

# **Valley Mountain Regional Center Policies, Definitions, and Procedures for Participant Directed Services (April 16, 2020)**

## **Service Types and Descriptions of Participant Directed Services:**

### **Participant-Directed Respite Service - Family Member - Service Code 465**

VMRC shall classify a vendor as Participant-Directed Respite Service Family Member if the vendor:

1. Is a family member;
2. Is not the direct provider of the respite service; and
3. Selects the respite service for the consumer from an individual who is at least 18 years of age and possesses the skill, training, or education necessary to provide the respite service. The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible for ensuring that the person providing respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's IPP or IFSP; or
4. An agency that meets the criteria specified in California Code of Regulations, Title 17, Section 54342(a)(39); or
5. For out-of-home respite services, a facility which meets the standards specified in California Code of Regulations, Title 17, Section 54342(a)(58) or (72). A relative who provides out-of-home respite in the relative's own house is exempt from licensure pursuant to Title 22, California Code of Regulations, and Section 80007.

### **Participant-Directed Day Care Service - Family Member - Service Code 455**

VMRC shall classify a vendor as Participant-Directed Day Care Service - Family Member if the vendor:

1. is a family member;
2. Is not the direct provider of the day care service; and
3. Selects the day care service for the consumer from:
  - a. An individual who possesses the skill, training, or education necessary to provide the day care service; or
  - b. An agency that meets the criteria specified in California Code of Regulations, Title 17, Section 54342(a)(4) or (a)(15)(A), (B), or (C).

Participant-directed day care services for children shall only be authorized by regional centers for day care costs and/or hours exceeding the cost of providing day care services provided to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the children to remain

in the family home. The rate paid for this service is equivalent to the **405 Day Care Family Member** rate, \$5.56 per hour.

### **Participant-Directed Transportation - Family Member - Service Code 470**

(A) VMRC shall classify a vendor as Participant-Directed Transportation - Family Member if the vendor secures the transportation to and/or from authorized services identified in the consumer's IPP and the vendor:

1. Is a family member or adult consumer. The family member or adult consumer may either provide the transportation service or secure an individual to provide the transportation services identified in the consumer's IPP;

(B) The individual who is actually providing the transportation service shall:

1. Possess a driver's license which is valid in California; and
2. Have evidence of maintenance of adequate insurance coverage pursuant to Welfare and Institutions Code, Section 4648.3.

(C) Participant-Directed Transportation shall only be authorized by regional centers to cover transportation costs which exceed the transportation costs that the family member would incur for a minor child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the consumer to remain in the family home.

### **Participant-Directed Community-Based Training Service for Adults - Service Code 475,**

As established in Welfare and Institutions Code Section 4688.21(c)(1) through (12) an adult day program service that assists the adult consumer in the development of skills required for community integrated employment and/or participation in volunteer activities and to secure employment and/or volunteer positions or pursue secondary education.

(A) VMRC shall classify a vendor as a Participant-Directed Community-Based Training Service for Adults if the vendor:

1. Is an adult consumer, family member, or conservator;
2. Is not the direct provider of the community-based training service for adults? A parent or conservator shall not be the direct support worker employed by the community-based training vendor; and
3. Selects the community-based training service for adults from an individual who is at least 18 years of age and possesses the skill, training, or experience necessary to provide the community-based training service for adults in accordance with the IPP. If the selected individual is required to transport the consumer, meets the requirements:
  - Possess a driver's license which is valid in California; and
  - Have evidence of maintenance of adequate insurance coverage pursuant to Welfare and Institutions Code, Section 4648.3.

(B) The Participant-Directed Community-Based Training Service for Adults shall be provided in natural environments in the community, separate from the consumer's residence. The rate for 475 (community-based training) is **\$16.22** per hour, which is set by DDS.

### **Participant-Directed Nursing Service - Family Member - Service Code 460**

(A) VMRC shall classify a vendor as a Participant-Directed Nursing Service - Family Member if the vendor:

1. Is a family member; and
2. Selects, assigns, and monitors an individual who provides nursing services for a consumer.

(B) The family member may be the direct provider of the nursing service if the service is not intended to provide respite to the family member.

(C) The individual or family member who provides the nursing service shall possess the qualifications specified in California Code of Regulations, Title 17, Section 54342(a)(46), (51), or (66). The rate for 460 is dependent on the qualifications the service provider holds. The services cited in the 460 definition and our current rates for these services are:

Section 54342(a)(46) - Registered Nurse: \$60.86/hr.

Section 54342(a)(51) - Licensed Vocational Nurse: \$44.12/hr.

Section 54342(a)(66) - Nurse's Aide or Assistant: \$12.45/hr.

### **Personal Assistance – Service Code 62**

VMRC shall classify a vendor as Personal Assistance if the vendor provides personal assistance and support. The provider or "Employee" is to be paid no less than \$16.25 per hour. The rate paid to the FMS is \$22.80 per hour (covers Employee wage, mandated employer costs which is estimated at 22% of employee wage, and FMS cost which is estimated at 15% of the total wage and employer costs)

### **Independent Living Specialist – Service Code 635**

VMRC shall classify a vendor as an independent living specialist if the vendor possesses the skill, training, or education necessary to teach consumers to live independently and/or provide the supports necessary for the consumer to maintain a self-sustaining, independent-living situation in the community. The rate paid to the FMS is \$22.80 per hour (with the same distribution as indicated in "Personal Assistant" description above).

### **Supported Employment- Service Code 952**

VMRC shall classify a vendor as a provider of Supported Employment -- Individual Services if the vendor meets all the requirements of the vendorization process, including proof of certification of nonprofit status and provides supported employment services including job-coaching services to a single individual with developmental disabilities engaged in paid work in a community setting. The rate paid to the FMS is \$22.80 per hour (with the same distribution as indicated in "Personal Assistant" description above).

## **Overview of the Process for Accessing Participant Directed Services:**

**Step #1:** Have an Individual Program Planning meeting with your Service Coordinator and discuss your needs or the needs of your family member you are responsible for and discuss your needs for support and determine the type of services that would best meet your needs.

**Step #2:** If one of those services is any of the above services, then have your service coordinator write in your IPP the service type, duration, and that you will be choosing, scheduling, and supervising your own provider for one or more of the above services.

**Step #3:** Ask your service coordinator to provide you with a list of Financial Management Service providers, and then you select the FMS you would like to support you. Once you select an FMS let your Service Coordinator know.

**Step #4:** You identify someone able and qualified to provide the service as you outlined in your IPP. The person must be 18 years or older and be able to provide the service you identified in your IPP. (If the service is, Personal Assistant or Independent Living Skills the provider cannot be the consumer's spouse or parent.)

**Step #5:** You refer your provider to the FMS who will confirm proof of age and qualification and gather the provider's employment and federal disclosure information.

**Step #6:** After your service coordinator has completed the request for services, you and the FMS will receive an authorization for services, which will be available on the portal for the FMS. The FMS will then send a timecard to the provider when the authorization is complete.

**Step #7:** Your provider begins after you tell them your expectations for working with you and you both agree to the terms of service.

**Step #8:** Your service provider submits a timesheet to you for approval and the timesheet is sent to the FMS for them to pay the provider directly.

**Step #9:** VMRC pays the FMS twice a month based on the record of utilized hours or units as authorized.

## **What is the difference between Fiscal Agent vs. Co-Employer?**

### *Fiscal Agent*

A participant may choose this model of FMS provider when goods or services are purchased from a business. The FMS providing services in this capacity writes checks

and pays for goods and services listed in the IPP. No employer/employee relationship exists between the FMS, the service provider, or the participant. The business is responsible to provide the items or workers and the FMS provider writes the check for the goods or services provided.

### *Co-Employer*

A participant may choose this model if they want to share some of the employer roles and responsibilities with an FMS. While the FMS provider in this model is the employer of record, the participant maintains the ability to hire and terminate employees with input from the FMS provider. The FMS provider maintains the primary employer liability and required insurances. The FMS also assists by verifying provider qualifications and processing payroll.

### **What are Financial Management Services?**

Financial Management Services (FMS) help participants manage their individual budgets by paying bills and managing the payroll for service providers.

### **Does everyone have to have an FMS provider?**

Yes. The participant is required to use the services of an FMS of his or her choosing. The FMS must be vendored by VMRC. The consumer and/or family must use a FMS Service (FMS) provider to handle payroll, taxes, reporting, etc.: VMRC will help in identifying available FMS providers, explain the types of FMS (Fiscal Agent vs. Co-Employer), and help the consumer/family determine the best type for their situation.

### **Do I need to become a vendor and or does my provider need to become a vendor?**

No, just the FMS needs to be a vendor with a vendor number.