner you get in the more beneficial it is. It is also best to ensure you have Direct Deposit option setup as this is quicker than a hard check being sent via. USPS.*



# Workflow of Invoice Submission



What happens if the Invoice gets rejected?

*The Invoice process starts back to "Submitted," and the clock starts back at the 30-45day window.*



# Individual Monthly Summary Note (IMSN)

- The Fiscal Intermediary Coordinator will not review invoices if IMSN is not completed for the month.
- Each month an IMSN **MUST** be completed regardless if invoices are being submitted.
- The IMSN should be a summary of services within the month, and how Self-Directed Services are supporting the person receiving the service.



# How do I complete an Individual Monthly Summary Note (IMSN)?

https://signin.evero.com/Account/Login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient\_id%3DHybrid%26redirect\_un%3Dhttps%253A%252F%252Fmyeveroportal.com%252Fsignin-oidc%26response\_type%3Dcode%...

Personal Survey OPWDD Guidelines Systems McAfee Security Dell Self-Direction Progr...

**eVero**  
CORPORATION

Sign in to continue

Username [Forgot your username?](#)

FIPCCS

Password [Forgot your password?](#)

.....

Sign In

[Forgot your login information?](#)

Sign in with your Agency Code

You are accessing a private Cloud Service. This Cloud Service is for the exclusive use of authorized users of the eVero Platform™. Unauthorized use of the eVero Platform™ is prohibited and is subject to criminal and civil penalties.

By logging in you accept and agree to eVero's Terms of Service and Privacy Policy.



*This is only showing the WEB version for the Care Portal APP video's please review the SDP Guide*

[www.pccsny.org](http://www.pccsny.org)

# Any Invoice: What is required?

- Legible
- Bill/Vendor Invoice
- Itemized Receipts
- Proof of Payment
- Dated (Full or Month/Year)
- Specify Duration of Services (i.e. 11-12PM not just 11AM)
- Self-Directed Participants/Designee Name on the Invoice
- Math Makes Sense within the Invoice
- One Month Per Invoice
- No Duplication
- Does meet the individual Life Plan/Valued Outcomes?



# VENDOR INVOICE

Vendor Invoice

Signing and submitting false information may lead to a charge of Medicaid fraud.  
If the vendor gives you a less than satisfactory receipt please utilize this vendor invoice and attach the receipt given from the vendor

Name of Business:	Address:
Service Location (if different than business address):	Website:
	Phone Number:
	Fax (if applicable):
Name of Service Recipient:	

Invoice for the Month/Year of: \_\_\_\_\_

Date: Mo/Day	Session/Class Time From/To (AM/PM)	Fee	Description of Service
<b>Total Fee</b>			

Print Name of Vendor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Participant: Original to FI – For FI Use Only – Payroll Authorization \_\_\_\_\_

- To be completed by Vendor
- To be uploaded by Participant/Designee into eVero
- Invoice must be completed in its entirety
- Fees and service description must match the published rates/type of service
- Specify duration of service (ex 11-12PM, not just 11AM)
- If the SD Participant/Designee paid out of pocket for the class, proof of payment must be submitted for reimbursement. If there is an agreement on file that this vendor accepts 3<sup>rd</sup> party payments with PCCS the vendor will be reimbursed.



# IDGS: Camp Invoice

## What is needed for a CAMP Review?

1. Date of Service within Invoice is Last Date of Service
2. Correct Category for this program is being used
3. “Paid To” is the correct person
4. Amount Matches Invoice
5. Is this being submitted after services are rendered?
6. Vendor Invoice that shows Attendance (Date/Time/Program/Name of SDP). Is there one month per form?
7. Proof of Payment if we are reimbursing the Self-Directed Participant/Designee
8. Is the price “published,” and still accurate based off the documentation or website?
9. Do we have New York State Permit on File?
10. Does it still meet the individual Life Plan?
11. Camp should fall between Memorial Day – Labor Day? Are the dates within this range?



# How do I get a Community Class approved?

Date \_\_\_\_\_

To whom it may concern:

Participants in the Self Direction program may be eligible for reimbursements for activities that they attend. In order to determine eligibility, the questions below must be answered.

Please answer these questions below, as well as provide a copy of the published fees of those activities. These fees can be provided in the form of a flyer, brochure, or a blank contract.

Feel free to contact the Fiscal Intermediary Department with any questions that you have.

1. Are the classes taught by staff, or run by an agency that provides OPWDD services to people with developmental disability?  Yes  No
2. Are the classes located on the grounds where OPWDD services for people with disabilities are normally provided?  Yes  No
3. Are classes open to the public?  Yes  No
4. Are there published fees?  Yes  No (please attach)
5. Are people who are not OPWDD eligible participating in the class(es)?  Yes  No

Name of Vendor

\_\_\_\_\_

Address

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Telephone

\_\_\_\_\_

Signature of Vendor

\_\_\_\_\_

Email

\_\_\_\_\_

Website

\_\_\_\_\_

Name of class requesting to be approved

\_\_\_\_\_

- **Classes must be approved by the FI prior to submitting for reimbursements**
- Must relate to a person's valued outcome in LP and not just for recreational purposes.
- Must be non-credit bearing.
- Must result in active engagement and participation in an integrated community setting.
- Must have published fees; where everyone has access to what the program cost. For example, a flyer or website.
- Must be open to the public.
- May not be taught by staff or run by an agency that provides OPWDD services.
- May not be located on the grounds where OPWDD services are normally provided.
- May not take place in a setting that is certified by OPWDD.
- Cannot be restricted solely to those with an intellectual or developmental disability.
- Cannot duplicate any Medicaid State Plan or HCBS Waiver service or be conducted by an entity that delivers such services.
- Must not mirror a "Respite," or Day Habilitation Program. (i.e. Class should not be ALL day)



**\*\* Please reach out to your FI Coordinator prior to attending new classes \*\***

# IDGS: Community Class Invoice

## **What is needed for a Community Class Review?**

**Did we approve this as a Community Class? If no, please refer to Community Class Slide.**

1. Date of Service within Invoice is Last Date of Service
2. Correct Category for this program is being used
3. “Paid To” is the correct person
4. Amount Matches Invoice
5. Vendor Invoice that shows Attendance (Date/Time/Program/Name of SDP)
6. Proof of Payment if we are reimbursing the SDP
7. Is the price per class/program “published,” and still accurate based off the documentation?
8. Does it still meet the individual Life Plan?
9. Did the Individual attend all the class dates noted within the invoice? If not, please make sure to exclude from the invoice as PCCS will ONLY reimburse for services rendered.



# IDGS: Clinician Consultants/ Direct Clinician

## What is needed for a Clinician Review?

1. Do we have Clinician credentials on file?
2. Do we have updated documentation (i.e., Script, treatment plan, progress notes)
3. Does the rate we are reimbursing, match the [BLS website](#)?
4. Date of Service within Invoice is Last Date of Service
5. Correct Category for this program is being used
6. “Paid To” is the correct person
7. Amount Matches Invoice
8. Vendor Invoice that shows Attendance (Date/Time/Program/Name of SDP)
9. Proof of Payment if we are reimbursing the SDP
10. Does it still meet the individual Life Plan?



# IDGS: Membership Invoice

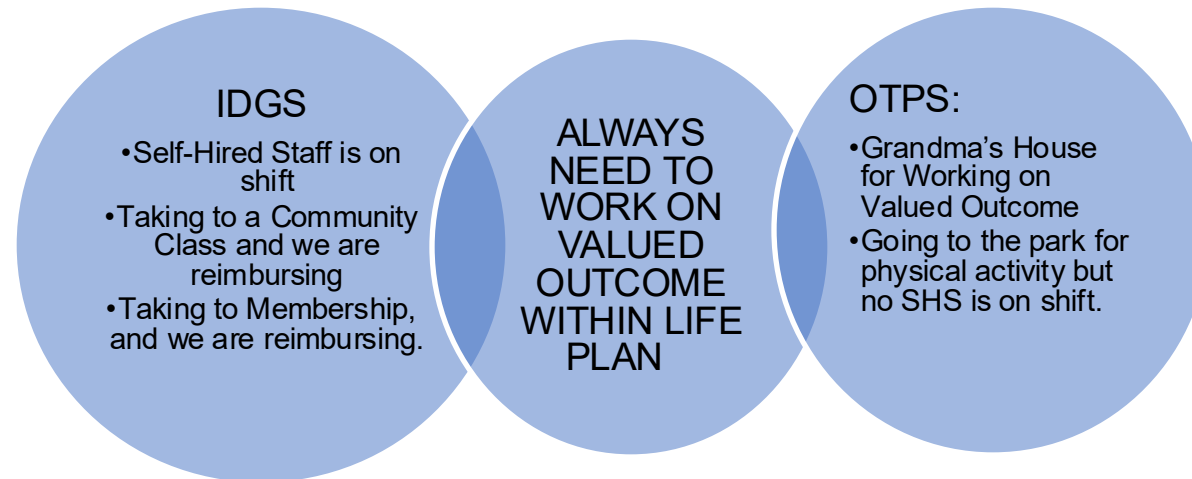
## What is needed for a Membership Review?

1. Date of Service within last date of month
2. Correct Category for this program is being used
3. “Paid To” is the correct person
4. Amount Matches Invoice
5. Is this membership “open to the public?”
6. Is this membership for the individual or is it a Family Membership?
7. Proof of Payment if we are reimbursing the SDP
8. Does it still meet the individual Life Plan?
9. Provide a contract/gym membership with the Self-Directed Participant Name
10. *Annual Fees to a Membership* are not reimbursable, and therefore are the responsibility of the Self-Directed Participant.



# IDGS vs. OTPS Mileage Review

- What is the difference between IDGS vs. OTPS mileage?  
Provide Examples





# How do we review IDGS/OTPS Transportation?

## What is needed for a Transportation Review?

1. Date of Service within last date of invoice
2. Correct Category for this program is being used
3. “Paid To” is the correct person
4. Amount Matches Invoice, if applicable
5. Address Correct, with the mileage rate to and from
6. Is there any duplications?
7. Does the math make sense?
8. “Service Description,” does this relate back to a Valued Outcome within the Life Plan?
9. If asking for Out of State Travel, is this noted within Life Plan?
10. If asking for Out of State Travel, did you include ezPass or Toll receipts to back up travel.

### **\*\*If we are reviewing for a Self-Hired Staff mileage:**

1. Was Self-Hired Staff on shift?
2. Within Attendance Roster, did the SHS document within goals on where they are attending to relate this back to a Valued Outcome?
- \*3. Does the eVV match the mileage being requested during the time of the shift?
4. Was this approved by the Self-Directed Participant/Designee?





# OTPS: Phone/Internet/Utility bills Review

## What is needed for a Phone/Internet/Utility Bills Review?

*To qualify, the Individual must be over the age of 18, unless justified as to why someone under the age of 18 needs these items reimbursed (i.e., Cellphone). This is something the DDRO is now requesting.*

1. Date of Service within last date of Billing Period Date
2. Correct Category for this program is being used
3. “Paid To” is the correct person
4. Amount Matches Invoice, if applicable
5. Removing “Equipment,” charges
6. Does the math make sense?
7. Are we sure it was not able to be reimbursed through other means?
8. Does the bill have SDP name on it? If the SDP lives alone.
  - If the SDP Lives with other people in the household, is it being divided?
9. Proof of payment is required (i.e., bank statement, check, or account summary)
10. Does this relate to a Valued Outcome/Safeguard within the Life Plan? As well as how many individuals live in the home.



# OTPS: Staff Activity Fee (SAF) Review

## What is needed for a Staff Activity Fee Review?

1. Date of Service listed on the receipt (when it occurred)
2. Is the receipt Itemized? Item looking to be reimbursed should be circled/highlighted. This **MUST** be legible receipts.
3. Was Self-Hired Staff on shift when this was purchased?
4. Ensuring what is being reimbursed is **ONLY** for Self-Hired Staff?
5. Correct Category for this program is being used
6. “Paid To” is the correct person
7. Amount Matches Invoice, if applicable – Removing TAX for SHS
8. Does the math make sense?
9. Is this related to a Valued Outcome within Life Plan?
10. Did we confirm that a CH MSN was completed for approved?
11. Does the eVV of staff location match to the invoice reimbursement for SAF?



# Rule for Taxes

- For Self-Directed Participant, we reimburse taxes on Uber/Lyft.
- For Self-Directed Participant, we reimburse tax unless Clothing receipt is for multiple individuals.
- For Self-Hired Staff, we do not reimburse tax.



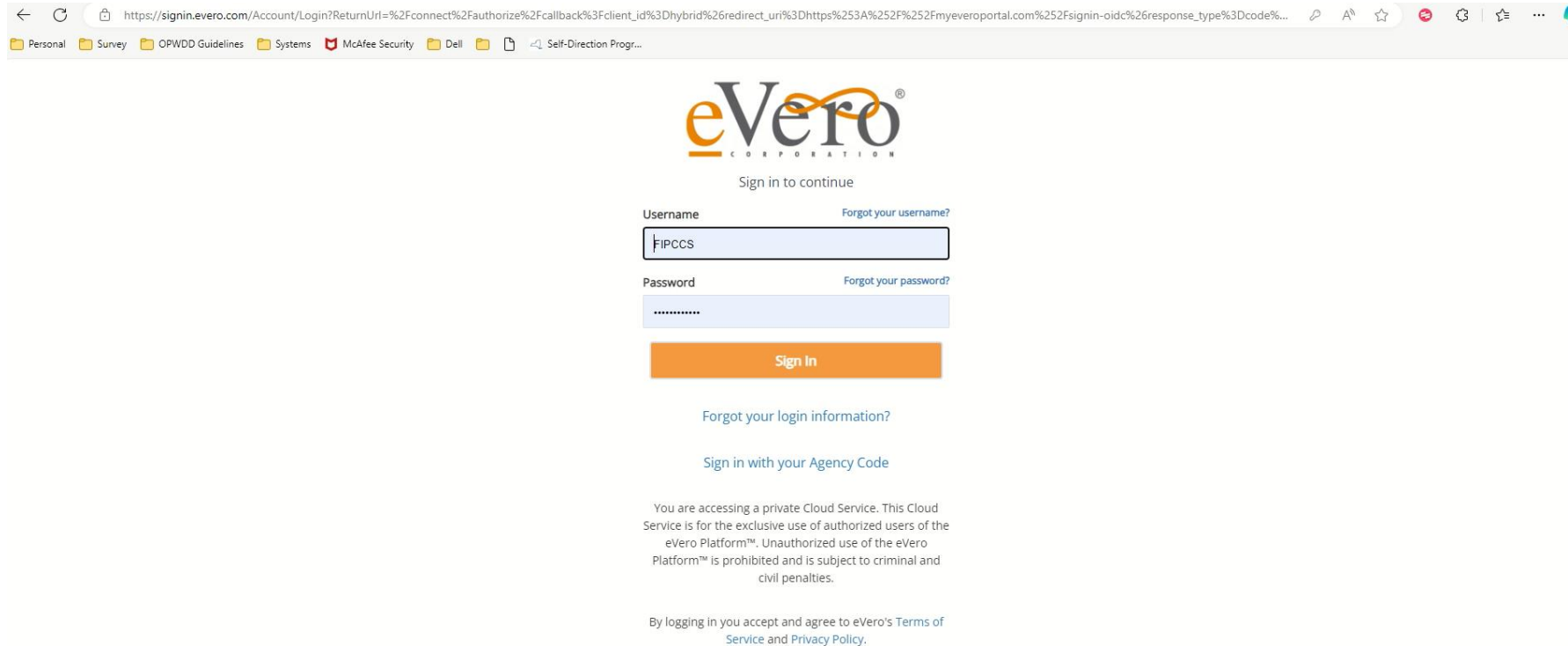
# How do I setup Direct Payment to a Vendor?

Known as “3<sup>rd</sup> Party Payment.”

- As the FI Provider, we setup a Memorandum of Understanding with each vendor and gather their W-9.
- Once they are established, the Vendor will provide you an invoice that you MUST review, and upload into eVero.
- Make sure when uploading the invoice, the “Paid-To,” person is the Vendor name or LLC. If you do not see, please consult with your FIC to add as Vendor to the profile.



# How do I upload an Invoice within eVero?



The screenshot shows a web browser window with the URL [https://signin.evero.com/Account/Login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient\\_id%3Dhybrid%26redirect\\_uri%3Dhttps%253A%252F%252Fmyeveroportal.com%252Fsignin-oidc%26response\\_type%3Dcode%26response\\_mode%3Dform\\_post](https://signin.evero.com/Account/Login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient_id%3Dhybrid%26redirect_uri%3Dhttps%253A%252F%252Fmyeveroportal.com%252Fsignin-oidc%26response_type%3Dcode%26response_mode%3Dform_post). The browser's address bar shows several tabs: Personal, Survey, OPWDD Guidelines, Systems, McAfee Security, Dell, and Self-Direction Progr... The main content of the page is the eVero Corporation login interface. It features the eVero logo at the top, followed by the text "Sign in to continue". Below this are two input fields: "Username" with a "Forgot your username?" link and a text box containing "FIPCCS"; and "Password" with a "Forgot your password?" link and a masked password field. A prominent orange "Sign In" button is centered below the fields. Underneath the button are two links: "Forgot your login information?" and "Sign in with your Agency Code". At the bottom of the page, there is a disclaimer: "You are accessing a private Cloud Service. This Cloud Service is for the exclusive use of authorized users of the eVero Platform™. Unauthorized use of the eVero Platform™ is prohibited and is subject to criminal and civil penalties." and a statement: "By logging in you accept and agree to eVero's Terms of Service and Privacy Policy."



*This is only showing the WEB version for the Care Portal APP video's please review the SDP Guide*

[www.pccsny.org](http://www.pccsny.org)

# What do we need for a Housing Subsidy?

- Proof that other resources were explored outside of the Self-Direction Budget (Section 8, SNAP, SSI, HEAP, and etc.)
- SD Budget, with all relevant and proof of the numbers.
  - 4 Paychecks for Review of Wage statements
  - SSI Award Letter
  - SNAP NOD Letter
  - Utility Bills (3 months to gather the average)
  - Insurance for Apartment, if applicable
- Lease Agreement, with the individuals name. (Annually)
- Q&A Checklist (Annually)
- Participant Agreement (Annually)
- W-9 from the Landlord
- Direct Deposit Information from the Landlord.
- Alongside, any other documents requested by us or OPWDD.

*This is a two-step process (Preliminary & Final Approval),  
then this must be recertified yearly.*



# ROLES AND RESPONSIBILITIES

*“PCCS is the Employer of Record”*

## **Self-Hired Staff**

- Complete pre-hire requirements in a timely manner
- Clock in and out live time in eVero, as well as document service provided on a daily basis
- Complete Community Habilitation Monthly Summary Notes (if applicable) by the 10<sup>th</sup> of the following service month
- Follow Community Habilitation Staff Action Plan, and provide adequate supports to Self-Directed Participants
- Complete annual OPWDD training on Relias, mandated training, as well as the acknowledgement of all documents required by the Employer of Record (FI) in our Paycom system.



# SELF-HIRED STAFF (SHS) APPLICATION PROCESS

- Potential Self-Hired Staff, must complete an online application using the following link: [Self-Directed Direct Support Professional \(DSP\) \(paycomonline.net\)](https://paycomonline.net)
- As the Self-Directed Participant you will complete the form “Self-Hired Staff Information” to your assigned Fiscal Intermediary Coordinator.
- Once all information on the form is correct this will be provided to our Self-Hired Staff team to work with Human Resources to onboard the Self-Hired Staff with:
  - Contingency Offer Letter
  - Filling out all the required HR documents
  - Setting up Fingerprints/background checks
  - Paycom Checklist assigned
  - Relias Training assigned and needs to be completed.
- After all the above is complete, the Self-Hired Staff Coordinator will send an e-mail that staff is cleared and can start working. **STAFF CANNOT START UNTIL E-MAIL IS RECEIVED.**
- If onboarding is not completed within 30day, we will reach out and will have to remove from system. The staff will then start the process over again.

**\*\*SIDE NOTE: Please make sure you review your Self-Direction Budget to ensure the correct rate and dept. is checked. A Self-Hired Staff Schedule is needed to ensure that the SHS is coded correctly within Paycom (for Personal-Time Off and etc..)**

**PCCS** Person Centered Care Services, Inc.  
 "We are a not-for-profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance."  
 Acceptance      Equity      Support

**Self-Hired Staff Information**

Self-Directed Participant Name: \_\_\_\_\_  
 Self-Hired Staff Name: \_\_\_\_\_  
 Self-Hired Staff Phone #: \_\_\_\_\_ Documents Language Preferred: \_\_\_\_\_

**\*\*For this section, please make sure to review your Self-Direction Budget**

Department (Check all that apply):  SH-Community Hab.  SH-Respite  Paid Neighbor  LIC  
 Wage: \_\_\_\_\_  
 How many hours will Self-Hired Staff work per week per Dept. (Approx.)? \_\_\_\_\_

**Self-Hired Staff Schedule:**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Is the Self-Hired Staff aware of driving duties?  Yes  No  
 Do you want your staff to be enrolled in the LENS program? Fill out [link here](#)

SD Participant/Designee Signature: \_\_\_\_\_  
 Self-Hired Staff Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Administrative only**

Primary Supervisor: \_\_\_\_\_  
 Secondary Supervisor: \_\_\_\_\_

Person Centered Care Services, Inc.  
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 718-370-1088; info@pccsny.org  
[www.pccsny.org](http://www.pccsny.org)  
 Updated 11/19/2024



# Self-Hired Staff is cleared, now what?

- Self-Hired Staff have an eVero account, using their app.
- The app must be turned on to track where the service is being provided. In order to support this have SHS delete, then redownload the app and select “Location ALWAYS ON.” The app must be on in the background while the shift is occurring. This is known as Electronic Visit Verification (eVV), which is mandated by the Department of Health.
- Self-Hired Staff are trained within their Relias New Hire Training, and yearly on how to use the system. It is strongly encouraged to re-review, and if trouble still occurs with the app reach out the assigned FIC.
- In the event, there is an error with eVV or issues with tracking this can result in further investigation from the Self-Direction Dept., and/or Quality Management Team.



# Attendance Roster

- Once the Self-Hired Staff conclude their shift it is your responsibility as the “co-employer,” to review/approve the shift for the Fiscal Intermediary Coordinator/Self-Hired Staff Assistant to review and process for payroll.
- This can be completed at the end of the Self-Hired Staff shift within their app.
- You MUST review/approve employee time every Sunday.
- In the event, there is a delay with you reviewing/approving Self-Hired Staff Payroll, this can result in delay of payment.
- Make sure to review the Payroll Calendar for more details if needed.

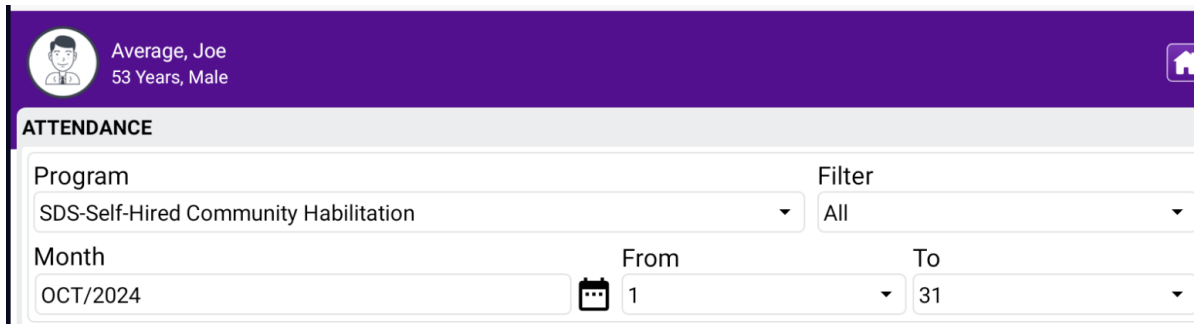
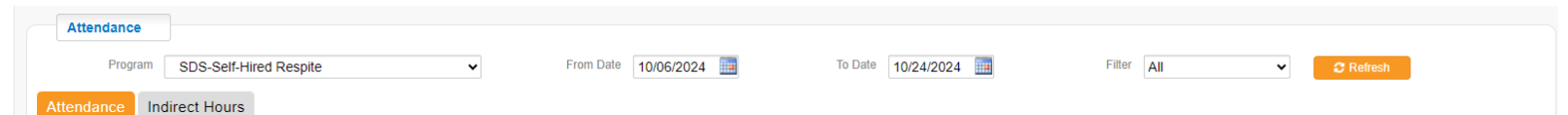


# What should I look for when I review Attendance Roster?

Within the filters on top, please make sure you select the following:

- Program (SDS-Self-Hired CH or SDS-Self-Hired Respite)
- From Date (Sunday Start of the Pay Period)
- To Date (Saturday End of the Pay Period)

And then make sure you click refresh:



# Attendance Roster Approval (Con't)

The below screen will appear, and you want to ensure:

- Date
- Name of the Self-Hired Staff Providing the Service
- Start/Stop Time is not more than 10minutes apart from Emp Start/Emp Stop
- Staff Payrate is correct
- The Mode in which the service is being provided
- If SDS-CH services, where provided what were the goals worked on? Does it make sense based off the Staff Action Plan?
- Are all the hours listed within the week? If not, please consult with your assigned FIC and Self-Hired Staff as they might be punching in/out incorrectly.
- If you **approve**, click the BOX and the review on the top. If an **error**, has occurred, make sure to complete the Missed Service/Delivery Form.

**Attendance Roster**

Program: SDS-Self-Hired Respite | From Date: 10/06/2024 | To Date: 10/24/2024 | Filter: All | Refresh

No.	Date	Staff Name	Start	Stop	Emp Start	Emp Stop	Duration	Actual Duration	Units	Service Count	Staff Rate	Payment Status	Approve	Individual Review
1	10/06/2024	[REDACTED]	02:30:57 PM	04:20:09 PM	02:30:PM	04:22:PM	01:45:00	01:49:12	7	0/0	\$21.50	(\$)	⊗	✓
2	10/11/2024	[REDACTED]	03:45:00 PM	06:39:00 PM	03:45:PM	06:39:PM	02:45:00	02:54:00	11	0/0	\$21.50	(\$)	⊗	✓

**Service Details**

Service	Individual Response	Staff Support	Entered By	Last Updated By	Comment
Teach writing skills	Fully Engaged	Verbal Prompt 1, Supervision 1	[REDACTED] 10/09/2024 10:37 PM	[REDACTED] 10/09/2024 10:37 PM	Today [REDACTED] wrote his name and last name



# APP View of Attendance Roster

10-21-2024 FF Review

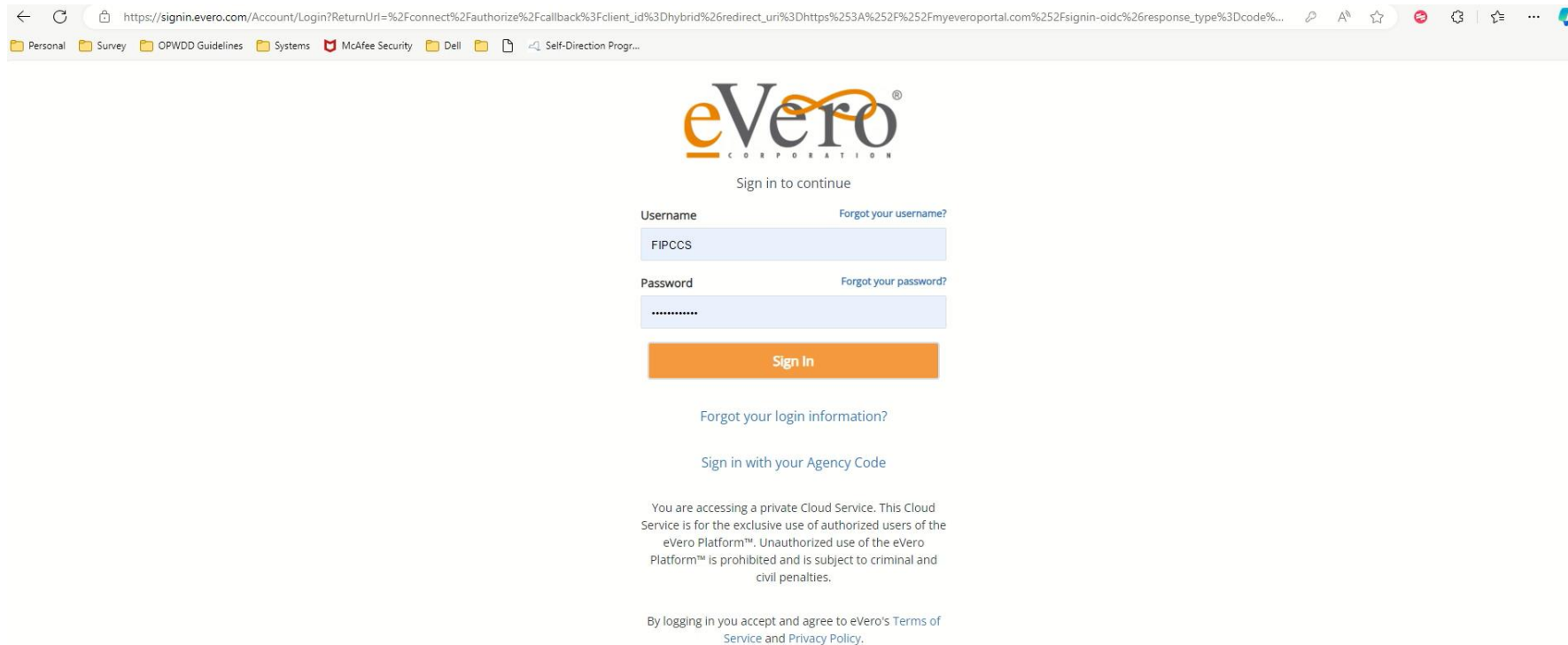
TIMBERLAKE, JUSTIN

Staff Duration 00:00:00	Staff Rate \$30.00	Services 0/3
Punch In 12:28 PM	Punch Out	
Start Time 12:29:35 PM	Stop Time	
Attendance Status Draft	Payment Status Not Paid	
<a href="#">Services</a>		<a href="#">Comments</a>

Click on "Services" to see the goals documented, and make sure it is not in DRAFT



# How do I review Attendance Roster within eVero?



The screenshot shows a web browser window with the URL [https://signin.evero.com/Account/Login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient\\_id%3Dhybrid%26redirect\\_uri%3Dhttps%253A%252F%252Fmyeveroportal.com%252Fsignin-oidc%26response\\_type%3Dcode%26response\\_mode%3Dform\\_post](https://signin.evero.com/Account/Login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient_id%3Dhybrid%26redirect_uri%3Dhttps%253A%252F%252Fmyeveroportal.com%252Fsignin-oidc%26response_type%3Dcode%26response_mode%3Dform_post). The browser's address bar shows several tabs: Personal, Survey, OPWDD Guidelines, Systems, McAfee Security, Dell, and Self-Direction Progr... The main content of the page is the eVero Corporation login interface. It features the eVero logo at the top, followed by the text "Sign in to continue". Below this are two input fields: "Username" with a "Forgot your username?" link, and "Password" with a "Forgot your password?" link. The username field contains the text "FIPCCS" and the password field is masked with dots. A blue "Sign In" button is positioned below the password field. Underneath the button are two links: "Forgot your login information?" and "Sign in with your Agency Code". At the bottom of the login area, there is a disclaimer: "You are accessing a private Cloud Service. This Cloud Service is for the exclusive use of authorized users of the eVero Platform™. Unauthorized use of the eVero Platform™ is prohibited and is subject to criminal and civil penalties." Below the disclaimer is a link to "Terms of Service and Privacy Policy".



*This is only showing the WEB version for the Care Portal APP video's please review the SDP Guide*

[www.pccsny.org](http://www.pccsny.org)

# Overtime Policy

- You MUST provide the assigned Fiscal Intermediary Coordinator with the justification form, alongside the Missed Service Delivery Form.
- We require justification for anything within a week (Sunday – Saturday).
- The assigned Fiscal Intermediary Coordinator will place the approval within Paycom, and manually enter the time within eVero for your approval.
- This will be documented where SHS and you as the SDP/Designee will ensure this does not happen in the future. This can lead to disciplinary action of the Self-Hired Staff if the continues.
- Even though our Fringe Rate have a Small Percentage of covering the Overtime cost, it is strongly encouraged to use only as needed. This will help keep the fringe rate percentage down.



# Community Habilitation Monthly Summary Note (CH MSN)

- The CH MSN is due by the 10<sup>th</sup> of the follow service month but Self-Hired CH only.
- If any CH service was provided in the month one CH MSN is due. (i.e. If a SHS-CH worked 2 hours within the month; a whole note is needed)
- If the CH MSN, is not completed by the deadline the SHS can be written-up for not following policy and/or suspended until completion.
- If you have multiple SHS working, it is best practice to have them on a rotation or have the staff who works the most within the month to complete. Only one SHS has to complete within the month.
- Within the CH MSN, Self-Hired Staff are to capture the following:
  - Goals they worked on
  - Progress/Regression within goals
  - Behaviors/Resolutions
  - Plans for the next month
  - **CANNOT be a copy & paste from MONTH to MONTH**

*\*\*If for some reason the CH MSN does not explain in detail the month, it will get kicked back for the SHS to correct. If not corrected by deadline it can lead to disciplinary action.*



# How can I see if my Self-Hired Staff completed the CH MSN?

Monthly Summary List: May 2024 - Oct 2024

Summary Month	Summary ID	Facility Name	Program	Service Plan Date	Status	Individual Reviewed
05/01/2024	37000	MAIN OFFICE	SDS-Self-Hired Community Habilitation	04/01/2024	Approved	
08/01/2024	37324	MAIN OFFICE	SDS-Self-Hired Community Habilitation	04/01/2024	Approved	
07/01/2024	36903	MAIN OFFICE	SDS-Self-Hired Community Habilitation	04/01/2024	Approved	
06/01/2024	36256	MAIN OFFICE	SDS-Self-Hired Community Habilitation	04/01/2024	Approved	
05/01/2024	35714	MAIN OFFICE	SDS-Self-Hired Community Habilitation	04/01/2024	Approved	

SDS → SDS Summary → Scroll down until you see “*Monthly Summary List.*”

Within your eVero website or APP you can see when it was completed, and if it was completed correctly.

3:46

BACK Monthly Summary

Average, Joe  
53 Years, Male

MONTHLY SUMMARY LIST

Signed Approved Reviewed

Individual Reviewed

May 2024 - Oct 2024

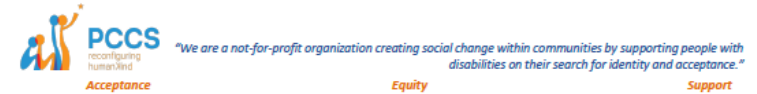
SDS-Self-Hired Community Habilitation

Summary Month : 08-01-2024  
Plan Date : 06-01-2024  
Facility Name : MAIN OFFICE



# MISSED eVero DATA (PUNCH IN/OUT/DOCUMENT OF SERVICE)

- ✓ Each shift is “LIVE,” and therefore if an error or glitch occurs a Missed Service Delivery Form may be used. This must be provided to the assigned FIC within 24-hours of the shift in order to correct manually.
- ✓ This information will be accepted from the Participant/Designee and will not require signature on “Attendance Roster from the SDP/Designee.” However, if submitted by Support Broker or Self-Hired Staff directly, the Self-Directed Participant/Designee MUST approve in eVero before the end of payroll.
- ✓ This form MUST be filled out to avoid kick backs or delay of payment.
- ✓ In the event, that this form is submitted 3 or more times within a given 1-to-2 Pay Periods, there will be a request for a mandatory meeting or a re-training of Self-Hired Staff. If this still occurs, we must report this to our Quality Management Dept. for further investigation.



## Missed Time/Service Delivery Form

**\*\* This form must be submitted to your FIC within 24-hours from staff's shift - this should be completed if staff failed to enter hours worked and/or document services in the eVero app. If not submitted within 24-hours, it can delay payment. \*\***

1. Self-Hired Staff Name: \_\_\_\_\_
2. Individual Name: \_\_\_\_\_
3. Date: \_\_\_\_\_
4. Punch In (AM/PM): \_\_\_\_\_ Start time (AM/PM): \_\_\_\_\_
5. End time (AM/PM): \_\_\_\_\_ Punch Out (AM/PM): \_\_\_\_\_
6. Start Time Service Location: \_\_\_\_\_  
 If Community, please provide the Location Name **AND** Address: \_\_\_\_\_
7. Stop Time Service Location: \_\_\_\_\_  
 If Community, please provide the Location Name **AND** Address: \_\_\_\_\_
8. Non-Billable Time **AND** Reason (if applicable): \_\_\_\_\_
9. Service Provided: \_\_\_\_\_

**\*SKIP QUESTION #10 IF YOU CHOOSE RESPITE FOR QUESTION #9. GO RIGHT TO QUESTION #11**

10. Service Action Goal(s) worked on – **PLEASE REVIEW THE STAFF ACTION PLAN (SAP)**
  - a. \_\_\_\_\_  
 Individual Response: \_\_\_\_\_  
 Staff Support Type/ # of Prompts:  Physical/#  Verbal/#  Gestural/#  
 Model/#  Supervision/#  Picture Card /#
  - b. \_\_\_\_\_  
 Individual Response: \_\_\_\_\_  
 Staff Support Type/ # of Prompts:  Physical/#  Verbal/#  Gestural/#  
 Model/#  Supervision/#  Picture Card /#
  - c. \_\_\_\_\_  
 Individual Response: \_\_\_\_\_  
 Staff Support Type/ # of Prompts:  Physical/#  Verbal/#  Gestural/#  
 Model/#  Supervision/#  Picture Card /#
11. Reason for missed punch or other related issues: \_\_\_\_\_

Person Centered Care Services, Inc.  
 150 Granite Avenue Staten Island, New York 10303

718-370-1088; info@pccsny.org  
[www.pccsny.org](http://www.pccsny.org)  
 Updated 11.20.2024





Written Tool for DSP Evaluation by Self-Advocates/Family/Advocates

The DSP's supervisor, representing the agency which is the employer of record, will use the information you provide to explore the DSP on how they are performing their job. If you have questions, please contact your DSP's agency for assistance.

Direct Support Professional Name: \_\_\_\_\_

Agency Name: Person-Centered Care Services  Check, if Self-Directed Services: YES

Name of Person Completing This Evaluation: \_\_\_\_\_

Goal #1 - Putting People First - The DSP is expected to get to know you and support what you want and need.

- Questions for You to Consider:
- How does the DSP help you to make informed decisions (For example: What to eat, what to wear, when to go to and with whom)?
  - How well does the DSP know you? (For example: Do they know what to do when you are upset? Do they know what makes you happy?)
  - Does the DSP help you learn new things?
  - If you use any equipment, does the DSP know how to manage that equipment so you are comfortable?
  - If you receive help with eating, how well does your DSP assist you?

Exceeds:	Meets:	Making Progress:	Does not meet:
_____	_____	_____	_____
		(For initial evaluation only)	

Comments: (Optional)

\_\_\_\_\_

Goal #2 - Building and Maintaining Positive Relationships - The DSP should help you to use your own personal strengths and their value.

Questions for You to Consider:

\_\_\_\_\_

# EVALUATIONS

Putting People First | Building and Maintaining Positive Relationships | Demonstrates Professionalism | Supporting Good health | Supports Safety | Having a Home

Being Active in Community | Narrative | Supervisor Summary With Points | Supervisor Summary

Goals

Putting People First - The DSP is expected to get to know you (the person served) and support what you want and need.

Skills	Exceeds	Meets	Making Progress	Does Not Meet	Not Applicable
SKILL 1: How does the DSP help you to make decisions (For example: What to eat, what to wear, where to go/do and with whom)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILL 2: How well does the DSP know you? (For example: Do they know what to do when you are upset? Do they know what makes you happy?)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILL 3: Does the DSP help you learn new things?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILL 4: If you use any equipment, does the DSP know how to manage that equipment so you are comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SKILL 5: If you receive help with eating, how well does your DSP assist you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments (Optional): \_\_\_\_\_

Next >

- SHS Evaluations will be due based off their case management date. This is to ensure a productive evaluation, capturing actual dates of service and necessary evaluations when there are case management changes.
- If an SHS supports multiple siblings under the same designee, only a single evaluation between the designee and SHS will be required, unless the designee prefers/requests multiple evaluations.
- For SHS wage increases, an evaluation must be completed within the calendar year and an additional evaluation is not required, unless the designee requests additional evaluation to justify/have record of the increase.

**\*\*Please be advised, wages will not be changed in the middle of a pay period.**

**Wages will not be paid retroactively\*\***



# How do I complete a DSP evaluation?

myCarePortal™ Powered by eVero

Dashboard SDS Transportat

Favorites

- SDS Summary
- Invoice
- Attendance Roster
- Individual Summary Note
- Yearly Expenditure
- Payments

Attendance

June 2025

Sun	Mon	Tue
01	02	03
08	09	10
15	16	17
22	23	24
29	30	01
06	07	08

Quick Links

- Health Info
- Program
- Daily Note
- Care Team

PCCS - Message (HTML)

File Message Developer Help Acrobat Tell me what you want to do

Delete Archive Report Respond Share to Teams All Apps Quick Steps Move Tags Editing Immersive Translate Zoom Reply with Scheduling Poll Save To SharePoint Open PLO Adobe Acrobat Sign Save attachments Translate Message

Powered by

**DSP EVALUATION**

Approved	Paid

Dear Chapman, Melissa,

We would like to inform you that the following staff member is due for an evaluation. To initiate the evaluation process, kindly click on the staff member's name provided below:

[Justin Timberlake](#)

If you have received this email in error or have any inquiries, please do not hesitate to contact our support team.

Thank you for your prompt attention to this matter.

To know more, please click the following button

[Open](#)



*This is only showing the WEB version for the Care Portal APP video's please review the SDP Guide*

[www.pccsny.org](http://www.pccsny.org)

# Self-Hired Employment Status Form



"We are a not-for-profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance."

Acceptance Equity Support

## Self-Hired Employment Status Form

Participant Name: \_\_\_\_\_ Self Hired Staff Name: \_\_\_\_\_

Service Provided:  Community Habilitation  Respite  Both

### Status:

Terminated Date \_\_\_\_\_  Resigned Date \_\_\_\_\_

Inactive Date \_\_\_\_\_ & Return Date \_\_\_\_\_

Active Date \_\_\_\_\_  Per Diem as of \_\_\_\_\_

Change FTE from \_\_\_\_\_ to \_\_\_\_\_

For the following reason(s): (Check all that apply)

Job performance

Time and Attendance

Scheduling conflict, please explain why: \_\_\_\_\_

Other (please specify, and explain why): \_\_\_\_\_

Would the Self-Hired Staff like alternative work within PCCS?  Yes  NO

If yes (pick one),  Traditional  Self-Direction  BOTH

If no, why? \_\_\_\_\_

SD Participant/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Self-Hired Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (FOR F/HR USE ONLY)

Self-Direction Team Member Name: \_\_\_\_\_

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

PDF for OWS Date Completed: \_\_\_\_\_

Person Centered Care Services, Inc.  
150 Granite Avenue Staten Island, New York 10310

718-370-1088; info@pccsny.org  
[www.pccsny.org](http://www.pccsny.org)  
Updated 5/24/2024

Form must be completed, if there is a change with Self-Hired Staff status, such as,

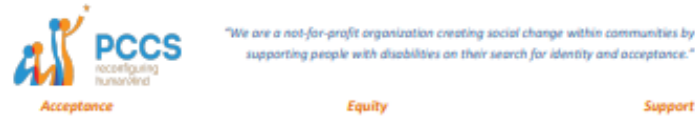
- Will be terminated (please make sure you have back-up documentation (i.e. write-up) as to why)
- Has Resigned – Did the staff provide you documentation/letter?
- Inactive/On Leave: Is the SHS attending college or maternity leave? What is the return date?
- To be placed back in active status
- To change the hours worked (i.e., Under 20 hours to Per Diem or 30-39 hours to 40.) Did you offer them different shifts prior to switching hours?

**Self-Hired Staff MUST sign the form, prior to it being sent to Fiscal Intermediary Coordinator/SHS Assistant**

[www.pccsny.org](http://www.pccsny.org)



# EMPLOYEE TIME OFF REQUEST FORM



## Self-Hired Staff Employee Time Off Request Form

Employer/Employee Information	
Participant/Designee Name: _____	
FI Self-Hired Staff Name: _____	
Service (Check One) <input type="checkbox"/> Self-Hired Community Habilitation <input type="checkbox"/> Self-Hired Respite	
Date(s) Requested:	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____
Total hours requested: _____	

Type of Request	
<input type="checkbox"/> COVID – 19 Pay	<input type="checkbox"/> NYC Sick Leave
<input type="checkbox"/> Personal	<input type="checkbox"/> Jury Duty (proof of service required)
<input type="checkbox"/> Birthday PTO	<input type="checkbox"/> Funeral/Bereavement (proof of attendance required)
<input type="checkbox"/> Other: _____	

Comments	

- Self-Hired Staff Time off Requests MUST be approved by Participant/Designee
- Time off Requests MUST be entered into Paycom
- Self-Hired Staff Time off Request Form MUST be submitted to Employer's Fiscal Intermediary Coordinator

Self-Hired Staff signature: \_\_\_\_\_

Participant/Designee approval: \_\_\_\_\_

- To be used for Self Hired staff to request off (NYC sick leave, personal time, jury duty, bereavement, birthday PTO)
- Hours requested are also to be placed in Paycom
- If form is not submitted at time request is placed in Paycom, the time requested off will be deleted
- Form must be signed off by both Participant/Designee and Self Hired staff.

**\*\*Please encourage staff to check accrual amounts to ensure they are eligible to be paid for the time off requested\*\***



# Self Hired Staff Employment Rights

*An overview of your staff's employment protections, benefits, and legal rights while working in Self-Direction.*



# Self-Hired Staff Paid Time Off

- You begin accruing hours from date of hire and there is no waiting period for staff to access them.
- Any hours over the 100-hour mark at the end of year needs approval to carry over.
- If staff are working less than 20 hours, you are only entitled to the NYC Sick Leave Act
- **Accrual are calculated by**
  - Average hours worked per week per case
  - Length of continuous service with that case
  - If hours change, current balance carries over, new rate applies moving forward

Years	20-29 hours	30-39 hours	40 hours
<b>Year 1</b>	2.77 hours per pay period	4.15 hours per pay period	5.54 hours per pay period
<b>Year 2</b>	3.69 hours per pay period	5.54 hours per pay period	6.46 hours per pay period
<b>Year 3</b>	4.15 hours per pay period	6.23 hours per pay period	8.31 hours per pay period



# Holiday

- You are entitled to specific hours of Holiday Pay for the holidays listed below based upon how many hours you are scheduled to work weekly.
  - 20-29 hours per week- 4 hours
  - 30-39 hours per week - 6 hours
  - 40 hours per week - 8 hours
- **Your birthday is considered a holiday**



## 2025 Schedule



Holidays	Official Dates
New Year's Day	Wednesday, January 1, 2025
Martin Luther King, Jr.	Monday, January 20, 2025
Willow brook Day	Wednesday , April 30, 2025
Memorial Day	Monday, May 26, 2025
Juneteenth	Thursday , June 19, 2025
Independence Day	Friday , July 4, 2025
Labor Day	Monday, September 1, 2025
PCCS Wellness Day	Monday, October 13, 2025
Thanksgiving Day	Thursday, November 27, 2025
Thanksgiving	Friday, November 28 2025
Christmas Day	Thursday , December 25, 2025

# Self Hired Staff Leave Options



Category	NY FMLA (Federal)	NY PFL (State)	NY Short-Term Disability
<b>Purpose</b>	<b>Unpaid leave</b> for personal or family medical reasons	<b>Paid leave</b> for family-related reasons	Partial wage replacement for employee own non-work-related injury or illness
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• 12 months of employment,</li> <li>• 1,250 hours worked in the past 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• 26 weeks of employment for full-time;</li> <li>• 175 days for part-time</li> </ul>	<ul style="list-style-type: none"> <li>• 4 weeks of employment</li> </ul>
<b>Length of Leave</b>	<ul style="list-style-type: none"> <li>• <b>Up to 12 weeks</b> 26 weeks for military caregiver leave)</li> <li>• Intermittent or continuous</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Up to 12 weeks</b> Intermittent or continuous</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 26 weeks continuous</li> </ul>
<b>Compensation</b>	<ul style="list-style-type: none"> <li>• <b>Unpaid</b></li> <li>• (employees may use accrued PTO, sick leave, or vacation)</li> </ul>	<ul style="list-style-type: none"> <li>• 67% weekly wage</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of average weekly wage,</li> <li>• up to \$170/week max</li> </ul>
<b>Job Protection</b>	<ul style="list-style-type: none"> <li>• Guaranteed same or comparable job upon return</li> </ul>	<ul style="list-style-type: none"> <li>• Guaranteed same or comparable job upon return</li> </ul>	<ul style="list-style-type: none"> <li>• No job protection</li> </ul>
<b>Health Insurance</b>	<ul style="list-style-type: none"> <li>• Continues during leave</li> <li>• Employee must continue paying their portion of premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Continues during leave</li> <li>• Employee must continue paying their portion of premiums</li> </ul>	<ul style="list-style-type: none"> <li>• No requirement to continue health insurance</li> </ul>
<b>Qualifying Reasons</b>	<ul style="list-style-type: none"> <li>• Serious Health Condition</li> <li>• Bonding With A New Child</li> <li>• Caring For A Sick Family Member</li> <li>• Military-related Leave</li> </ul>	<ul style="list-style-type: none"> <li>• Bonding With A New Child,</li> <li>• Caring For A Seriously Ill Family Member</li> <li>• Military-related Leave</li> </ul>	<ul style="list-style-type: none"> <li>• Employees own non-work-related injury or illness</li> </ul>



# Paid Prenatal Leave

## Eligible Uses

- Paid Prenatal Leave can be used for prenatal health care appointments related to an employee's pregnancy.
- Prenatal visits for spouses, partners, or support persons, as well as post-pregnancy care, are not covered.

## Leave Availability

- Employees are entitled to 20 hours of Paid Prenatal Leave during any rolling 52-week period, starting from the first date the leave is used
- Unused hours do not carry over

## Requesting Paid Prenatal Leave

- To request Paid Prenatal Leave as if you are requesting time off. Under Leave you would select Prenatal Leave

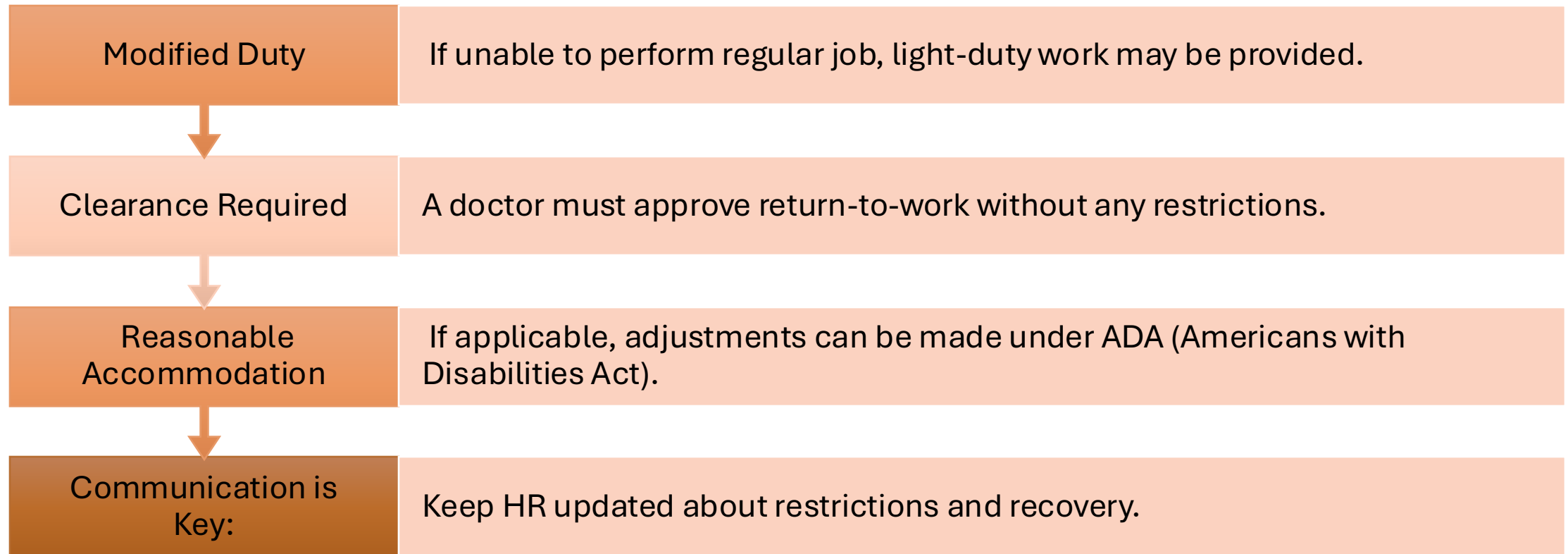


# Worker's Compensation

- Workers' Compensation provides benefits to employees who are injured on the job or develop a work-related illness
- Employee Injury & Workers' Compensation Resource Guide is a guide on exactly what steps need to be taken if injured while providing direct service. They can find this guide in Paycom under Documents  
→ Company Resources



# Return-to-Work Process



# Lactation Support for SDS DSPs

## Breaks for Lactation

- SDS DSPs may take reasonable unpaid breaks to express milk (up to 1 year after childbirth, per Labor Law §206-c)
- Breaks should align with existing paid break or mealtimes when possible
- Paid time may be used for lactation if applicable

## Lactation Space & Coordination

- Designee must offer a private, clean, non-bathroom space (e.g., bedroom), shielded from view, with seating and an outlet if needed
- Community Settings: DSPs and designees must coordinate options (e.g., public lactation rooms or brief step-away time)

## Employee Responsibilities

- Notify the designee in advance about lactation needs
- Bring your own pumping equipment
- Use a cooler or insulated bag if no fridge is available

## Non-Retaliation

- ★ • PCCS prohibits retaliation for using lactation rights
- Concerns? Contact HR or your Fiscal Intermediary (FI) for support



# Other Leave Entitlements for SDS DSPs

The following leave options can be requested through Paycom SDS DSP Paycom Account → Ask Here → Employee Request

## Bereavement Leave

- **3 paid days** for loss of an immediate family member (spouse, domestic partner, parent, grandparent, guardian, in-laws, sibling, or child)
- Can be taken **consecutively** or **intermittently within the same pay period**
- **Documentation** will be requested as proof

## Time Off for Voting

- Up to 2 hours of paid leave if unable to vote outside of working hours

## Jury Duty Pay

- Must submit proof of attendance
- PCCS provides pay for up to 5 days of jury duty
- For jury service beyond 5 days, PTO must be used



# Employment Laws



# OPWDD / Medicaid / Dept. of Labor Guidance

## Assignment & Scope of Work

- Staff may only work with the individual(s) listed in the Self-Direction budget
- Cannot be used for school pickup/drop-off or as a taxi/uber service
- All tasks must support a valued outcome in the Life Plan

## School Hours & Hospitalizations

- Staff cannot work while school is in session (even if the individual is home sick or has an appointment)
- Staff cannot work if the person is admitted to the hospital
- Submit the School Schedule Form to your FI Coordinator annually

## Clocking In & Breaks

- Staff must clock in only when physically with the individual
- Working over 12 hours? Must notify FI in advance
- Required: 1-hour break + two 15-minute breaks

## Weekly Hours & Rest Periods

- Staff may not work more than **40 hours/week per individual**
- Must have **at least one 24-hour rest period** every 7 days
- ★ [One Day Rest in Seven Law \(LS611\)](#)
- **Follow PCCS Overtime Policy** for hours over 40/week



# DOL Guidelines: Employing Staff Under Age 18

## School Requirements

- Minors under 16 must attend full-time school
- Communities may require school attendance until age 17 or graduation
- High school graduates under 18 must provide a Full-Time Employment Certificate to work

## Under 14 years old:

- Cannot be employed at any time

## Ages 14–15:

- May work after school or during vacations

## Ages 16–17 (Not in School):

- May work full-time year round
- Factory work is allowed for those 16+

## Employment Certificate Required

- All minors under 18 need valid working papers or an employment certificate
- A parent or legal guardian must sign the background paperwork
- Guardians must be present at the time of fingerprinting
- Fingerprinting will not be permitted without their presence



# Disability Accommodations & the ADA

## What is a Reasonable Accommodation?

Under Title I of the Americans with Disabilities Act (ADA), a reasonable accommodation is a change to the job, work environment, or hiring process that allows a person with a disability to:

1. Access equal opportunity in the application process
2. Perform essential job functions
3. Enjoy equal benefits and privileges of employment

## Your Role as a Self-Direction Employer

- If a self-hired staff member requests an accommodation:
  - Do not deny or ignore the request
  - Contact your assigned FIC immediately
  - The FIC will coordinate with PCCS Human Resources to guide next steps



# Pregnancy Law

## Provide Reasonable Accommodations

- You must provide reasonable accommodations for employees with known pregnancy-related conditions (e.g., frequent breaks, light duty, or modified schedules)

## Follow New York State Human Rights Law

- It is unlawful to deny employment opportunities, take adverse action, or fail to accommodate a worker due to pregnancy
- Applies to all employers, including Self-Direction Designees

## Engage in an Interactive Process

- Work together with the employee to determine reasonable accommodations
- Requests must be based on medical needs — documentation may be required

## No Retaliation

- It is illegal to retaliate against staff for requesting or using a pregnancy accommodation

## Need Support?

- Contact your FI or HR representative for help with documentation or next steps.



# Driving Policy: Transporting Participants in the vehicle of a Self-Hired staff

- If required, Self-Hired staff can transport Participants in their vehicle to goal related activities outlined in their Staff Action Plan. When completing the Self Hired staff information form, you must indicate whether Self Hired Staff will transport Participants in their vehicle. If Self Hired staff are involved in an automobile accident, they are responsible for any damages that incur to their vehicle. Since the driver is not driving an agency vehicle, their personal insurance will cover damages/losses or the insurance of the other driver.
- SD participants and designees also have the option of having their Self-hired staff placed in DMV's License Event Notification Service (LENS) through PCCS. The LENS program alerts PCCS with moving violations and license suspensions.
- A moving violation occurs whenever a traffic law is violated by a vehicle in motion. Some examples of moving violations are speeding, running a stop sign or red light, and driving under the influence. LENS can quickly identify problem drivers and focus efforts to improve safety and decrease vulnerability.
- If the Participant/Designee or their Self Hired staff is injured in the automobile accident while on shift, the self-hired staff can then file a worker's compensation claim.



# Building Strong Working Relationships

Do's & Don'ts for Designees



# Obtaining & Retaining Self-Hired Staff

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## Open Communication

Foster regular, transparent conversations with your staff

Be approachable and responsive to questions or concerns

---

## Set Clear Expectations

Create a **Job Description** tailored to your needs

Outline responsibilities, boundaries, and support goals

---

## Team Collaboration

Hold **Self-Hired Staff meetings** to check in

Create space for shared feedback on what's working or not

---

## Consistent Scheduling

Provide a **predictable and reliable schedule**

Helps with planning and builds trust

---

## Review Support Plans

Go over the **CH MSN** and **Staff Action Plan** (if applicable)

Ensure staff understand how to align their work with the person's goals

---



# Boundaries & Professionalism



## DO

- Communicate respectfully and clearly
- Provide written expectations and schedule
- Address performance concerns directly and professional
- Maintain records of hours, tasks, and feedback
- Encourage feedback in a structured setting (e.g., staff check-ins)
- For more information: [Sexual Harassment Prevention Training - YouTube](#)



## DON'T:

- Ask **personal or invasive questions** (e.g., about dating life, finances, religion)
- Make **comments about appearance** or clothing
- Treat staff like family or expect “extra” work outside the job description
- Allow **blurring of roles** (e.g., expecting favors, errands)
- Use **threats or emotional pressure** to maintain staffing



# Compliance vs. Quality Issues

- All Self-Hired Staff must follow OPWDD and PCCS compliance standards
- PCCS, as the Employer of Record, will provide:
  - Fair warning & counseling
  - Opportunities to complete required documentation or trainings

## Compliance Issues (*PCCS Directly Handles*)

Involves failure to complete:

- Mandatory trainings
- Background checks/fingerprinting
- Timekeeping errors, documentation issues
- May lead to **written warnings or termination** if unaddressed
- Addressed directly by PCCS HR

## Quality/Performance Concerns (*Designee + PCCS Collaboration*)

- Includes issues like:
  - Punctuality, attitude, communication
  - Inconsistent support
- Discussed in a **Circle of Support Meeting**
- PCCS HR supports designee in applying **Employee Life Cycle Policy**



# Systems Use

## eVero

- Self-Hired Staff, Self-Directed Participants/Designee, and Support Brokers have access.
- Self-Hired Staff clock in/out
- Document Services, either Daily or Monthly like Monthly Summary Notes
- Input of invoices for reimbursements (ex. Community Classes, FRR, and etc.)

## Paycom

- Access only granted to Self-Hired staff
- Self-Hired staff can request time off
- Review accrual information
- View paystubs, past hours worked, direct deposit information, tax statements (w-2) and withholdings

## Relias

- Self-Hired Staff only granted access
- This is used to complete OPWDD Mandatory Trainings, as well as any other required trainings such as Sexual Harassment Training.



# Overview of eVero



Sign in to continue

Username [Forgot your username?](#)

FIPCCS

Password [Forgot your password?](#)

.....

Sign In

[Forgot your login information?](#)

[Sign in with your Agency Code](#)

You are accessing a private Cloud Service. This Cloud Service is for the exclusive use of authorized users of the eVero Platform™. Unauthorized use of the eVero Platform™ is prohibited and is subject to criminal and civil penalties.

By logging in you accept and agree to eVero's [Terms of Service](#) and [Privacy Policy](#).



*This is only showing the WEB version for the Care Portal APP video's please review the SDP Guide*

[www.pccsny.org](http://www.pccsny.org)

# Overview of Paycom

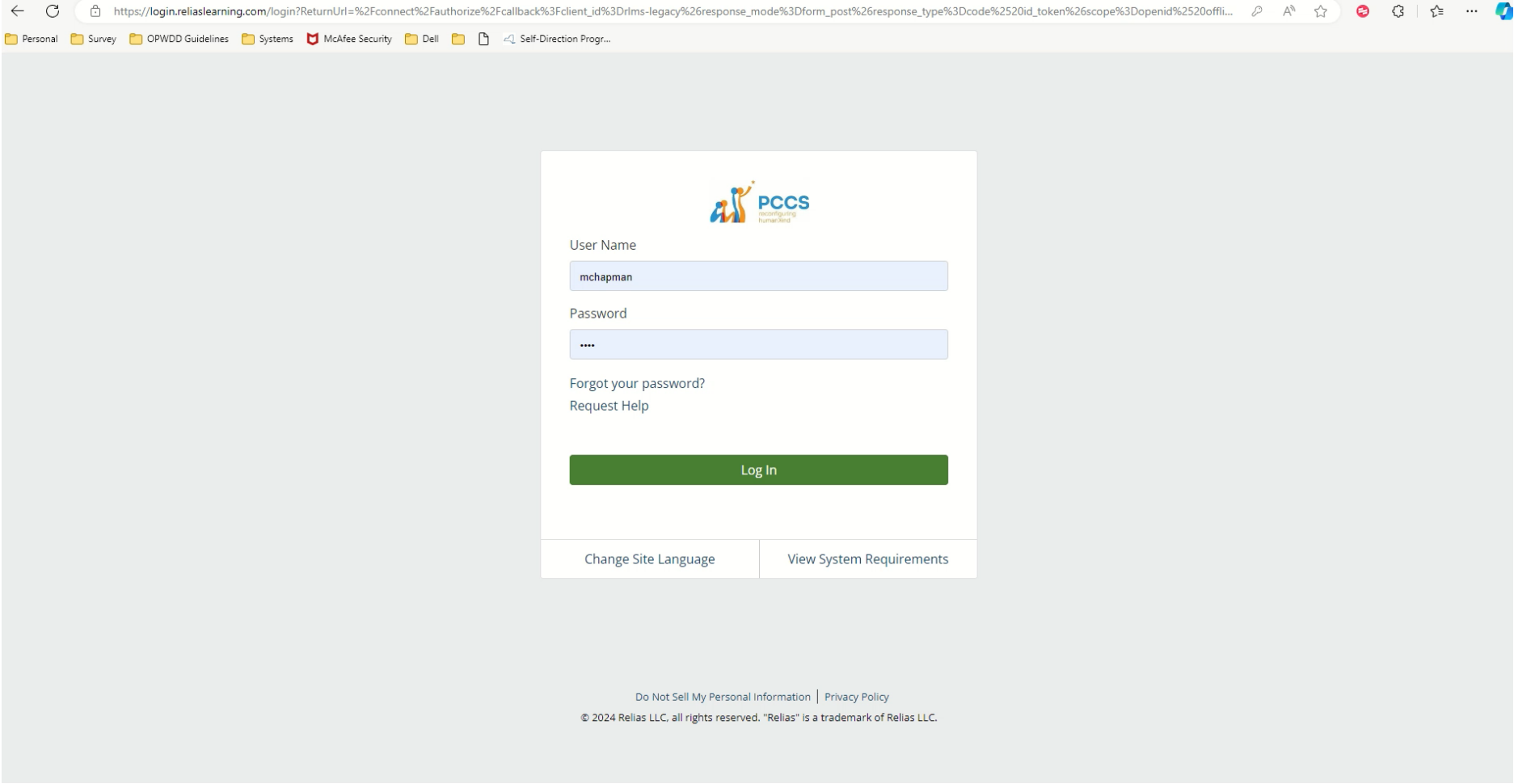
The screenshot shows the Paycom website interface. At the top, there is a navigation bar with links for CAREERS, INVESTORS, and CONTACT. Below this is the Paycom logo and a secondary navigation bar with links for Our Solution, Who We Help, About Us, and Resources. A LOGIN button and a REQUEST MEETING button are also present. The main content area features a large green banner with the text "AUTOMATE DECISIONS SO YOU CAN FOCUS ON THE EXTRAORDINARY". Below the banner are three mobile app screenshots: "Time-Off Requests" showing a calendar, "My Pay" showing a list of tasks, and "Ask Here" showing a list of questions. At the bottom of the banner, it says "WITH HR AND PAYROLL FULL-SOLUTION AUTOMATION". A cookie consent banner is visible at the very bottom of the page.



*This is only showing the WEB version for the Paycom APP video's, please have Self-Hired Staff reach out to the department.*


[www.pccsny.org](http://www.pccsny.org)

# Overview of Relias



https://login.reliaslearning.com/login?ReturnUrl=%2Fconnect%2Fauthorize%2Fcallback%3Fclient\_id%3Drims-legacy%26response\_mode%3Dform\_post%26response\_type%3Dcode%2520id\_token%26scope%3Dopenid%2520offli...

Personal Survey OPWDD Guidelines Systems McAfee Security Dell Self-Direction Progr...

 PCCS  
reconfiguring  
humanity

User Name  
mchapman

Password  
....

Forgot your password?  
Request Help

Log In

Change Site Language View System Requirements

Do Not Sell My Personal Information | Privacy Policy  
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*This is only showing the WEB version for the Relias APP video's, please have Self-Hired Staff reach out to the department.*

# Portal Request Form

Would you like your Support Broker or anyone else to have access to your eVero account?

**EMPOWER (eVero)**  
**FAMILY PORTAL ACCESS REQUEST FORM**

PARTICIPANT/DESIGNEE: \_\_\_\_\_

PERSON(S) TO BE ADDED TO THE FAMILY PORTAL:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARTICIPANT/DESIGNEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FISCAL INTERMEDIARY COORDINATOR SIGNATURE: \_\_\_\_\_

DATE ACCESS GRANTED: \_\_\_\_\_

Then you would complete the above form, and the Support Broker or someone designated can assist with, but not limited to, upload reimbursements, approve attendance roster, and more.



# Termination Form

Self-Directed Service Termination Form	
This form is completed when a Support Broker or Fiscal Intermediary (FI) service is being discontinued by the Self-Direction Participant, the Support Broker or the FI. This form does not remove authorization of the actual service from the Self-Direction Participant's self-direction budget or Life Plan.	
<b>Name of Self-Direction Participant:</b>	
Mailing Address:	
Telephone:	Email:
<b>Support Broker Information</b>	
Name of Support Broker:	Authorization Number:
Mailing Address:	
Telephone:	Email:
<b>Fiscal Intermediary (FI)</b>	
Name of Fiscal Intermediary (FI):	
Mailing Address:	
Telephone:	Email:
<b>For completion by person requesting termination</b>	
Participant/Designee <input type="checkbox"/>	Support Broker <input type="checkbox"/> Fiscal Intermediary <input type="checkbox"/>
Requested date of termination:	Service being terminated: <input type="checkbox"/> Support Brokerage <input type="checkbox"/> Fiscal Intermediary
Name of Person being terminated:	
Title:	
<small>*On the second page, please explain your reason for terminating Support Brokerage/Fiscal Intermediary services.</small>	
<b>For completion by the Support Broker (if support brokerage is the service being terminated)</b>	
Original Broker Agreement effective date:	
Last day service was provided to this individual:	
Were you providing start-up brokerage to this participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate below the amount expended from the total budgeted start-up brokerage amount.	
Original agreement dollar amount:	
Dollars Expended:	
Remaining agreement dollar amount:	
<b>Signatures: (After signing, please send to the DDRO Self-Direction Liaison.)</b>	
By signing this document, I agree to terminate this provider and that I (the Self-Direction Participant) will inform them in advance and notify my Fiscal Intermediary, Care Manager, and Self-Direction Liaison. I understand that I need to complete outstanding paperwork for this provider for services delivered prior to this termination.	
Self-Direction Participant/Designee Signature (required):	Date
Service Provider Signature (required):	Date
If signature is not obtainable, please indicate why in the space below:	
<b>DDRO Attestation</b>	
The signature of the DDRO Self-Direction Liaison indicates that the DDRO supports this termination.	
DDRO	
Name of the DDRO Self-Direction Liaison	
Signature of DDRO Self-Direction Liaison	Date

- ✓ To be completed if you wish to terminate services with the Broker, Fiscal Intermediary and/or Self-Direction.
- ✓ Please do not complete for termination of services until you have a new service provider in place (FI, Broker)
- ✓ If you wish to terminate services with your current FI please work with your Support Broker on submitting amended SD Budget to the new FI Provider.
- ✓ If you have Self Hired staff, you must ensure that all Self-Hired staff is processed with the new FI.
- ✓ Ensure that a new Support Broker agreement is signed and provided to the FI. This will assist with making sure that no services have been lapsed.
- ✓ Page 2 must be completed indicating the reason behind the termination for either service.



# Our Role

The Fiscal Intermediary Coordinators are Corporate Compliance Officers when it comes to this program. We have to the right to question and correct with you prior to reimbursing, as mentioned within your MOU.



# Resources

- [PCCS Website \(pccsny.org\)](http://pccsny.org)
- [OPWDD Website \(OPWDD.ny.gov\)](http://OPWDD.ny.gov)
- [Regulations & Guidance | Office for People With Developmental Disabilities \(ny.gov\)](http://ny.gov)
- [OPWDD SD Guide March 2022](#)
- [Department of Labor](#)
- [Electronic Visit Verification \(EVV\) Resource Library \(ny.gov\)](#)
- [Medicaid](#)
- [Office of the Medicaid Inspector General \(OMIG\)](#)
- [Unethical Activity Procedures Pamphlet](#)
- [eVero: Where Innovative Technology Meets Human Care](#)
- [My eVero Portal | eVero Login](#) – Self-Directed Participant/Designee Website for eVero
- [The eVeroPortal™ Mobile App for Individuals & Families | eVero](#) – Self-Directed Participant/Designee APP for eVero
- [eVeroMobile - eVero's EHR Mobile App](#) – Self-Hired Staff APP for eVero
- [Continuing Education & Training - eVero Corporation](#) – eVero Training Videos
- [Self-Direction Guide \(written by Person Centered Care Services\) - Version 4](#)
- [What should be included within my Life Plan?](#)



# Agency Updates

Make sure to join us each month to:

- Participate in team building
- Hear updates from across the agency
- Share info interdepartmentally
- Announce the Peer-to-Peer winners & Staff Celebrations

***DO NOT forget to Nominate anyone within PCCS who went above and beyond within their role. Both of you can win!!***



## STAFF CELEBRATIONS

*Nomination Form*

Staff Nomination recognizes 2 employees who are nominated by their **peers, community members, people supported, families** they work with or want to nominate themselves, who have demonstrated dedication and hard work to PCCS and the people we support.

1. Staff Nominations for Stipends – 2 staff will be selected from the nominations each month and receive \$100 stipend for recognition of their great work
  - a. If you are nominator you also will be in the running for a \$25 gift card
2. Celebrations – this can just be any celebratory moment work or personal – someone graduated, got a new car or house, having a baby, got a certification etc.

Staff Celebrations will be announced each month on the Agency Update meetings!

Scan the QR code to submit your nominations!  
<https://forms.microsoft.com/r/4td0QshCaY>





**LEAVE A REVIEW  
ON GOOGLE**



**SCAN THE QR CODE TO LEAVE PERSON  
CENTERED CARE SERVICES A REVIEW!**



July

Questions

# Together, We Can Do More

*Stay connected to PCCS:*



**@PCCSNY**

