QA and Compliance Information

Resources from the Quality Assurance and Corporate Compliance Department.

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Body Check Diagram

Instructions

Mark or circle on the diagram the location of the injury with the corresponding number(s) from the key on the left.

Body Check Diagram (PDF)

Updated 04/14/26.

Categories/Classifications of Incidents Requiring Reporting

As per OPWDD, there are 4 Categories and 26 Classifications of Incidents Requiring Reporting.

When referring to the OPWDD Categories/Classifications chart, please note that ISSNY is a voluntary-operated and noncertified service provider.

OPWDD Categories/Classifications of Incidents Requiring Reporting (Part 624)
Effective January 1, 2016
Classification of Incidents Shortcut (PDF)

Updated 04/14/26.

Choking Resource

According to OPWDD, choking occurs when a person's airway becomes blocked by food or other objects, or when liquid enters the airway during swallowing. It is very important that people remain aware of choking hazards, and know how to prevent choking, as well as how to respond in an emergency.

OPWDD Safeguarding Alert!
Dated 02/17/2011
Choking Resource (PDF)

Updated 04/14/26.

Emergency Room (ER) and Hospitalization Procedure for Support Staff

*NOTE: In the event that an ISSNY participant is transported via ambulance, ISSNY staff is required to follow the participant to the hospital in order to provide support. ISSNY staff is also required to report any hospitalization to the participant's Circle of Support (COS) immediately. ISSNY staff is encouraged to refer to the participant's Staff Action Plan (SAP) safeguards to learn their required level of oversight.

Step 1: Emergency Room (ER) Triage

The participant will be prioritized according to the severity of their illness or injury. When you arrive at the ER, you can support the participant with checking-in and answering some basic questions, if needed. The participant will then be classified into one of the three categories:

1. Emergent: An injury or illness requiring immediate attention to avoid risk of life or limb
2. Urgent: An injury or illness requiring attention within four hours
3. Non-Urgent: An injury or illness that has an undetermined time frame for treatment

When the triage nurse examines the participant, he or she may initiate treatment based upon established medical protocols related to the illness or injury, such as x-rays, collecting blood or urine samples, and applying ice packs or wound dressings.

*NOTE: ISSNY staff is permitted to work with the participant during the ER triage process

Step 2: Medical Examination

Once the participant has been placed in an examination room, a nurse, physician, or physician's assistant will be assigned to care for them. Additional diagnostic lab work or testing may also be performed during this time.

*NOTE: ISSNY staff is permitted to work with the participant during medical examinations in the ER

Step 3: Disposition

Once testing is complete, a decision will be made to either **admit the participant to the hospital** or to discharge (skip to Step 5).

*NOTE: ISSNY staff is permitted to work with the participant during disposition in the ER

Step 4: Hospital Admission

If the participant is admitted to the hospital, a physician will be contacted to complete the admission process. The physician should provide information about the condition of the participant and location of a nearby waiting area.

***NOTE:** **ISSNY staff should not be working with the participant once they are admitted to the hospital**

*NOTE: All hospital admission dates must be reported to ISSNY via email qualityassurance@issny.org

Step 5: Discharge

When the participant is discharged, instructions for their care (i.e. discharge plan) and follow-up with a physician will be provided.

*NOTE: ISSNY staff can resume working immediately following the participant's hospital discharge

*NOTE: All hospital discharge dates and plans must be provided to ISSNY via qualityassurance@issny.org

Information adapted from: https://bonsecours.com/richmond/our-services/emergency-services/emergency-room-process

If you have any questions regarding this ER and Hospitalization procedure, please contact the ISSNY QA/CC department, via phone (833-477-7287) or email: qualityassurance@issny.org

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Created 04/02/26.

Introduction to Quality Assurance/Corporate Compliance (QA/CC) for New Staff

ISSNY IS COMMITTED TO COMPLIANCE WITH STATE AND FEDERAL RULES, REGULATIONS, AND LEGAL REQUIREMENTS. THESE REQUIREMENTS GOVERN THE DELIVERY OF MEDICAID FUNDED SERVICES.

THE ISSNY QA/CC DEPARTMENT WORKS TO DETECT, PREVENT, AND AVOID FRAUD, WASTE, AND ABUSE.

ALL EMPLOYEES, VOLUNTEERS, AND CONTRACTORS ARE MANDATED REPORTERS.

NOTIFY QA/CC WHEN:

- You know or suspect suspicious behavior or identify a potential incident.
  - Including potential Medicaid fraud, waste, or abuse.
- You are concerned for a participant's health, safety, and/or well-being.
- You know or suspect another party is falsifying documentation, such as:
  - You are asked to put inaccurate information on your timesheet (i.e. your timesheet does not reflect the hours you actually worked, you are asked to bill for a service that is not directly related to a valued outcome, etc.)
  - You are being persuaded to submit inaccurate reimbursements for mileage, staff activity fees, etc.
- You know or suspect a fellow staff is working with two participants and/or through two different Fiscal Intermediaries at the same time.
- You are asked to forge a participant or representative's signature.
- You are encouraged not to report incidents or concerning behaviors to ISSNY.

Resources are always available at: **http://www.issny.org/compliance/**

CONFIDENTIAL HOTLINE:
(833) -477-7287

QA/CC EMAIL:
QUALITYASSURANCE@ISSNY.ORG

Whistleblower Protections Disclaimer

Intimidation or retaliation will not be permitted against persons who report potential issues to the QA/CC Department. Any allegations of intimidation or retaliation will be thoroughly investigated.

Note: Staff are mandated to complete annual ISSNY Trainings via Mind Flash. Human Resources distributes training via email. There is detailed guidance on QA/CC policies, procedures, and reporting processes in the Mind Flash Training Series. Staff are encouraged to contact QA/CC if there are any questions.



Created 04/09/26.

ISSNY Reporting and Investigations: Guidance for Participants and Families

Adapted from NYS Justice Center Reporting and Investigations: Guidance for Individuals and Families

https://www.justicecenter.ny.gov/investigations-guidance-individuals-and-families

https://opwdd.ny.gov/part-624-part-625-handbook

All ISSNY support staff receive onboarding training and annual training on Incident Identification and Reporting in the form of a PowerPoint presentation.

Support Brokers receive OPWDD PRAISE training which is primarily focused on incident identification and reporting processes.

VISION

ISSNY QA/CC department adopts the Office for People with Developmental Disabilities (OPWDD) model that people with ID/DD shall be protected from abuse, neglect, and mistreatment. This is accomplished by adopting state standards by assuring the highest standards of health, safety and dignity; and by supporting the dedicated men and women who provide services.

MISSION

To provide person-centered, self-directed & individualized supports to people with DD to assist them in making choices that will lead them to actualize their dreams. The QA/CC departments mission is to maintain participants' health, safety, and well-being by proactively reinforcing COS members of their responsibilities, strategically providing expertise and guidance towards necessary resources with a person-centered approach. This includes the prevention of mistreatment, and investigation of all allegations of abuse and neglect to ensure appropriate actions are taken.

VALUES AND GUIDING PRINCIPLES

ISSNY has adopted the OPWDD's CODE OF ETHICS for New York's "Direct Support Professionals", known as, "support staff" in self-direction. ISSNY had adopted the NYS Justice Center's guiding principles.

Integrity

ISSNY believes that all people with ID/DD deserve to be treated with respect and that people's rights should be protected.

Quality

ISSNY is committed to providing superior services and ensuring the people with ID/DD receive quality care.

Accountability

ISSNY understands that accountability to the people we serve and to the public is paramount.

Education

ISSNY believes that communication, COS and Mind Flash Training, and the promotion of best practices are critical to success and to ensure the health, safety, and well-being of ISSNY participants.

Collaboration

Safe-guarding people with ID/DD is a shared responsibility. ISSNY is successful because it works directly with the participant/service recipient, service-partners such as the participants CCO (Care Coordination Organization), the OPWDD, people who provide direct services, and other providers to prevent abuse and neglect.

JURISDICTION

ISSNY is under the jurisdiction of the OPWDD. ISSNY is not under the jurisdiction of the NYS Justice Center (JC) because our “setting” is, “non-certified” and “voluntary-operated”. ISSNY is the co-employer of support staff and therefore all support staff are required to adhere to ISSNY’s policies and procedures. ISSNY Support staff are, “custodians” under the jurisdiction of the OPWDD.

In some scenarios, ISSNY is mandated by the OPWDD 14 NYCRR Part 624 Handbook, to report incidents to the OPWDD. If an incident is not under ISSNY’s jurisdiction but occurred while the participant was at his or her IRA or in a “certified” setting, ISSNY employees, volunteers and contractors are mandated to report the information to the Justice Center. If a participant involved in an allegation of abuse/neglect resides in a certified site, ISSNY is required to report to the Mental Hygiene Legal Service (MHLS).

OUR GOAL

ISSNY’s goal is to serve our participants and their families FIRST by preventing mistreatment and ensuring that all allegations of abuse and/or neglect are fully investigated. ISSNY is required under New York State, to investigate, review, and making findings in allegations of abuse and/or neglect by staff- including employees, volunteers, consultants, and contractors - against a participant. ISSNY does not interrogate, arrest, or prosecute participants.

This document explains the reporting and investigation process, customized for the SD setting, and how to obtain additional information if you, or your family member is involved in an ISSNY reportable investigation as a victim or a witness. We understand there is an overwhelming amount of information presented at your launch meeting.

MAKING A REPORT

Who can report an incident (allegation of abuse/neglect or any other incident)?

Anyone! Including participant, parent, advocate, person in the community, guardian, support staff, contractor, care manager, support broker, or anyone who witnesses wrong-doing. The reporter can make a report to the ISSNY Quality Assurance/Corporate Compliance (QA/CC) department when they have knowledge or reason to believe that a participant has been abused, neglect, or mistreated.

Some people are required to report to the ISSNY QA/CC department. These “mandated reporters” include provider agency staff (support staff) including volunteers, contractors (clinicians, support brokers), interns, human service professionals, who by nature of their job must report allegations of abuse and/or neglect. Once the information is reported to ISSNY QA/CC, the QA/CC department will immediately report to the OPWDD “Incident Management Unit” (IMU).

Can I find out who called in a report to the ISSNY QA/CC department?

In order to maintain confidentiality, ISSNY cannot release the name(s) of the person(s) who made the report to QA/CC, or the name(s) of any person(s) who cooperated in an investigation.

What happens after a report is made?

ISSNY receives incidents in a multitude of ways. Once an incident is received, the QA/CC department will determine a few factors.

1. Is the participant safe, were immediate protections taken (did the family terminate the staff, does ISSNY People Services (HR) Dept. need to suspend staff). If no immediate protections were taken, the QA/CC department will guide and instruct the COS through immediate protections.
2. Is the incident “reportable” to the OPWDD?
3. Is the incident under ISSNY or the CCO’s jurisdiction for investigation and/or follow up purposes?

If there is an emergency, ISSNY QA/CC will instruct reporter to hang up and dial 9-1-1. The reporter will then call ISSNY back to complete the report once emergency has been addressed.

The QA/CC department will advise the reporter that he or she will receive an email including a “Preliminary Witness Statement” form for completion. The reporter will also be advised that he or she will be contacted by the assigned ISSNY investigator to schedule a face-to-face interview, if the incident is determined to be reportable and under ISSNY auspices.

There are several ways to report to ISSNY QA/CC. It is BEST to report via phone. If you’d like to remain anonymous, call the ISSNY Confidential Hotline. Calls can be made to QA/CC at any time. If there is no answer, always leave a message including incident description, date, details, participant name, your name and any protections in place. If you do not receive an immediate response, you can also report via email.

Contact Information for reporting:
Confidential hotline: 833-477-7287

QA/CC department email: qualityassurance@issny.org
Phone: 631-864-2536 extensions: 452, 453, 410, 417, 459; or 845-794-5218 ext. 334

INTAKE OF REPORT

QA/CC collects the information from the reporter and identifies if it is a reportable or a non-reportable situation. QA/CC also identifies if the situation is under ISSNY or another agency's jurisdiction. If the investigation is under ISSNY's auspices, an ISSNY Incident Number is assigned. If not under ISSNY auspices, ISSNY triages the incident to the appropriate agency's QA department. If an allegation of abuse/neglect is reported against a family member, the incident will immediately be triaged to the Care Coordination Organization (CCO). Confidentiality laws under New York State protect all reporters.

PROCEDURE

If the incident is under ISSNY auspices and is reportable, the following procedure will take place (Please note this is summarized).

Action by:	Action:
Receiver of incident report; QA/CC team	Ensure immediate protections are in place
Receiver of incident report	Report incident to Assistant Director of Compliance & QA, Corporate Compliance Officer & QA/CC team
Corporate Compliance Officer, Designee, or Assigned QA/CC Investigator	Notify ISSNY Senior Management & People Services (HR) Director, via email; noting if staff suspension is required, as per incident classification/ OPWDD – IMU directive
People Services (HR) Department	Notify the staff of their suspension, as well as notify the affected families/ COS teams, via phone & email (Note: suspensions are only made if deemed necessary; however, staff suspension is required for all allegations of physical and sexual abuse)
Assigned QA/CC Investigator	Notify OPWDD – IMU Incident Compliance Officer (ICO) & the Participant, or their primary contact/legal guardian, via phone
Assigned QA/CC Investigator	Notify the Participant's Circle of Support (COS), via email
Assigned QA/CC Investigator	Send OPWDD 148 form to the Participant, or their primary contact/legal guardian, via email & certified mail
Corporate Compliance Officer or Designee	Send introduction to investigator letter to staff, via email & certified mail
Assigned QA/CC Investigator	Conduct unbiased incident investigation
Corporate Compliance Officer, Designee, or Assigned QA/CC Investigator	Review, revise, and finalize the investigatory report
Senior Management & People Services (HR) Director	Review/approve the investigatory report
Assigned QA/CC Investigator	Upload final report to the OPWDD – IRMA database (within 30-days of incident discovery, barring any extenuating circumstances)

Action by:	Action:
Assigned QA/CC Investigator	Notify the Participant's Circle of Support (COS) of the investigatory findings, via email
Corporate Compliance Officer, Designee, or Assigned QA/CC Investigator	Send letter of determination (LOD) to target staff, for allegations of abuse/neglect ONLY, via email & certified mail
Corporate Compliance Officer, Designee, or Assigned QA/CC Investigator	Review investigatory findings at incident review committee (IRC) meeting & formally close the incident, with approval from IRC

What are the different types of classifications that ISSNY is mandated to investigate?

ABUSE

Abuse can be physical, sexual, or psychological. If *physical or sexual*, ISSNY is *mandated to suspend staff* and work with the COS to complete an immediate law enforcement notification. There are several additional abuse categories: *deliberate inappropriate use of restraints, aversive conditioning, obstruction of reports of a reportable incident, and unlawful use or administration of a controlled substance*.

NEGLECT

Neglect is the failure to provide supervision, adequate food, clothing, shelter, health care, or access to education. In our Self-Directed setting, neglect means a variety of things. If a support staff, "runs errands" and leaves the participant home, leaves the participant unsupervised for any duration of time when the plan states otherwise, if support staff orders a drink containing alcohol during his or her shift, etc. an allegation of neglect will be filed.

SIGNIFICANT INCIDENTS

A significant incident has the potential to result in harm to the health, safety, or welfare of a participant/service recipient. Categories of significant incidents are as follows: *conduct between service recipients, seclusion, unauthorized use of time out, medication error with adverse effect, inappropriate use of restraints, mistreatment, missing person, unauthorized absence, chocking with known risk, choking with no known risk, self-abusive behavior with injury, injury with hospital admission, theft or financial exploitation, other significant incident*.

** Please note that some classifications do not "fit" our self-directed model. The OPWDD regulations were originally written to reflect a certified setting.*

Senior Notable Occurrences

Death, sensitive situation.

Minor Notable Occurrences:

Injury (beyond first-aid), theft or financial exploitation.

DURING THE INVESTIGATION

Who can be interviewed during an investigation?

Investigators will interview participants who may be victims or witnesses, and other people who witnessed or may otherwise have information about an incident. Investigators interview “subject” or “target” (e.g., employee, volunteer, intern, consultant, contractor) who are alleged to have committed the act of abuse and/or neglect, or mistreatment.

What can I expect if I am interviewed as a victim or a witness?

The purpose of the interview is to learn what you know about what happened. You will be notified of the location, date, and time of the interview. Your interview is voluntary and you may take breaks during the interview. You should let the investigator know if you need an accessibility accommodation during the interview or if you need clarification during the interview.

As part of the investigative process, investigators collect materials and documents. Investigators may ask to see personal items if they are needed to complete the investigation. This includes but is not limited to, emails, text messages, call logs, social media accounts, medical documentation etc.

How will I know if I am identified as a victim?

If you are identified as a victim in an allegation of abuse and/or neglect, or involved in any reportable incident, ISSNY will notify you within 24 hours of discovery. You will be provided with a phone notification and an introductory email. You will also receive an “OPWDD 148 Letter” via mail, completed by the assigned investigator. If you have additional information or questions, please contact the assigned investigator. Their contact information will be in the email and on the 148 letter.

> A “**subject/target**” refers to the individual named in the allegation as committing the act of abuse and/or neglect. Only staff may be considered subjects.

Do parents, guardians, or personal representatives of alleged victim receive notification when a report has been made?

Yes. ISSNY notifies the legal guardian, or personal representative after they learn of an incident. This might be a parent, spouse, adult child or adult sibling. If the participant is his or her own legal guardian, the notification will go directly to him or her. The investigator may ask the representative/guardian the best means of communication for the participant to be interviewed, if he or she can be interviewed. The legal guardian or personal representative has the right to opt out of receiving the notice. If the representative is alleged abuser, he or she will not be provided this notice. If a representative opts out of receiving the notification, the notification will be provided to another party from the list above. If participant denies all parties to receive such notification, and is his or her own legal guardian, the notice must be provided to the participant.

The notice will include: a description of the event or situation and a description of initial actions taken to address the incident or occurrence, if any; an offer to meet with the executive director or designee. The designees at ISSNY are the Assistant Director of Compliance & QA or the Corporate Compliance Officer, to further discuss the incident or occurrence; and for reports of abuse and neglect, an offer to provide information on the status and/or finding of the report. Requested information shall be provided verbally or in writing, unless the person is a capable adult and objects to the provision of this information. ISSNY must protect the privacy of all involved.

What happens during an investigation?

The assigned investigator will complete an entry into the OPWDD's Incident Reporting and Management Application (IRMA), and complete several required notifications. The investigator will gather preliminary written statements for all persons who will be interviewed in person or via phone, conduct interviews, identify any potential physical evidence or demonstrative evidence (i.e. pictures), collect and review documentary evidence, and write an investigatory report in an unbiased manner. Conclusions will be based on a preponderance of evidence. Recommendations will be made based on conclusions. The investigation will be submitted to ISSNY Senior Management and the OWPDD IMU IRMA data base.

How can a parent, guardian, or other person legally responsible for a participant, find out the results of an investigation?

The circle of support is provided with an, "investigatory completion email" from the investigator. This includes **redacted** conclusions and pertinent recommendations. A participant's parent, guardian, or other person legally responsible for the participant can request in writing a "redacted" investigatory (149) report. The redaction protects personally identifying and confidential information due to the sensitive and confidential nature of the information.

What is Jonathan's Law?

ISSNY operates under the auspices of the Office for People with Developmental Disabilities (OPWDD). This means ISSNY must notify and inform parents, siblings, and legal guardians of children and adults receiving services by telephone of accidents or injuries. In our self-directed model, it is typical that the COS/family know of this information, and share it with ISSNY, resulting in the mandatory reporting processes. The law also allows qualified persons to access certain documents pertaining to incidents.

A qualified person is defined in Jonathan's law as a: parent or other legal guardian of minors. Parent, legal guardian, spouse, sibling, adult children of adult service recipients who are legally authorized to make health care decisions on behalf of the participant; or the participant who is his or her own legal guardian.

Criminal Cases

There are times that situations/incidents reported by ISSNY result in a criminal investigation. For example, an allegation of physical or sexual abuse, or theft/financial exploitation. Law enforcement will take ISSNY and/or the COS's mandatory law enforcement notification and detect if there is a criminal offense. If law enforcement investigates, they will work to gather evidence to support an arrest, file formal criminal charges, and obtain a conviction or plea to ensure justice is served. If law enforcement accepts a case, ISSNY's investigation will be under "forbearance". This means ISSNY pauses the investigation until law enforcement completed their investigation.

AFTER THE INVESTIGATION

What are the potential determinations of the investigation?

Allegations of abuse and/or neglect are determined to be substantiated or unsubstantiated.

Allegations may be substantiated if an abuse and/or neglect investigation determines there is a preponderance of evidence to support the allegation. This means that a review of the evidence shows whether the abuse and/or neglect was more likely than not to have occurred. An unsubstantiated finding does not preclude other consequences, including disciplinary action.

Why would an allegation of abuse and/or neglect be determined to be, “unsubstantiated”?

There might not be enough evidence to confirm the incident occurred, or to hold a person responsible for the incident. In the self-directed setting, it is also difficult to gather additional evidence because many things occur in the community where there are no cameras, no other ISSNY staff present, or no documentation such as a clinician to conduct a psychological exam to confirm psychological abuse. An unsubstantiated finding does not prevent other consequences such as employee discipline, additional supervision, training or other corrective measures.

Who makes the determination of the investigative findings?

ISSNY QA/CC department makes a final determination about whether the allegation of abuse and/or neglect is substantiated, or if a significant incident is “founded” or “unfounded”. The investigator submits the report to be reviewed by the Assistant Director of Compliance & QA as well as the Corporate Compliance Officer. The report is then submitted for review by ISSNY Senior Management. Subjects received an, “Introduction to Investigator Letter” at the introduction of investigation. At the close, the subject will receive a, “Letter of Determination/Investigatory Findings” from the QA/CC department. If the person was suspended, their continuing employment and or suspension release will be determined and communicated by the ISSNY People Services (HR) department. The ISSNY’s Incident Review Committee will review the incidents until the committee agrees there is no further follow up. Once the Incident Review Committee agrees, the investigator formally closes the incident.

APPEALS

In a certified setting, subjects of investigations under the New York State Justice Center are notified of their right to pursue the Administrative Appeals Process through court.

In ISSNY’s non-certified, voluntary operated setting, there are no appeals processes outlined in OPWDD regulation for abuse/neglect investigations because they are not under the Justice Center’s jurisdiction.

WHAT HAPPENS TO STAFF IF THEY ARE RESPONSIBLE FOR AN ALLEGATION OF ABUSE/NEGLECT OR MISTREATMENT?

It is the discretion of ISSNY Senior Management to determine if suspension is warranted for each incident with the exception of physical and sexual abuse. If your staff are suspended, People Services (HR) will call to notify you and other families the subject works with. People Services (HR) will then notify the subject of his or her suspension and inform him or her not to make contact with any participants/families, pending outcome of investigation.

At the outcome of the investigation, People Services (HR) will determine if the staff can continue employment with ISSNY. It might be that your COS already terminated the staff from your SD plan, and that is okay too. ISSNY People Services (HR) and Senior Management’s employment decision will determine if the person can continue working with ISSNY in any capacity, if they are eligible for rehire, or if remaining employed, what disciplinary action is necessary. Staff who remain employed can expect re-training in a multitude of areas depending on the incident and its findings.

Although ISSNY is non-certified and does not operate under the NYS JC, ISSNY is required to check with the NYS JC's Staff Exclusion List (SEL) before hiring staff. The SEL is not a public list. Only authorized individuals at agencies have access as a part of pre-employment screening.

FOR MORE INFORMATION/REFERENCES

Please see the Part 624 and Part 625 Handbook: https://opwdd.ny.gov/part-624-part-625-handbook

How can I report an incident?

- Confidential hotline: 833-477-7287
- QA/CC department email: qualityassurance@issny.org
- Phone: 631-864-2536 extensions: 452, 453, 410, 417, 459 or 845-794-5218 ext. 334

Created 04/08/26.

Preliminary Witness Statement Forms

Please complete a *Preliminary Witness Statement* and provide a detailed description of the incident that you observed or what was reported to you. This should include dates, times and names.

Please note that if you remember additional information after completing this form, you should call the QA/CC Department at your earliest convenience. All information provided is confidential and should not be shared with others.

Return the completed form to the QA/CC Department via email to qualityassurance@issny.org or by mail to Independent Support Services, Inc., ATTN: QA/CC, 380 Rabro Drive, Hauppauge NY 11788

Preliminary Witness Statement Fillable (PDF)
English, Fillable
Revised Jan. 2021

Preliminary Witness Statement Spanish (PDF)
Spanish
Revised 04/02/26

Created 04/02/26.

Quality Assurance and Corporate Compliance FAQ

Can a participant, parent, and/or designee choose not to have ISSNY investigate?

Unfortunately, no because of the 14 NYCRR Part 624/625 regulation; Art 11 of Social Services Law, Art 20 of Executive Law, and MHL 16.34.

Can a participant, parent, and/or designee choose not to provide an interview statement?

If the parent/designee is the legal guardian, the investigator will call them as a courtesy. Due to the regulation, a parent cannot tell the investigator not to contact the participant. It is important for families and staff members to understand that providing a false report or withholding information is considered obstruction.

How do I report an incident that I witness or discover?

There is no wrong door. Please reference our contacts. You can also email qualityassurance@issny.org. If you suspect wrongdoing, or are unsure if an event constitutes an investigation, please do not hesitate to reach out to the QA/CC department for guidance.

How does ISSNY abide by HIPPA Regulations?

Administrative staff are trained to follow federal and state mandated HIPAA regulations, maintain privacy, and confidentiality of sensitive information. Administrative staff are permitted access within ISSNY and from authorized providers to uphold a high quality of Self-Direction services.

How to identify an incident?

Complete the Incident Identification and Reporting training via LMS annually. This training shows each incident classification and explains how to report to QA/CC. If you witness or discover any situation that makes you uncomfortable, and you are unsure if it is an incident, call or email the ISSNY - QA/CC Department.

Should I ever sign a blank form?

No. The person signing attests that all documented information is agreed upon or authorized. Original signatures or time-stamped electronic signatures must be used as best practice initiatives.

What happens if my Support Broker fails to maintain credentials with ISSNY?

ISSNY Senior Management will send an official notice to the Broker advising them of a last chance to conform or terminate the FI-Broker relationship. If the Broker is terminated, the participant will need to locate a new Broker, should they remain with ISSNY as their FI.

What is an allegation?

An allegation is defined by OPWDD as the implication that abuse or neglect of a person may have occurred, based upon the report of a witness, upon a person's own account, or upon physical evidence of probable abuse or neglect. Each allegation is investigated to determine if there is a preponderance of evidence to support the claim.

What is my role as the parent/designee/guardian in Medicaid compliance?

Your role is to review and confirm Medicaid documentation is accurate. You are also responsible for training staff, with support from the COS, on how to accurately complete and submit their EVV timesheets, mileage forms, etc. to prevent potential compliance issues.

What is the ISSNY Grievance Procedure?

In an effort to protect and serve each individual with Part 633.12 Due Process, ISSNY implemented an internal Grievance Procedure. This ensures both sides are fairly considered and disputes are resolved in a timely and constructive manner. ISSNY provides individuals with an informal resolution process, and documents the results. If the parties are unable to resolve the objection, ISSNY provides a written notice to the participant and their team, advising them of the right to request an administrative review.

Who is responsible for keeping my Medicaid coverage active?

This is a collaborative effort between the CCO Care Manager and the designee/participant. DSS sends a recertification packet 60 days before it is due. Having a gap in Medicaid coverage jeopardizes Waiver Services and should be avoided. If your Care Manager is not assisting you, it is your right to seek supervisory assistance. Always document your efforts. You can also contact QA/CC for assistance.

Why does ISSNY need to investigate?

To ensure the health, safety, and well-being of participants. To ensure no one is taking advantage of the SD budget. To maintain compliance with federal and state Part 624/625 regulations.

Why may ISSNY propose a Part 633.12 Due Process?

Documentation is not provided to ISSNY to secure individuals’ health and safety. This might include an inability to; adhere to authorized Personal Resource Account (PRA) allocations or provide Medicaid Compliance documentation, such as the Life Plan, Community Habitation Plan, and Monthly Notes.

Will this investigation penalize or jeopardize the participant’s services?

No. The regulations are in place to support the participants. State regulation may require ISSNY to suspend staff in the event they are under investigation for an allegation of abuse or neglect. We understand this may hinder SD services during our investigation, and will refer you to the appropriate department/s for assistance.

Created 04/02/26.

Self-Directed Service Termination/Transfer Form

This form is used as a communication and process coordination tool when Support Brokerage and/or Fiscal Intermediary (FI) services are terminating, changing, or transferring, and/or when a Participant is transferring between OPWDD Developmental Disabilities Regional Field Offices (DDRFO).

This form does not approve or deny services and does not by itself remove authorization of services from the participant's Self-Direction Budget or Life Plan.

The form is used to document notice, establish effective dates, and support coordinated action among the Participant/Representative, providers, Care Manager, and OPWDD.

Per OPWDD, effective 06/04/26, all forms submitted to the Regional Field Office (RFO) must use the revised form (Rev. 5/18/26).

Self-Directed Service Termination/Transfer Form Rev. 5/18/26 (PDF)

Instructions

The instructions provide guidance on completing and submitting the form and are intended to promote consistent processing of Self-Directed terminations and transfers.

OPWDD's Self-Direction Services Termination/Transfer Form Instructions Rev. 5/18/26 (PDF)

Updated 06/05/26.

Self-Direction Brochure from OPWDD

This OPWDD brochure provides details on the Self-Direction service model and is a great resource for participants, families, etc. to utilize, along with accessing the state's dedicated Self-Direction page on their website at http://www.opwdd.ny.gov/selfdirection.

My Life, My Choice
Self-Directed Services for People with Developmental Disabilities
Self-Direction Brochure from OPWDD (PDF)

Updated 04/14/26.

What is allowable in Self-Direction?

(Adapted from the OPWDD Self-Direction Guidance for Providers, 3/10/2022)

What is Self-Direction?

Self-Determination is the philosophy that all people have the freedom to develop their own life plan. Self-Direction is based on the underlying principles of self-determination, person-centered planning and practices.

Self-Direction is the practice of empowering people with developmental disabilities to manage the supports and services they receive, determine who provides the supports, and how and where they are provided. In Self-Direction the person with developmental disabilities chooses the mix of supports and services that work best for them, how and when they are provided, and the staff and/or organizations that provide them.

The Self-Direction participant accepts responsibility for co-management of their supports and services. The amount of responsibility varies depending on the level of authority the participant chooses to exercise.

SELF-DIRECTION AUTHORITIES

Authority is a term used by the Centers for Medicaid and Medicare Services (CMS) to describe the control that a person receiving services uses when they choose to selfdirect their services. Participants have a range of options for choosing the level of SelfDirection authority that they wish to have. There are two types of Self-Direction authority: Employer Authority and Budget Authority. A person may choose to have either one or both types of authority.

Employer Authority

The person hires, schedules and supervises the staff who support them. They determine the activities that will be supported and the way that support will be provided. Services are provided to the person by agency staff under a coemployment model. In a co-employment model, the person can choose to hire staff, train staff regarding their interests, monitor and provide feedback to staff,
and end staff services if they are not consistent with the person's expectations. If a person chooses to self-hire their staff, they gain Budget Authority and determine the compensation of those staff.

Budget Authority

The person who is self-directing with Budget Authority must work within a Personal Resource Account (PRA) and develop a Self-Direction Budget. The person makes choices about the goods and services he/she wishes to receive and selects who is paid to provide them or how they are purchased. A person who maintains Budget Authority and works within a PRA may access needed goods or services through Individual Directed Goods and Services (IDGS). A Fiscal Intermediary (FI) works with the person to complete billing and payment for goods and services identified in the Budget. Attachment C includes a description of services that must be included in a person's Self-Direction Budget. A person who chooses to

have Budget Authority can receive and budget for services that are Agency Supported, Self-Hired, or Direct Provider Purchased.

STAFF OPTIONS IN SELF-DIRECTION

A person who chooses Self-Direction has three options for selecting the staff who will work with them:

1. Agency Supported Self-Directed Services

The person and agency have a Memorandum of Understanding (MOU) that describes the person's authority to hire staff, train staff regarding their interests, monitor and provide feedback to staff, and end the employee's services if they are not consistent with the person's expectations. The person does not have the authority to set the staff salary in this model and the provider is paid at the provider's rate for the service, which includes the administrative and clinical components of the service. The provider bills eMedNY directly for these services. If a person chooses to have only Agency Supported Self-Directed Services, a Self-Direction Budget and Personal Resource Account are not needed.

Community Habilitation, Supported Employment (SEMP) and Respite can be self-directed by the participant using Employer Authority in the Agency Supported Self-Directed Services model.

2. Self-Hired Staffing

The person who is self-directing determines the compensation of the staff who delivers services to them. Services must be planned for and budgeted within a Personal Resource Account (PRA). A Fiscal Intermediary (FI) works with the person to implement Human Resource (HR) activities and to complete billing and payment of the services. The person and the FI have a Memorandum of Understanding (MOU) that describes the person's authority to hire staff, train staff regarding their interests, monitor and provide feedback to staff, and end the employee's services if they are not consistent with the person's expectations. The amount that is billed to eMedNY for self-hired Community Habilitation, Supported Employment and Respite cannot exceed the amount a provider would be paid for the same service or the OPWDD established rates for the service, whichever applies.

A person can choose to self-hire staff to deliver the following types of Home and Community Based Services (HCBS) waiver services: Community Habilitation, Supported Employment, and Respite.

3. Direct Provider Purchased Services

A person who is self-directing can choose to purchase some services directly from a provider agency. For these Direct Provider Purchased services, the person does not have the authority to set the staff salary and the person chooses to let the provider manage the staff. The provider is paid at the provider's rate for the service, which includes the administrative and clinical components of the service. The provider bills eMedNY directly for these services. If a person is self-directing other services with budget authority, the agency that provides the Direct Provider Purchased Service is responsible for ensuring that the service is utilized within the PRA, as identified in the Self-Direction Budget. This needs to be addressed during the planning process and reflected in the Budget accordingly.

Supported Employment, Community Habilitation, and Respite may be Direct Provider Purchased, Self-Hired, or Agency Supported. Group Day Habilitation Services, Prevocational Services and Pathway to Employment are available only as Direct Provider Purchased Services.

SUPPORT BROKERAGE

When a person chooses to take on Budget Authority, Support Brokerage services support the person-centered planning process by assisting the person to develop a Circle of Support and complete a Self-Direction Budget for his/her services. The Broker may also provide training and support to the person to help him/her gain the skills and competencies he/she needs to manage self-directed services. If a participant has chosen self-hired Community Habilitation or Supported Employment services, Support Brokerage Services include completing and updating Staff Action plans for these services.

A person's Support Broker cannot provide them any other HCBS waiver service, and cannot be the person's Care Manager (CM). A Care Manager will assist the person participating in Self-Direction, as Self-Direction is part of the HCBS waiver.

Support Brokerage services must be established based on an agreement between the participant and the Broker. Hourly fees are negotiated between the participant and the Broker and should be commensurate with the level of training and experience of the Broker. The maximum fee that can be considered for delivering Support Broker services is $40 per hour. Self-Direction participants and Brokers can agree to a fee that is less than this amount. The hourly fees reflected on the Support Broker Agreement and the Self-Direction Budget must be the same.

The participant and his/her Circle of Support make decisions about the best use of the Support Broker as a resource within the person's Self-Direction Budget to ensure appropriate support and achievement of valued outcomes.

FISCAL INTERMEDIARY

Fiscal Intermediary Services (FI Services) are HCBS Waiver services that include tasks performed by a Fiscal Intermediary (FI) which support a participant who self directs an individualized budget. Such tasks include billing and payment of approved goods and services, fiscal accounting and reporting, Medicaid and corporate compliance, and general administrative supports. The FI performs the initial review of the budgets/budget amendments, is the employer of record for staff hired by the participant, and is responsible for ensuring that applicable labor laws (including those related to minimum wage and overtime) are followed. These staff are referred to as "self-hired staff."

Services that Require a Fiscal Intermediary

A participant must choose an FI to handle billing for any of the following services:

- Individual Directed Goods and Services (IDGS)
- Live-in Caregiver (LIC)
- Support Brokerage Services
- Community Transition Services (CTS)
- Other Than Personal Services (OTPS)
- Housing Subsidy
- Any self-hired staff for Community Habilitation (CH), Supported Employment (SEMP), and/or Respite

INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS)

Participants who choose to self-direct their services and take on Budget Authority may receive IDGS as a waiver service. Individual Directed Goods and Services (IDGS) are services, equipment or supplies not otherwise provided through OPWDD's HCBS waiver or through the Medicaid State Plan that address an identified need in a participant's service plan. Self-Direction funds cannot be used to purchase an IDGS service that is available under the State Plan. Total IDGS expenditures are limited to $32,000 annually or the person's PRA, whichever is less. Further detail is included in the IDGS Definitions Chart (https://opwdd.ny.gov/system/files/documents/2022/05/addendum-a-4-idgs-chart_050622.pdf).

Participants may manage their IDGS, as described in their Individualized Service Plan and Self-Direction Budget, to fully purchase or contribute towards the purchase of items or services which meet all of the following criteria:

1. Are related to a need or goal identified in the person-centered care plan/Individualized Service Plan;
2. Are for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for human assistance;
3. Promote opportunities for community living and inclusion and/or increase the participant's safety and independence in his/her home environment;
4. Are able to be accommodated without compromising the participant's health or safety;
5. Are provided to, or directed exclusively toward, the benefit of the participant.

In addition to these requirements, the IDGS chart lists additional criteria that must be met for specific categories of IDGS.

Community Classes

Self-directed supports through IDGS offer great opportunities for people with developmental disabilities to purchase community based classes that teach a subject, are open to the public, and result in active engagement and participation in integrated community settings.

Each of the following are excluded from being funded with the IDGS as a Community Class:

- Classes that duplicate any Medicaid State Plan or HCBS Waiver service or are conducted by an entity that delivers such services;
- Classes where participation is restricted solely to people with intellectual/developmental disabilities (I/DD);
- Classes where there are not established published fees;
- Classes that are credit bearing for matriculating students;
- Classes in a setting accessed only by people with I/DD (not including paid staff support), including all certified settings; and
- Classes that do not adhere to the standards identified in the broader IDGS rules and standards (e.g. experimental therapies).

Participation in specialized classes that take special needs, such as physical limitations or beginner level learning, into consideration are appropriate as long as those specialized classes are open to the broader public.

Private classes and lessons are allowable as long as they relate to an integration goal and the lessons are not taking place privately for the purpose of segregating the participant.

Transportation

When a person needs transportation to/from a service-related activity, IDGS can be used to reimburse service related mileage, or pay for public transportation. In order to be reimbursable under IDGS, however, transportation costs and mileage must be related to a Medicaid reimbursable service within the Self-Direction Budget. Additionally, Transportation in IDGS is only available for those services that do not have transportation built into the fee and/or are not covered by the State Plan. Transportation related to IDGS services or those delivered by Self-Hired staff would be considered allowable reimbursable costs.

Camp

For a person who has Budget Authority, Camp programs may be funded using IDGS. Reimbursement from Medicaid is not available until after a person has attended the camp. When a camp deposit or prepayment is made, but the person never attends camp, no service has been rendered to the person and, therefore, no reimbursement may be claimed from Medicaid. Medicaid does not reimburse services that are not rendered. If the FI or the family made a non-refundable deposit or prepayment, whoever made the payment to the camp accepted the financial risk.

When a camp deposit or prepayment is made, and the person arrives at camp, participates in some programs, but leaves camp early, then the terms of the camp's policy should be consulted. If there is opportunity to request a partial refund, such refund should be requested. If there is a strict no-refund policy, the full cost of the service term may be submitted to Medicaid as long as it does not exceed one month. The maximum service term Medicaid reimburses is one month. Since most camps have terms measured in weeks, it is unlikely that the FI (or family) would be left with an unreimbursed liability. However, if a participant were to enroll at a camp that demanded prepayment for a full three-month summer term (i.e., June, July, and August), it is possible that an unreimbursed liability could be generated. The FI would be forced to break up the camp term into units no greater than a month. Some service must be delivered in a given month in order to bill a service unit for that month. Therefore, if a camper were to leave in the second week of June and not return, the FI (or family) could be left with an unreimbursed liability for two-thirds of the total cost of the camp.

IDGS Camp Reimbursement is available for Camps that are not funded as Medicaid Waiver Respite Camps. Self-Direction participants can choose to attend Waiver Respite funded Camps. However, those camps must be included in their Self-Direction Budget as Direct Provider Purchased Respite.

IDGS funds may not be used for camps that are outside New York State, as these camps are not issued a permit by New York State.

Paid Neighbor

The Paid Neighbor stipend is paid to a neighbor to serve as an "on-call" support. A Paid Neighbor is someone who should be available to respond when needed. Proximity in relation to the needs of the participant should be considered when hiring a Paid Neighbor, and be based upon the participant's likely need for a particular response time. In no case should a Paid Neighbor live with the participant nor should a Paid Neighbor be more than 30 minutes from the participant.

The Paid Neighbor cannot be a "family member" of the Self-Direction participant.

Staffing Support

Staffing Support cannot deliver services that would duplicate FI services or Broker responsibilities as related to development of the SD plan. The staffing support role can only include tasks in the spectrum of,

“Assistance with scheduling self-hired staff and with assisting the person to complete staffing related paperwork.”

The person who provides Self-Directed Staffing Support through IDGS may be someone who provides self-hired CH, Respite or SEMP services to that participant or other participants, however, they cannot be otherwise employed by a not for profit agency. The billing must reflect what service is being provided. The documentation and time tracked should reflect what service the staff is providing at the time, either Community Habilitation/Respite/SEMP or Staffing Support.

Health Club/Organizational Memberships

Funding for a gym or health club may be reimbursed through IDGS in the self-directed plan for reasons of health and fitness or community integration. A person may have multiple memberships to health clubs. Memberships are for the individual only. Family or staff memberships cannot be reimbursed with IDGS funding. The club/organization must offer open enrollment to the public and the reimbursed fee must be the same as the published membership duties/fees.

A Self-Direction Participant’s activity fees, expenses (such as related supplies) and meals are explicitly prohibited from IDGS funding.

OTHER THAN PERSONAL SERVICES (OTPS)

People who are self-directing their services with Budget Authority may elect to use up to $3,000 in 100% state funding for items that are not Medicaid-fundable. This budget category is called “Other Than Personal Services” or OTPS.

For any item or service to be approved for OTPS funding in any category, it must pass ALL of the following four tests:

1. Be related to a valued outcome in the person’s plan
2. Increase the person’s independence and/or health and safety
3. Not be an OTPS excluded item (see page 29 of the SD Guidance)
4. Not be funded through any other source

Other resources (including community based and Medicaid funded) must be explored and exhausted prior to utilizing state OTPS funds for the purchase of such items. For example, cell phones are often made available to people who have Social Security eligibility.

OTPS Categories

The OTPS section of the budget is limited to the following categories of supports:

- Phone service – cell and/or land line*
- Internet* (in instances where a participant has a cable package, OTPS can be used for phone and internet only, but not the cable portion)
- Software related to the person’s disability
- Staff activity fees (self-hired staff only) to cover meals, admissions, fees, transportation or other costs incurred by staff when providing support to the self-directing person in activities that support a valued outcome
- Staff advertising/recruitment costs
- Cost associated with staff time for planning or training meetings where such costs exceed the hourly limits of the service

- Personal Use Transportation
- Clothing* (capped at $250)
- Board Stipend* (must first request and be denied for food stamps, or approved, but not sufficient to cover needs)
- Utilities*
- Other goods and services that increase independence
- Other goods and services related to health and safety

  * In general, landline, internet, clothing, utilities, and board stipend expenses are not reimbursable in OTPS for children under 18 years old where parents are responsible for these costs. Exceptions may be granted by the Developmental Disability Regional Office (DDRO) in cases where justification for a specific need is established (e.g., the family would not otherwise have internet in the home but it is necessary to support a technology system utilized by the FI and self-hired staff).

Items Excluded From OTPS

OTPS cannot be used to pay for certain excluded items. Excluded items include, but are not limited to:

- Medical visit co-pays
- Any expenses related to hospitalization or nursing home stays (including staff or respite supports or family expenses)
- Any illegal item or activity
- Cable television
- Common household supplies (e.g., paper towels, wipes, soap)
- Treatments that are experimental in nature
- Repairs, like a broken step or railing, as they should be covered under the lease or are the responsibility of the home owner
- A self-directing person's activity fees or related supplies for an activity or community class, even if funded through Individual Directed Goods and Services
- Rental cars (this OTPS exclusion does not apply to vehicles leased in the participant's name)
- Vehicle purchases, payments towards a purchased vehicle
- Legal fees
- OTPS cannot be used to apply against housing costs in excess of housing subsidies. If a person's rent is in excess of allowable housing subsidies, this will have to be reimbursed with the person's or the family's own resources.

SUPPORTED EMPLOYMENT, COMMUNITY HABILITATION AND RESPITE

The services described in this chapter can be varied in the way in which they are self-directed. Supported Employment includes both direct and indirect activities associated with helping a person get a job and gain skills necessary to retain the job. Community Habilitation is a service delivered in the community (i.e., non-certified settings) to facilitate inclusion, integration, and relationship building. Respite is a service that provides relief to unpaid caregivers who are responsible for the primary care and support of a person with a developmental disability. The methodology for budgeting these services depends on the authorities and staffing options chosen by the participant. Other rules and considerations for these services can be found in the respective ADMs.

Direct Provider Purchased and Agency Supported

If a person has a Self-Direction Budget and chooses to receive Direct Provider Purchased or Agency Supported Community Habilitation, Supported Employment and/or Respite services, the cost of those services are included in the Self-Direction Budget and deducted from the person's PRA.

Self-hired Staff

A person can use self-hired staff to provide Supported Employment, Community Habilitation and/or Respite with a Self-Directed Budget.

Centers for Medicare and Medicaid Services (CMS) is very clear that within SelfDirection, a person can hire their own staff to deliver services but the payment cannot exceed the rate a provider would be paid for the service. Hence:

A person can have self-hired staff persons but payment to the self-hired staff persons (including all allowable costs that comprise the total employment cost) cannot exceed the provider rate that would be paid to an agency providing the same service.

Hiring Family Members

There are specific restrictions regarding self-hired staff who are related to a Self-Direction participant. Except where specifically prohibited (e.g., relatives cannot be hired to deliver Live-In Caregiver or Paid Neighbor services), relatives may be paid as service providers as long as all of the five following criteria are met:

1. They are at least 18 years of age.
2. They are not the parents, legal guardians, spouses, or adult children (including sons and daughters-in-law) of the participant.
3. The service is a function not ordinarily performed by a family member.
4. The service is necessary and authorized and would otherwise be provided by another qualified provider of waiver services.
5. The relative does not reside in the same residence as the participant.

FAMILY REIMBURSED RESPITE

In addition to, or in lieu of, Respite that is Direct Provider Purchased, Agency Supported, and Self-Hired, participants in Self-Direction can include Family Reimbursed Respite (FRR) in their budgets. FRR is paid for with 100% State funds and capped at $3,000 annually.

FRINGE BENEFIT BUDGETING AND BILLING OVERVIEW

Part 3 provides guidance on claiming self-hired services to Medicaid. Topics discussed include distinctions between work hours and billable hours and between wage rates and reimbursement rates, types of self-hired staff, accounting for indirect costs associated with self-hired employees, and issues related to the processing logic in Medicaid for self-hired services.

Terms

Understanding the distinctions between these terms is essential to ensure correct budgeting and claiming for self-hired services.

Work Hours

The actual hours worked by the employee. Per federal and state labor law, employees must be paid for all hours they are "suffered or permitted to work."

Wage Rate

The standard rate of pay per hour worked as negotiated by the participant/family and the self-hired employee. Nonstandard wage rates may apply in special circumstances (e.g., "overtime" pay).

Billable Hours

The subset of work hours spent by the employee on billable service activities, as described and defined in OPWDD regulation and administrative memoranda.

Indirect Employment Cost

Expenses of employment other than wage costs, including the employer-paid portions of employee benefits, payroll taxes, etc.

Total Employment Cost

Employee wages for hours worked plus indirect expenses related to the employment of the self-hired worker.

Effective Reimbursement Rate

Total employment costs for the service period claimed divided by the billable service hours delivered and documented during the same service period.

Types of Self-Hired Staff Employees

The participant and the FI share responsibilities as "co-employer" of self-hired employees. FIs should permit the participant broad leeway to negotiate the wage rates of self-hired staff, within the reimbursement restrictions described in Chapter 16. Because the FI is the legal "employer of record," benefit packages and other terms of employment typically must follow the FI's policies. In these cases, the participant may not be able to negotiate further. Nearly all true employees drive indirect costs in addition to their wage payments.

These indirect costs, in addition to the direct wage costs, must be appropriately accounted and included in the fee billed to Medicaid.

Self-hired staff who perform Community Habilitation, Respite, and Supported Employment services must be employees of the participant and Fiscal Intermediary due to the nature of the work performed by such staff.

Contractors

Staff members who perform services at a negotiated payment per hour of service rendered as outlined in a formal service contract. Some examples of a self-hired contractor are a clinician, consultant and therapist. Self-hired contractors may be self-employed (i.e., an "independent contractor") or may be the formal employees of a staffing agency. In either case, the legal relationship between the participant and the self-hired contractor is "purchaser-contractor," not "employer-employee." The negotiated service rate is considered "payment-in-full" for services rendered and there are no indirect costs to be reimbursed. There are no fringe or indirect costs related to these services when self-hired as a contractor.

GUIDANCE ON OVERNIGHT SUPPORTS

People may need supports during the overnight hours when they spend some or most of the time sleeping. These supports could include monitoring for events that will require hands-on assistance or ongoing activities, such as developing the person’s skills or tending to the person’s safety. If nighttime supports are needed the following services should be considered when developing the Self-Direction Budget.

Paid Neighbor

Funded via IDGS. A Paid Neighbor can be available to the person so that, if the person has a need, the Paid Neighbor can respond and provide the appropriate support. A Paid Neighbor provides as-needed support. See the IDGS chart for Paid Neighbor specifics.

Personal Care

Funded via State Plan Medicaid. If the need for support relates to the provision of personal care, it may be appropriate to obtain supports from a personal care assistant through a community-based program where those supports are delivered. This does not count against the PRA.

Respite

If a participant lives in a setting with an unpaid support giver, respite may be an appropriate option for overnight supports.

Community Habilitation

The Community Habilitation (CH) service requires that a face-to-face service be delivered during the course of the continuous time period where the service is provided. A review of the hours that the CH staff person works should be part of service planning to determine and clarify the service expectations.

CH is a means of support for people attempting to live as independently as possible. A portion of the CH service includes implementing person-specific safeguards that are foundational to ensuring a person’s health and safety. There is no one-size-fits-all approach in determining if CH is an appropriate service during overnight hours. Each situation needs to be considered during a person-centered planning process and the specific needs to the participant considered.

Many people need supports during the night to ensure their safety, but do not need direct observation during sleep hours. These people may need available support staff who can provide direct service if a specific need arises during the night. A Community Staff Action Plan can include the identification of indirect service time for a portion of the CH service that is integral to the overall plan, but is not delivered in a face-to-face manner.

Components of indirect service time for the CH service can include:

- Staff training time (hours worked to attend training)
- Planning time (hours worked as part of person-centered planning team/Circle of Support)
- Documentation time (time spent completing pertinent and required notes and service documentation)
- Staff coordination and scheduling
- On-call time (hours spent on site by staff who are “available as needed” to implement the Staff Action Plan)
- Asleep overnight staff

The following parameters must be met if asleep overnight staff time is built into the indirect cost:

- The total hourly cost cannot exceed the regional rate for CH;
- There are enough billable hours to ensure that indirect costs cover sleep time;
- The CH plan provides justification that asleep staff are able to provide adequate oversight to the participant;
- CH staff who are also Live-In Caregivers or Paid Neighbors for the person must not be paid for time spent asleep or in "on-call" status.

Under no circumstances does asleep staff support count as billable CH service time.

Indirect service time must be documented as indirect service time in support of the CH service, and must be tracked and paid as hours worked. However, indirect service time cannot be billed as CH service hours. The indirect service time is paid as part of the rate provided to agencies for the CH service, or as a component of the self-hired staff wage established by the participant or designee.

Self-Direction Budget Types

A person who chooses Self-Direction can choose from three different budget types, depending on what services they need. The budget types are Residential Only (RES), Other Than Residential (OTR) and Both. The chart below outlines the services available within each budget type. Note that some services may not be available depending on the setting where a person lives.

	Residential Only (RES)	Other Than Residential (OTR)	Both
Support Broker	X	X	X
Live in Caregiver	X		X
Individualized Goods and Services (IDGS)	X	X	X
Other Than Personal Services (OTPS)	X	X	X
Community Habiliation	X	X	X

Support Employment (SEMP)		X	X
Respite	X		X
Group Day Habilitation		X	X
Family Supports and Services (FSS)	X	X	X
Provocational Services		X	X
Pathway to Employment		X	X
Housing Subsity	X		X
Family Reimbursed Respite (FRR)	X		X
Available to People Who Live in a Certified Setting		X	
Available to People Who Do Not Live in a Certified Setting	X	X	X

Clinician and Certain Therapy Services

Clinical Consultation

To ensure continuity of care, a Self-Direction participant may augment the hourly rate paid to a consulting clinician with 100% state funds. This is allowed when the participant's CSS budget (prior to 10/1/14) included the consulting clinician's services, and the hourly rate paid to the consulting clinician exceeds the hourly rate paid through IDGS. OPWDD will evaluate the timeframe that this continuity of care provision will be allowed.

Clinician - Direct Service provision

No use of state funds is allowed.

Therapies

To ensure continuity of care, a Self-Direction participant may augment with 100% state funds the hourly rate paid for Hippotherapy, Therapeutic Riding, Aquatic Therapy, Art Therapy, Massage Therapy, Music Therapy, and Play Therapy. This is allowed when the person's CSS budget (prior to 10/1/14) included the therapy, and the hourly rate paid to the consulting clinician exceeds the hourly rate paid through IDGS. OPWDD will evaluate the timeframe that this continuity of care provision will be allowed.

LIVE-IN CAREGIVER

Live-in Caregiver is an HCBS Waiver service that utilizes an unrelated care provider who resides in the same household as the waiver participant and provides as-needed supports to address the participant's physical, social, or emotional needs so that the participant can live safely and successfully in his or her own home.

The Live-in Caregiver must not be related to the participant by blood or marriage to any degree.

The Live-in Caregiver must go through any required background check(s) performed by the FI before they can begin services.

Updated 04/14/26.