



**DELAWARE HEALTH AND  
SOCIAL SERVICES**

Division of Services for Aging and  
Adults with Physical Disabilities

**Support for Participant Direction  
Service Specifications**

**Revision Table**

<b>Revision Date</b>	<b>Sections Revised</b>	<b>Description</b>
8/3/2020		Version for 2020 Request for Proposal (RFP) & 2021 Contract Year
12/16/2021	7.9, 7.25, 7.26, 7.27	Revised sections



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**1.0 SERVICE DEFINITION**

1.1 Support for Participant Direction provides assistance to participants who self-direct personal attendant services. Providers of this service perform various functions to support participants in planning for and carrying out their responsibilities as common-law employers of personal attendants. The service includes two components: 1) Information and Assistance in Support of Participant Direction (Support Brokerage); and 2) Financial Management Services. Providers of Support for Participant Direction carry out activities associated with both components.

**2.0 SERVICE GOAL**

2.1 The goal of Support for Participant Direction is to enable recipients of self-directed personal attendant services to successfully manage their responsibilities as employers and to utilize personal attendant services to live as independently as possible in home and community-based settings.

**3.0 SERVICE UNIT**

3.1 The unit of service for Support for Participant Direction is one (1) month.

**4.0 SERVICE AREA**

4.1 Support for Participant Direction services are available to eligible participants in the State of Delaware.

**5.0 SERVICE LOCATION**

5.1 Support for Participant Direction is conducted in the service provider's business location, in the residence of the participant, and/or in other locations based on the needs of the participant.

**6.0 SERVICE DESCRIPTION**

6.1 In carrying out the Support Brokerage component of the service, the provider will:

- 6.1.1 Coordinate with participants to develop, sign, and update Individual Service Plans (ISP's).
- 6.1.2 Recruit personal attendants.
- 6.1.3 Maintain a roster of personal attendants.
- 6.1.4 Secure background checks on prospective personal attendants on behalf of participants.
- 6.1.5 Provide information on employer/employee relations.
- 6.1.6 Provide training to participants and personal attendants.
- 6.1.7 Provide assistance with problem resolution.
- 6.1.8 Maintain participant files.
- 6.1.9 Provide support in arranging for emergency back-up care.

6.2 In carrying out the Financial Management component of the service, the provider will:

- 6.2.1 Assist participants in verifying personal care attendants' citizenship status.
- 6.2.2 Collect and process personal care attendants' timesheets and/or electronic time records.
- 6.2.3 Submit invoices (or claims) on behalf of personal attendants for services rendered to participants.



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- 6.2.4 Process payroll and withhold, file, and pay applicable federal, state, and local employment-related taxes and insurance as a fiscal agent acting on behalf of participants.
  - 6.2.4.1 Responsibilities for these duties will commence upon the participant's enrollment in the program regardless of the date that the IRS grants the authority to act as agent.
- 6.2.5 Disperse paychecks or direct deposit verifications to personal attendants as fiscal agent acting on behalf of participants.

**7.0 SERVICE STANDARDS**

- 7.1 The provider must make services available only to those persons deemed eligible and referred by Division of Services for Aging & Adults with Physical Disabilities (DSAAPD) staff.
- 7.2 The provider must comply with all applicable Federal, State, and local rules, regulations and laws related to the provision of the service.
- 7.3 The provider must not enter into any subcontracts for any portion of the service contract without obtaining prior written approval from DSAAPD.
- 7.4 The provider must develop and maintain policies and procedures for the delivery of Support for Participant Direction services.
- 7.5 The provider must establish contact with the participant within five (5) working days of referral from DSAAPD.
- 7.6 The provider must conduct a face-to-face visit to initiate the ISP process within five (5) working days of establishing contact with the participant (except in extenuating circumstances, such as inability of the participant to meet within that timeframe).
- 7.7 The provider must furnish DSAAPD with a copy of the ISP within ten (10) working days of signature.
- 7.8 The ISP must include at a minimum the following items:
  - 7.8.1 Number of service units (hours) to be delivered.
  - 7.8.2 Specific services planned.
  - 7.8.3 Planned service schedule.
  - 7.8.4 Back-up plan.
  - 7.8.5 Name(s) and the relationship(s) of the regular personal attendant(s) and the backup personal attendant(s).
  - 7.8.6 Name(s) of other paid or unpaid support person(s) or support agencies in the home.
  - 7.8.7 Training plans.
  - 7.8.8 Any unique circumstances or conditions.
  - 7.8.9 Description of the responsibilities of the provider, the personal attendant(s) and the participant.
- 7.9 The provider must notify the assigned DSAAPD Case Manager via an ACTIVITY in the Service Delivery Manager module of the WellSky software (per LOG X-X-2 of the DSAAPD Policy Manual for Contracts) if personal attendant services are not initiated by the participant within 45 days of the referral.
- 7.10 The provider, in coordination with the participant, must review and update the ISP at least annually.
- 7.11 The provider must conduct at least one face-to-face meeting with each participant annually.



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- 7.12 The provider must conduct at least two face-to-face meetings annually with each participant who chooses to hire a relative or legal guardian as his/her personal attendant.
- 7.13 The provider must contact each participant at least quarterly to verify that the personal attendant services are meeting the needs of the participant.
- 7.14 The provider must monitor each participant's utilization of personal attendant service hours to ensure that s/he does not exceed the amount authorized by DSAAPD.
- 7.15 The provider must coordinate with the participant to respond to emergency care needs.
  - 7.15.1 Emergency care is defined as service provided for one week or less, when neither the regular attendant nor backup attendant is available.
  - 7.15.2 The use of subcontractors is permitted for the provision of emergency care.
  - 7.15.3 The provider agency is not required to obtain background checks on attendants used for emergency care.
- 7.16 The provider must establish and maintain for each participant a case file which contains:
  - 7.16.1 Documentation of service referral from DSAAPD.
  - 7.16.2 The ISP signed by the participant and provider.
  - 7.16.3 Documentation of participant and personal attendant(s) training activities.
  - 7.16.4 Documentation of routine contacts with the participant.
  - 7.16.5 Documentation of any problems or concerns raised by the participant, personal attendant(s), or other parties; attempts to investigate the problems or concerns; and the disposition of the problems or concerns.
  - 7.16.6 Documentation of the annual reassessment of the ISP.
- 7.17 The provider must operate the program and maintain records in a manner which is consistent with a participant's right to privacy and confidentiality.
- 7.18 The provider must ensure access to participants' case files and medical records by authorized representatives of DHSS and/or the federal funding agency.
- 7.19 The provider must develop an agreement with personal attendants.
  - 7.19.1 Agreements must delineate the responsibilities of the provider, including responsibilities related to support brokerage and financial management supports.
  - 7.19.2 Agreements must include copies of the Personal Attendant Service Requirements provided by DSAAPD, which establish parameters for the provision of the personal attendant service delivered by the personal attendant.
  - 7.19.3 Agreements must be signed by both parties.
- 7.20 The provider must secure a waiver from DSAAPD prior to developing an agreement with a personal attendant who is under the age of 18.
  - 7.20.1 The provider must ensure that personal attendant services provided by an individual under the age of 18 is delivered in compliance with child labor laws and related rules and policies.
- 7.21 The provider must submit invoices on behalf of personal attendants in order to secure payment for services rendered by the attendants.
- 7.22 The provider must complete all necessary requirements at the federal, state, and local levels to act on behalf of the participant as a legally-recognized fiscal agent, including those requirements put forth by the Internal Revenue Service, the U.S. Department of Labor, the Delaware Division of Revenue, the Delaware Department of Labor, and/or other entities of



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federal, state and local government which have jurisdiction over the functioning of a fiscal agent.

- 7.23 The provider must make use of standard accounting practices in conducting financial management activities on behalf of participants and personal attendants, and maintain accurate and complete records of all such financial transactions.
- 7.24 The provider must process and distribute payroll checks or direct deposit verifications for personal attendants in a timely manner.
- 7.25 The provider must notify the assigned DSAAPD Case Manager via an ACTIVITY in the Service Delivery Manager module of the WellSky software (per LOG X-X-2 of the DSAAPD Policy Manual for Contracts) in the event of a hospital admission or nursing home placement of a participant.
- 7.26 The provider must notify the assigned DSAAPD Case Manager (CM) via an ACTIVITY in the Service Delivery Manager module of the WellSky software (per LOG X-X-2 of the DSAAPD Policy Manual for Contracts) about issues or problems which threaten the continuation of self-direction opportunities for a participant (such as difficulty on the part of the participant in carrying out employer responsibilities; issues or problems which present health and welfare risks; or other related issues or problems) and when practicable, work with the assigned DSAAPD CM to resolve these issues or problems.
- 7.27 The provider must notify the assigned DSAAPD Case Manager via an ACTIVITY of situations which may result in the involuntary termination of participant-direction opportunities by DSAAPD, such as:
  - 7.27.1 The inability of a participant to self-direct (or to identify an individual to serve as his/her representative).
  - 7.27.2 The presence of a health and welfare risk that has not been mitigated by intervention on the part of the provider, DSAAPD, and/or other parties.
  - 7.27.3 The fraudulent use of funds by a participant (such as, for example, the falsification of timesheets).
- 7.28 The provider must establish policies and procedures related to the resolution of participant complaints and grievances.
  - 7.28.1 Procedures must specify how unresolved complaints or grievances will be communicated to DSAAPD.
- 7.29 The provider must conduct an annual satisfaction survey among participants utilizing Attachment A & B of this document and provide DSAAPD with the results, including all comments. The provider must send the completed reports (Attachment A & B) with the final invoice of the contract year (June 30).

**8.0 PROVIDER QUALIFICATIONS**

- 8.1 The provider must have staff with knowledge, experience, and abilities to sufficient to carry out the support brokerage component of this service.
- 8.2 The provider must have staff with knowledge, experience, and abilities to sufficient to carry out the financial management component of this service.



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**9.0 INVOICING REQUIREMENTS**

- 9.1.1 The provider will invoice DHSS/DSAAPD pursuant to the current version of the provider policy manual(s) associated with the service funding source(s).
- 9.1.2 For invoicing on behalf of personal attendants the provider must use the Invoicing Workbook for Personal Attendant Service (IW-SPD) provided by DSAAPD.
- 9.1.3 The provider will enter the monthly service units for each invoice period via Provider Direct and initiate Activities and Referrals to correct any WellSky Roster discrepancies. When directed, the WellSky Roster will be used as the basis for invoicing.

## ATTACHMENT A

### Personal Attendant Service (PAS) Participant Satisfaction Survey

The Program Participant will respond to each required question listed below, selecting from the following:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know
- f. Does not apply

#### Required Questions

1. I participated in the preparation of my Individual Service Plan for the PAS program.
2. My Individual Service Plan has been explained to me.
3. I agree with my Individual Service Plan.
4. I am satisfied with the quality of care provided by my attendant.
5. I can depend on my attendant to show up for work on time.
6. I am treated with courtesy by (Provider)\* staff.
7. (Provider) staff is accessible to me.
8. (Provider) staff promptly responds to my questions and requests for assistance.
9. (Provider) staff promptly notifies me when actions are taken on my behalf.
10. (Provider) staff refers attendants to me, when requested.
11. (Provider) staff assists me in the attendant screening process, when requested.
12. (Provider) staff promptly adds new attendants to payroll.
13. My attendant(s) are paid in a timely manner.
14. I would recommend (Provider) as a program provider to fellow PAS participants.
15. I would recommend the PAS program to others.
16. As a result of my participation in PAS, the response selected below describes how my life has changed:
  - a. Greatly improved
  - b. Improved
  - c. Somewhat improved
  - d. Slightly improved
  - e. No improvement at all
17. Suggestions for improvement of the PAS program:
18. Comments:

\*(Provider) should be substituted with the name of the provider co

**ATTACHMENT B**

**Annual PAS Service Report**

Contract period:        START: \_\_\_\_\_                      END: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Number of Clients Served: \_\_\_\_\_

Primary Condition necessitating PAS services (**Please respond only ONCE per program participant**)

<b>Condition</b>	<b>Number of Program Participants</b>
Cerebral Palsy	
Multiple Sclerosis	
Quadriplegic	
Frail / Elderly	
Blind	
Brian Injury	
Stroke	
Other (please list	
<b>TOTAL</b>	

Please list all services provided by attendant staff: