

A Supports Brokerage Start-Up Guide

May 2018



values *into* action

**This project is supported by a grant from the
Pennsylvania Developmental Disabilities Council.**

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Prologue: Overview of Participant Directed Services in Pennsylvania

“All people with disabilities shall have the option to design, control and direct their own services and funding” Power to the People Summit, 2009

In accordance with the principles of self-determination, choice and control, the Office of Developmental Programs (ODP) has made **Participant Directed Services (PDS)** available to children and adults with autism and/or intellectual and developmental disabilities enrolled in the ODP waivers. It should be noted that Pennsylvania chose the term **Participant Directed** over others commonly used such as Person Driven Services, Self-Direction, Services My Way, Choice and Control, Consumer Driven Services. All of these terms mean essentially the same thing as they all describe the service model in which people with disabilities and/or their surrogates, control and direct their disability funded services and supports. To align with ODP and to avoid confusion, this manual will use the acronym PDS to mean the Participant Directed Services system in Pennsylvania.

In Pennsylvania, PDS enables people using services to have more control over where, when and how some or all of their services and supports are delivered. People have the right to choice regardless of the service delivery option, but with PDS they have a *greater* amount of choice and control, along with additional responsibilities, as they or their surrogate become a type of employer. People can be the employer of the persons who provide their PDS or a surrogate can be selected to take on the role of employer on their behalf.

When someone chooses to use PDS, they do so with the assistance of a **Financial Management Service (FMS)** organization. The FMS enhances their choice and control while reducing some of the employer-related work that is associated with PDS, such as processing payments and maintaining tax records. There are two types of FMS: Agency with Choice (AWC) and Vendor Fiscal/Employer Agent (VF/EA). The two options provide the individual or their surrogate with different levels of control and responsibility.

Employing a Supports Broker is another component of PDS in Pennsylvania, and is included as a service in all three ODP Waivers (i.e. Consolidated, Community Living and Person/Family Directed Services (P/FDS)). While underutilized until the Pennsylvania Developmental Disabilities Council (PADDC) funded the Person Driven Services demonstration project in 2013, the Supports Broker service is rapidly expanding as participants and families become more informed about the benefits of using it.

The Person Driven Services project sought to include individuals using services through the Office of Long Term Living's (OLTL) Services My Way. While several Recovery Coaches were trained as Supports Brokers, there remains much work to expand the use of this service within OLTL. The same is true for services delivered through the ODP's Bureau of Autism, which currently does not allow PDS through the Autism Waiver.

Thanks to the PADDCC Person Driven Services project, namely the Demonstration Component, systems advocacy has been initiated. As the ODP PDS was the focus of the project, this Manual will focus on ODP policies, regulations and rules as they apply to service provider organizations seeking to enroll as Supports Brokerages.

Chapter 1: Supports Brokering Defined

As currently defined in the ODP Waiver Service Definitions,

The Supports Broker service is a direct and indirect service available to participants who elect to, or who are currently using PDS. The Supports Broker service is designed to assist participants or their designated surrogate with the following three functions:

- Developing natural relationships and generic community supports.
- Assisting with employer related tasks.
- Ensuring compliance with all applicable policies, regulations and rules that govern waiver funded services that are being self-directed.

The current ODP Waiver Service Definitions outline the following list of activities:

- Explaining and providing support in completing employer, or managing of employer related paperwork.
- Participating in Financial Management Services (FMS) orientation and other necessary trainings and interactions with the FMS provider.
- Developing effective recruiting and hiring techniques.
- Determining pay rates for Support Service Professionals (SSPs).
- Providing or arranging for training for SSPs.
- Developing schedules for SSPs.
- Developing, implementing and modifying a back-up plan for services, staffing for emergencies and/or SSP absences.
- Scheduling paid and unpaid supports.
- Developing effective management and supervision techniques such as conflict resolution.
- Developing proper procedures for termination of SSP in the Vendor Fiscal/Employer Agent (VF/EA) FMS option or communication with the Agency with Choice (AWC) regarding the desire for removal of Support Service Professionals from working with the participant in the AWC FMS option.
- Reviewing of workplace safety issues and strategies for effective management of workplace injury prevention.
- Assisting the participant or their designated surrogate in understanding and/or fulfilling the responsibilities outlined in the Common-Law Employer Agreement form and the Managing Employer Agreement form.
- Facilitating a support group that helps to meet the participant's self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator.
- Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant direction.

- Identifying areas of support that will promote success with self-direction and interdependence and share the information with the team and Supports Coordinator for inclusion in the Individual Service Plan (ISP).
- Identifying and communicating any proposed modifications to the participant's service plan.
- Advising and assisting with the development of procedures to monitor expenditures and utilization of services.
- Complying with the standards, regulations, policies and the waiver requirements related to self-direction.
- Advising in problem-solving, decision-making, and achieving desired personal and assessed outcomes related to the participant directed services.
- When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, Support Coordinator (SC), Administrative Entity (AE) or ODP.
- All functions performed by a Supports Broker must be related to the personal and assessed outcomes related to the PDS in the ISP.

Chapter 2: Qualifying as an ODP Supports Broker Provider

Organizations seeking to provide Supports Broker services through the ODP Waivers, and become what is known as a Supports Brokerage, should visit the myodp.org website, using the following hyperlink:

<https://myodp.org/course/index.php?categoryid=249>

Click on ***Provider Qualification and Enrollment***, and follow instructions.

Please note, new provider organizations must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. New providers must also participate in New Provider Orientation and pass the examination. Also, new and current providers must have documentation that all vehicles used in the provision of the Supports Broker service have automobile insurance, and current State motor vehicle registration and inspection.

Additionally, organizations providing Supports Broker services are bound to the following Conflict of Interest Policy:

The Supports Broker provider may not provide other direct or indirect waiver services or base funded ID services when authorized to provide Support Broker services to the individual.

Supports Broker providers may not provide administrative services such as a Health Care Quality Unit (HCQU), an Administrative Entity (AE) functions or Individual Monitoring for Quality (IM4Q) Program.

Chapter 3: Supports Broker Qualification Standards

Each individual Supports Broker hired by the Supports Brokerage (or Independent Supports Brokers hired by the CLE or ME through the FMS) must successfully complete the Supports Broker Certification Program provided by ODP or its designee. Individual Supports Brokers that enroll on or after July 1, 2017 must complete this program prior to enrollment as a Supports Broker. Individual Supports Brokers who are enrolled prior to the effective date of this waiver must complete this program by January 1, 2019.

An individual Supports Broker must meet the following standards:

- Complete standard ODP required orientation and training.
- Be at least 18 years of age.
- Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
- Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
- Have a valid driver's license, if the operation of a vehicle is necessary to provide Supports Broker services.
- Comply with Department standards related to provider qualifications.

Chapter 4: Orienting, Training and Supervising Supports Brokers

The Supports Broker Policy Manual and The Supports Broker Training Manual should be used when orienting new Supports Brokers in conjunction with the organization's orientation and training plan. Links to both of these documents are attached in the Reference Section of this Manual.

It is recommended that Supports Brokerages ensure regularly scheduled and consistent supervision sessions with each Supports Broker. The Supports Broker should lead the agenda and include challenges, successes and lessons learned as s/he assists people in directing their own, or their family member's services.

On-going mentoring and training is required and the above-mentioned processes and documents should be utilized to engage Supports Brokers in utilizing best practices. Other resources include:

The College of Direct Support : <https://www.myodp.org/mod/page/view.php?id=7758>

My ODP: <http://www.myodp.org>

Speaking for Ourselves 610-825-4592

Self Advocates United as One (SAU1): www.sau1.org

The PA Family Network: www.visionforequality.org/pa-family-network/

The Lifecourse Website: www.lifecoursetools.com

Supports Brokering PA Facebook Page:
<https://www.facebook.com/supportsbrokeringPA/>

Chapter 5: Managing a Mobile Workforce

A large portion of the work that Supports Brokers do is meeting people where they are – where people live and thrive, at work, at school, and in the community. Thus, in managing the Supports Broker workforce, organizations will need to create and implement a **Mobile Workforce Management Strategy (MWMS)**.

The three main things to be considered when implementing a MWMS are the following:

1. Hardware
2. Software
3. Work flow management

Hardware Considerations

The MWMS will need to take into consideration that electronic equipment is key to the completion of duties related to the Supports Broker position.

Three main pieces of equipment are highly recommended:

1. Smart phone
2. PC or smart tablet
3. Printer/scanner/fax

It is recommended that Supports Brokerage organizations require the use of the above electronic equipment by all Supports Brokers. Consideration of the costs to provide equipment to Supports Brokers will need to be given, and/or offering an incentive for employees or sub-contractors to use their own equipment. For instance, if Supports Brokers are full-time employees, it would be prudent to provide equipment that is owned and maintained by the organization. When equipment is owned, and maintained by the organization, security steps can be more easily taken and insured via domains and policies, particularly around the privacy of individual Personal Health Information (PHI).

For Supports Brokers working part time, organizations may want to develop compensation policies that promote the use of personal equipment, with clear expectations regarding the ownership and use of information.

In all situations, the security of PHI needs to be ensured.

Software Considerations

Whether Supports Brokers use company issued equipment or their own, all organizations should strongly consider issuing a company domain email and an account through a centralized group of subscriptions that provide productivity software applications and related services, such as Google or Microsoft Office 365.

When utilizing these services, all company business can be centralized to assist with compliance with HIPAA policy, and all work-related documents can be backed up in “the cloud” to avoid loss of intellectual property. Additionally, these services offer a shared calendar to plan and track work activity.

Work Flow Management Considerations

A successful MWMS will integrate the technology with workflow. Supports Brokers will be generating workflow product, the primary form of which will be service documentation. The primary goal of the technology then is the management of service documentation. In addition, technology will be used for the acquisition of time and attendance data for payroll, as well as communication with colleagues and supervisors. There are many options for cloud- based services that can assist with these considerations, and that will integrate with the current mobile technology. Providers will need to weigh the options of price and functionality when evaluating these products.

Chapter 6: Administrative and Financial Considerations

To provide the most exceptional services possible to each of their stakeholders, the goals of every provider organization should be to develop a business plan and budget model that is sustainable. It is assumed that provider organizations have adequate cash flow and cash management, and the organizational infrastructure to support this service.

One method to build a budget for service delivery uses an approach that analyzes a single Supports Broker's ability to deliver the service, given the time and cost considerations (productivity). The following provides an example of a recommended process to develop a budget for Supports Brokering:

- Estimate the number of participants that can be served in a geographical area, given the limitations on the service, 1040 units/240 hours per year or about 5 hours per week.
- Area should be no more than 60 miles wide in any direction to ensure effectiveness of the service while keeping travel costs down.
- Estimate the number of participants a Supports Broker can realistically and successfully deliver service to, given travel and time-off considerations.
- Remember that actual delivered outcomes are billable, whether delivered in person (direct) or done on behalf of the person, such as research, composing communications etc., (indirect).
 - Time-off and attendance at meetings and trainings not directly related to specific outcomes for people using services are not directly billable, but contribute to the costs of doing business and are included in the rate and are allowable expenses.
 - Meetings and trainings may or may not include learning, resourcing and/or problem solving on behalf of the participants; these tasks are examples of billable time.

Here is an example of the analysis of the available maximum productivity of a Supports Broker who is employed (versus contracted) full-time (40 hours):

| | | |
|------------------------------|------------------|----------|
| Hours per year | 40 hours /week | 2,080.00 |
| Benefit time | 30 days PTO | (240.00) |
| Training | Hours per year | (24.00) |
| Supervision/Staff Meetings | 1 x mo. | (12.00) |
| Travel | 7% of time (Est) | (145.60) |
| Net hours available for work | Per year | 1,658.40 |
| Hours per week billable | 80% | 31.89 |

From the above, a full time Supports Broker can deliver up to 32 hours per week of billable time. The 32 hours can be delivered to as many participants that have authorizations available to utilize hours of support. It should be noted that not everyone will have full authorizations (1040 units). Some will have partial (less than 1040 units) authorizations as well as varying rates of utilization, so the number of people a Supports Broker can work with will vary.

Budget Development: One Supports Brokerage's Example

Using the above, budgets can be developed per Supports Broker. Taking into consideration the total available billable time per Supports Broker, combined with the unit rate (as found on the ODP Fee Schedule;) a Supports Broker can be expected to generate the following revenue:

| | |
|--|------------------|
| Unit Rate | \$16.88 |
| Annual Revenue (at 80% utilization) | \$111,975 |

Of course, productivity at 80% needs to be maintained over the course of a given year to generate the above numbers.

Using the above considerations, budgets can now be developed. ODP has made available the assumptions that created the fee based rates, and using them as a guideline based on one Supports Broker is one methodology to develop and scale budget for this service.

The starting point for building the budget uses the ODP guidelines for rates of pay; currently, the range is between \$17.94 and \$23.04 per hour. In this example, we will use a rate of \$21.50 per hour to build the budget. In addition, the other costs to be considered are (these are shown by way of example and are not considered to be hard guidelines):

ERE: Employee Related Expenses or benefits; calculated as a percentage of wages. The example below uses 23%; this will vary by provider.

Supervision: A portion of the costs to supervise a Supports Broker. The example here assumes that the broker is supervised by a Director level employee earning \$60,000 and includes benefits; each Director supervises 6 Supports Brokers.

Liability Insurance: Expressed as percentage but will vary by provider.

Supplies: Shown as a flat amount, \$500 per year.

Travel: Using the travel radius as described above, the travel amount is estimated using an average cost per mile of \$.50, 120 miles per week.

Phone/Internet: Assuming that Supports Brokers are using mobile technology, they access a smart phone with internet (hotspot), estimated here to be \$140 per month.

Equipment: A tool kit consisting of a PC and related equipment is estimated at \$2000 in total; \$500 is the amortized cost based on 4-year depreciation cycle.

Indirect Program Expenses: These are expressed as a percentage and represent organization costs that relate to service delivery, but are not considered General Administration (“G&A”). These include the costs of coordination that is not direct supervision, and organizational costs to maintain compliance with program requirements. This will vary significantly by provider. Examples include: administrative/office space, direct recruitment and hiring tasks, etc....

Administration or General Administration (G&A): These represent the organization costs for General Administration, generally defined as finance, accounting, legal, and executive leadership. The example expresses these as an allocated percentage; the actual percentage varies by provider.

Margin: The differences between revenue and expense, expressed as a percentage. A higher margin means more net operating (“profit”) and therefore a safer operating result. Organizations will have varying requirements for their margins; reducing expenses and / or increasing revenues can increase the margin.

Budget Example:

| | | |
|---------------------------|------------------|---------------|
| Wages and Salaries | \$21.50 per hour | 44,720 |
| ERE | 23.00% | 10,286 |
| Supervision | | 15,277 |
| Liability Insurance | 1.50% | 671 |
| Supplies | | 500 |
| Travel | | 3,203 |
| Phone, Internet | | 1680 |
| Equipment | 2000 | <u>500</u> |
| Sub total | | 76,836 |
| Indirect Program Expenses | | |
| Allocated | 25.0% | <u>19,209</u> |
| Subtotal Program Expenses | | 96,045 |
| Admin G&A (Allocated) | 12.0% | <u>11,525</u> |
| TOTAL COSTS | | 107,571 |
| Revenue (from the above): | | \$111,975 |
| Difference: | | 4,404 |
| Margin | | +4% |

Using the above numbers, organizations can plan for expansion of the Supports Broker service in a responsible and sustainable manner.

Claims and Service Documentation

All providers qualified under ODP are required by current regulation (Chapter 51) and by ODP Bulletin to maintain service documentation in accordance with the requirements referenced below. Service documentation represents the claims basis for billing, and therefore is the crucial piece of documentation that legally substantiates the delivery of the service and renders it eligible for billing.

On July 21, 2017, ODP issued Bulletin # 00-17-02 entitled "Claim and Service Documentation Requirements for Providers of Consolidated and Person/Family Directed Support Waiver Services and Targeted Services Management." The Bulletin was clarified in ODP Bulletin #118-17 issued 10/26/17. The following is an excerpt from that bulletin:

The State Medicaid Manual in §2497.2 (relating to the availability of documentation) requires accounting records to be supported by appropriate source documentation and be readily available for audit. There are federal and state requirements that documentation is to be available at and subsequent to the time of claim submission.

Service documentation includes information related to the provision of Home and Community Based Services (HCBS). Service documentation is completed by the person providing the service and is used to record information related to service delivery. The completion of this documentation is typically done during or immediately after the provision of a service. As an example, a Service Note is completed by staff when they leave their shift or after an individual arrives at home when a service such as in-home and community support is provided in the community.

A Service Note shall be completed on the date the service is delivered. The Service Note is completed for each continuous span of billing units or for each day unit. A continuous span of billing units is defined as the uninterrupted provision of a service or that the provision of the service is not stopped or discontinued. A new Service Note must be completed if there is an interruption of service within a twenty-four-hour period if the service is reinitiated within that twenty-four hour period. If there is a change in the staff providing the service or if there is a change in shift involving multiple staff persons during a twenty-four period, a new Service Note shall be completed. Multiple Service Notes for multiple services for one individual may be entered in the same document or form as long as all required information is included.

Service Notes describe service activities and is intended to be an information source to be used by provider staff, the Common Law Employer or Managing Employer and the Supports Coordinator. This information is used in the

assessment of progress to determine if the service is meeting the needs of the individual.

When an individual is self-directing services through the Vendor Fiscal/Employer Agent model, the Common Law Employer, also known as Employer of Record, is responsible to ensure Service Notes are completed. The Service Notes shall be maintained in the individual's record by the Common Law Employer. When an individual is self-directing services through the Agency with Choice model, the Managing Employer, or if necessary, the Agency with Choice organization will ensure that Service Notes are completed. The Service Notes shall be maintained in the individual's and Agency with Choice organization's records.

Under ODP regulation Chapter 51.16, the requirements for Service and Progress Notes are explained in detail. It is up to each provider organization to establish its own procedures and methodologies for the timely completion and the maintenance of these records.

Supports Brokerage organizations need to establish a documentation template and system that complies with these regulations and communicates the services rendered toward a person's PDS outcome. Also, included must be the Progress Note detailing the individual's status (i.e. progress, maintenance or regression) as a result of the Supports Broker service.

The following is a summary of these requirements:

- *A provider shall complete a Progress Note monthly that substantiates the claim for the provision of a Home and Community Based Service (HCBS) it provides at least monthly (This only applies to provider directed services such as Residential Habilitation, Supported Living and Lifesharing).*
- *A provider shall complete a Progress Note each time the HCBS is provided if the HCBS is occurring on a less than monthly frequency (This applies to services that can be self-directed such as In Home and Community Supports, Companion, Supports Broker, Supported Employment).*

A provider may complete Progress Notes for multiple HCBS rendered to the same participant on the same form when the HCBS are rendered by the same provider and from the same waiver HCBS location.

Progress notes must include the following:

- *Name of the participant*
- *Name of the provider*
- *Name of the HCBS*
- *Amount, frequency and duration of the authorized and delivered HCBS*
- *Outcome of the HCBS*
- *A description of what occurred during the delivery of the HCBS*

A provider shall complete a Progress Note if there is a recommended change to the HCBS that requires discussion with the ISP team due to lack of progress in achieving an outcome.

Billing:

As part of the qualification process, all ODP Providers are expected to be registered in the Pennsylvania ODP Electronic Health Record that is dedicated to management of plans and authorizations “HCSIS” (Home and Community Services Information System), as well as PROMISE, the claims processing and management information system.

Organizations are expected to be aware of levels of service authorized in a person’s ISP, and are responsible to deliver the services in accordance with the Individual Service Plan (ISP). In practical terms, the organization is responsible for managing the delivery of service to ensure that it does not exceed or fall short of what is authorized in the ISP.

The HCSIS portal can be found here:

<https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx>

The PROMISE portal can be found here:

<https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

Chapter 8: Quality Assessment and Improvement Process

ODP has established a new and more integrated process for ensuring provider organizations are able to competently provide services. The following link is to the ODP Announcement outlining this process, and contact information for each Region:

<https://s3-us-west-2.amazonaws.com/palms-awss3-repository/Communications/ID/2016/ODPANN+073-16+Provider+Monitoring+and+Qualification+Information+and+Changes+for+Fiscal+Year+2016-2017.pdf>

Epilogue: People Have the Power: Ensuring the Long-Term Sustainability of Participant Directed Services

The generosity and support of the PA Developmental Disabilities Council has enabled the significant expansion of Supports Broker services in the ODP system. This Manual is intended to contribute to the continued interest and growth in the number of provider organizations becoming Supports Brokerages to provide this critical service.

While not intended to be exhaustive, the information contained therein, used in conjunction with the Supports Broker Policy Manual and the Supports Broker Training Manual will hopefully inspire, inform and ignite provider organizations to educate, empower, guide and support people and their families so they use their power to design, control and direct their services and supports.

References:

1. <http://www.dhs.pa.gov/citizens/intellectualdisabilitiesservices/participantdirection/pds-fms/>
2. http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_262841.pdf