



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

PROCEDURE	
Department on Disability Services	Subject: Participant-Directed Services
Responsible Program or Office: Developmental Disabilities Administration	Procedure No.: 2024-DDA-PRO03
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Supersedes: N/A	
Cross References, Related Policies and Procedures, and Related Documents: Individual Support Plan Policy; Participant-Directed Services Policy	

I. PURPOSE

The purpose of this procedure is to provide guidance on how the Developmental Disabilities Administration (“DDA”) of the Department on Disability Services (“DDS”) will support and administer the *My Life, My Way* program to enable program participants to self-direct certain services under the Medicaid Home and Community-Based Services Waiver for Individual and Family Support (“IFS Waiver”).

II. APPLICABILITY

This procedure applies to people seeking or approved to self-direct IFS Waiver services, to people providing participant-directed services (“PDS”), and to authorized representatives supporting people self-directing IFS Waiver services. The procedure also applies to DDS Service Coordination and Medicaid Waiver staff, as well as to entities contracted by DDS to support the administration of PDS.

III. PROCEDURES

A. Enrollment

1. During the initial ISP and annual ISP (Individual Support Plan) meeting, the Service Coordinator (SC), the person, and their circle of support will discuss various resources and support options, including natural supports, technology, community-based services, and state plan services, before considering the Home and Community-Based Services (HCBS) Waiver program as an option. The SC will discuss self-directed services options with people residing in their natural homes, who have projected annual services costs that are within the IFS Waiver cap of \$75,000. The SC will update the ISP to reflect any services that the person wishes to self-direct and notify the PDS Program Coordinator.



2. The ISP will reflect the person's interest in PDS.
 - a. For persons not enrolled in a waiver: the SC will complete the initial Waiver referral and initial Waiver enrollment packet for the IFS Waiver.
 - b. For persons transitioning from the HCBS for Persons with Intellectual and Developmental Disabilities Waiver (IDD Waiver) to the IFS Waiver, the SC will submit the appropriate forms for the change in waiver and/or change in services as appropriate.
 - c. Persons enrolled in the IDD Waiver or IFS Waiver will continue to receive services via provider(s) until the PDS start date.
3. The PDS Program Coordinator will contact the interested participant to schedule the PDS/*My Life, My Way* program information session, with the participant and/or their authorized representative. The information session will educate the participant and/or the authorized representative on the Employer of Record (EOR) responsibilities and confirm the participant's enrollment into the *My Life, My Way* program.
4. If the participant decides to enroll into the *My Life, My Way* program, the PDS Program Coordinator will send a referral to the Vendor Fiscal/Employer Agent Financial Management Services-Support Broker (VF/EA FMS) entity within two (2) business days.
5. The VF/EA FMS entity will assign an enrollment Support Broker to the participant within five (5) business days of receiving the referral. Working with the enrollment Support Broker, the participant and/or authorized representative will:
 - a. Complete an orientation;
 - b. Complete the employer and employee enrollment packets;
 - c. Confirm PDW completion of applicable trainings;
 - d. Develop the budget; and
 - e. The participant will receive a tentative start date for services from VF/EA FMS entity.
6. The initial budget is submitted to the PDS Program Coordinator for approval or denial. If the initial budget is denied, the Program Coordinator will contact the Support Broker and SC to address the reason(s) for denial within three (3)



business days via email. Updated budgets will be resubmitted to the PDS Program Coordinator for approval or denial within three (3) business days.

7. The PDS Program Coordinator will notify the SC when the enrollment packet is complete and will provide a start date of services once the budget is approved.
8. Once the SC receives notification of enrollment and approved budget, the ISP will be amended to reflect services and approved budget amounts in the ISP Plan of Care (POC).
9. The Support Broker will notify the participant and/or authorized representative of the approval of the enrollment packet and budget, and the start date of services.

B. Training

1. For participant-directed workers (PDW):
 - a. The PDW must complete specific DDS required trainings through the online training portal, when providing Companion, Individualized Day Supports (IDS) and Respite Services under the PDS Program.
 - b. The participant and/or authorized representative are responsible for training their PDW(s) on their Individual Support Plan (ISP).
 - c. The PDW must be certified in cardiopulmonary resuscitation (CPR) and First Aid through an in-person training course approved by the American Red Cross or an alternative course approved by DDS and maintain current certifications.
2. For participants:
 - a. The PDS Program Coordinator and Support Broker will provide pre-service and in-service training to participants and authorized representatives on the *My Life, My Way* program and materials; Remediation, Training and Termination Policy; and other trainings related to PDS/ *My Life, My Way* program.
 - b. The Support Broker entity provides orientation and training on budget monitoring; program rules and responsibilities; and the role of Employer on Record (EOR).

C. Financial Management and Administrative Supports

1. The VF/EA FMS entity will:



- a. Issue payments through a bi-weekly payroll system to PDWs for the approved participant-directed services; and
 - b. Provide other supports to include developing, monitoring and modifying the participant's budget. A PDS budget is developed based upon the services and supports the participant chooses, and if approved, the participant's Individual-Directed Goods and Services (IDGS).
2. The Support Broker entity will:
- a. Assist with completion of the enrollment and payroll paperwork of all hired participant-directed workers for the participant;
 - b. Assist the participant and/or authorized representative with hiring and terminating participant-directed workers (PDWs);
 - c. Provide monthly and quarterly monitoring on the utilization of the participant's budget; and
 - d. Maintain a daily log of program related activities for the participant.

D. Identification of Emergency Back-up

1. The SC will work with the participant and/or their authorized representative to identify an emergency back-up. Participants are required to have at least one emergency back-up person (paid or unpaid) and a natural support person (unpaid).
2. The emergency back-up worker (EBU) is selected by the participant and/or the authorized representative. The EBU can be a paid or unpaid support; this decision is at the discretion of the EOR.
3. The natural support person (NSP) is selected by the participant and/or the authorized representative. The NSP only serves as an unpaid support to assist the participant when the EBU or the PDW are unavailable to provide supports.

E. Authorized Representative

1. The Authorized Representative is an individual who willingly accepts responsibility for performing employer and PDS budget management tasks that a participant is unable or willing to perform. An Authorized Representative has been designated by the participant in writing by executing a Designation of Authorized Representative form.
2. The Authorized Representative is:



- a. Appointed by the participant; or
 - b. A general guardian of the participant; or
 - c. A person appointed by the general guardian.
3. An Authorized Representative can be mandated by Department on Disability Services, when a participant has misspent their PDS budget funds, or their level of care has changed significantly and the participant is no longer able to manage their PDS budget. If an alternate Authorized Representative is not available, the participant may be terminated involuntarily from the *My Life, My Way* program and using PDS and return to receiving traditional Waiver services in accordance with paragraph (G) “Termination of Participant Directed Service” below.
 3. The Authorized Representative serves as a person who assists the participant with making decisions, assists with budget management, and serves as the common law employer of the participants PDWs.
 4. Authorized Representatives receive no monetary compensation for performing this function and cannot serve in any paid roles withing the *My Life, My Way* program.

F. Monitoring

The SC will conduct ongoing monitoring and supports to *My Life, My Way* program participants to include the following:

1. Quarterly monitoring visits to assess the participant’s satisfaction with PDS and address any issues or concerns.
2. Review of progress reports to ensure that services and supports are in alignment with the person’s self-directed outcomes.
3. Facilitating team meetings to address concerns identified during quarterly monitoring visits or to review changes in the person’s status that may require a change in Waiver services or transition from the IFS Waiver.
4. Updating the Level of Need (LON) Assessment tool in response to significant changes in the person’s status.
5. Amending the ISP, as needed, to reflect changes in services and supports.

G. Termination of Participant-Directed Services



1. Termination of PDS can be voluntary or involuntary in accordance with 29 DCMR Sections 11117 and 11118.
 - a. The participant and/or the authorized representative can voluntarily terminate from the *My Life, My Way* program at any time during the ISP year with the assistance of the Support Broker and Program Coordinator and may transition to traditional waiver services.
 - b. PDS can be terminated involuntarily when the participant and/or authorized representative is in non-compliance with the *My Life, My Way* program rules, or when expenditures exceed the IFS Waiver cap resulting in a transfer to the IDD Waiver.
2. Repeated issues of non-compliance by a common law employer may lead to:
 - a. Additional mandatory training;
 - b. Development and execution of a corrective action plan;
 - c. Mandatory designation of an authorized representative if one is not presently being used;
 - d. Mandatory change in authorized representative, if there is sufficient evidence through Service Coordination monitoring that the participant's assessed needs are not being met as a result of, the performance of the common law employer: and/or
 - e. Disenrollment of a participant from the *My Life, My Way* program, termination of PDS and a return to receiving traditional Waiver services.
3. Involuntary termination will occur if the participant and/or the authorized representative is convicted of Medicaid fraud.
4. All involuntary terminations from the *My Life, My Way* program must be approved by DDS.
5. If the participant is at risk of being involuntarily terminated from the *My Life, My Way* program and using PDS, then the participant's Support Broker will provide options including:
 - a. The participant may choose to designate an authorized representative who will fulfill the functions, as required;



- b. The participant may be required to designate an alternate, mandatory representative, if the participant does not currently have one who will fulfill the functions as required; or
 - c. The participant may voluntarily choose to stop using PDS and transition to traditional In-Home Supports, Individualized Day Supports (IDS), Companion and/or Respite Daily Waiver Services to meet their needs.
6. When enrollment in *My Life, My Way* program is terminated either voluntarily or involuntarily, the SC is responsible for coordinating a transition to traditional waiver services. This includes:
- a. Supporting the participant, and/or authorized representative, and the assigned Support Broker to maintain the participant's health and welfare;
 - b. Monitoring and coordinating an effective transition between participant-directed and traditional in-home supports which may include Individualized Day Supports , Companion and/or Respite Daily services; and
 - c. Monitoring that services are provided in accordance with the participant's authorized person-centered ISP throughout the transition.

H. Expenditure Safeguards

- 1. The participant and/or their authorized representative, as applicable, decide how much to pay their PDW(s). The total cost of wages and related employer portion of employment taxes cannot exceed the total amount of their PDS budget. Payment for PDS shall be provided in accordance with the participant's PDS budget at an hourly wage set by the participant/representative-employer, which falls within the wage range established by DHCF as set forth in 29 DCMR § 11113.2.
- 2. Participants have a VF/EA FMS entity who oversees the participant's budget utilization, pays their staff and other approved items in their budget, and are responsible for a variety of human resources needs.
- 3. The VF/EA-FMS entity will:
 - a. Provide monthly budget summaries to the Program Coordinator;
 - b. Monitor monthly spending by completing monthly and quarterly meetings with the participant and/or authorized representative; and
 - c. Allocate and file appropriate federal and local taxes for each PDW.



4. Electronic Visit Verification (EVV) must be completed by the PDW for Respite-Hourly and for In-Home Supports Services provided in the *My Life, My Way* program.

I. Complaints

If the participant and/or their authorized representative have a complaint, they can use the following options to resolve the issue:

1. Contact the VF/EA FMS entity and report their complaint. This entity must respond within one (1) business day of receiving the participant's complaint and implement a resolution within seven (7) business days of receipt unless otherwise specified by DDS on a case-by-case basis.
2. Contact their assigned DDS SC. The SC may elevate the participant's complaint to the *My Life, My Way* Program Coordinator as needed for guidance.
3. Call DDS's Customer Service on 202-442-8686 or email at dds.complaints@dc.gov to file a formal complaint.