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Human Services
Developmental Disabilities Services

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SELF-DIRECTED SERVICES

Training for the Employer of Record

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Human Services
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MANAGING SELF-DIRECTED SERVICES

EOR Training Series

OKLAHOMA Human Services

Developmental Disabilities Services

Learning Objectives

- Support EORs as they manage services throughout the POC year.
- Explore helpful tips for collaborating with your FMS provider.
- Identify essential steps for staying in compliance with DDS policy.
- Present guidelines for getting vendors and employees paid.

Chapters For This Training

DDS Policy and Procedures

Developed April 2026

The information and procedures referenced in this presentation are based on current Developmental Disabilities Services (DDS) policies for the state of Oklahoma.

It is the legal responsibility of the DDS Case Manager, FMS Agent, waiver recipient, and their Employer of Record to follow state policies when navigating Self-Directed Services.

You can access DDS policy by visiting our website. →

KEEP IN MIND

- The purpose of this training is to provide insight into managing your Self-Directed Services after receiving authorization.
- Examples used are for training purposes only.
- Your individual plan is unique to your specific set of needs and situation.
- If you have service specific questions or need assistance with troubleshooting, reach out to your DDS Case Manager or FMS Agent.
- To request further support, please send an email to the SDS team.

dds.sds@okdhs.org

Acronyms For This Training

EOR: Employer of Record

CWNR: Community Waiver Non-Residential

DCI: Direct Care Innovations

DDS: Developmental Disabilities Services

DDS CM: Developmental Disabilities Services Case Manager

EVV: Electronic Visit Verification System

FMS: Fiscal Management Service

HTS: Habilitation Training Specialist

IHSW: In-Home Support Waiver

IP: Individual Plan

POC: Plan of Care

SDS: Self-Directed Services

Leadership as the Employer of Record (EOR)

- **You are the main point of contact for managing all the services, supports, and staff in your self-directed plan.**
- The EOR will collaborate with their **DDS CM** to make necessary changes throughout the Plan of Care year.
- The EOR will collaborate with their **FMS agent** to process vendor payments and employee payroll.

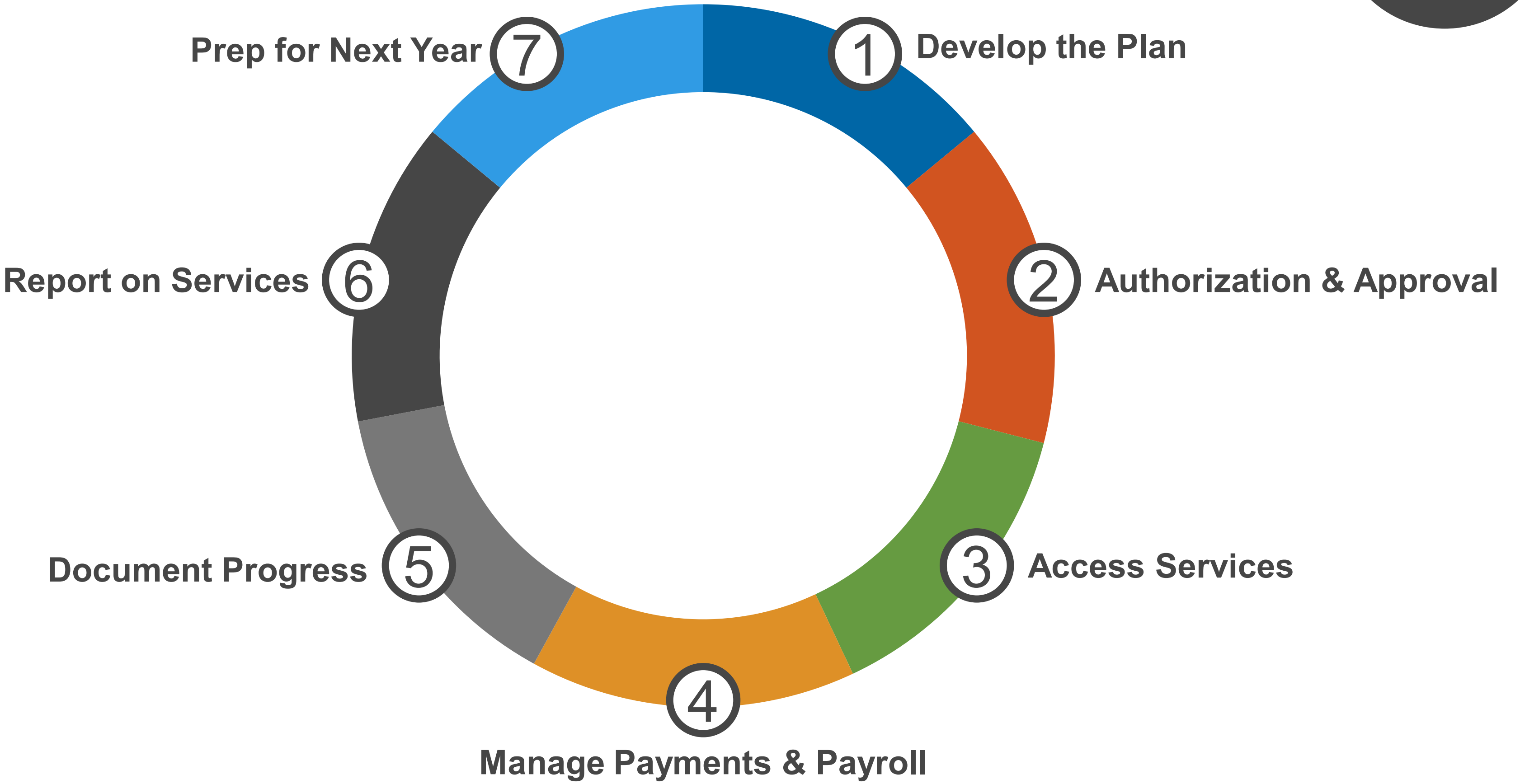
Leadership as the Employer of Record (EOR)

- Self-directed **staff** and EORs work together to ensure EVV punches are in compliance.
- EORs will evaluate **vendors** and self-directed **staff** as they support the individual by closely following the agreed upon service plan.
- **DDS Case Managers** will work with you and **the team** to develop next year’s Plan of Care.

What Happens Next?

What Happens Next?

Timeline for Self-Directed Services



① Develop the Plan

② Authorization & Approval

③ Access Services

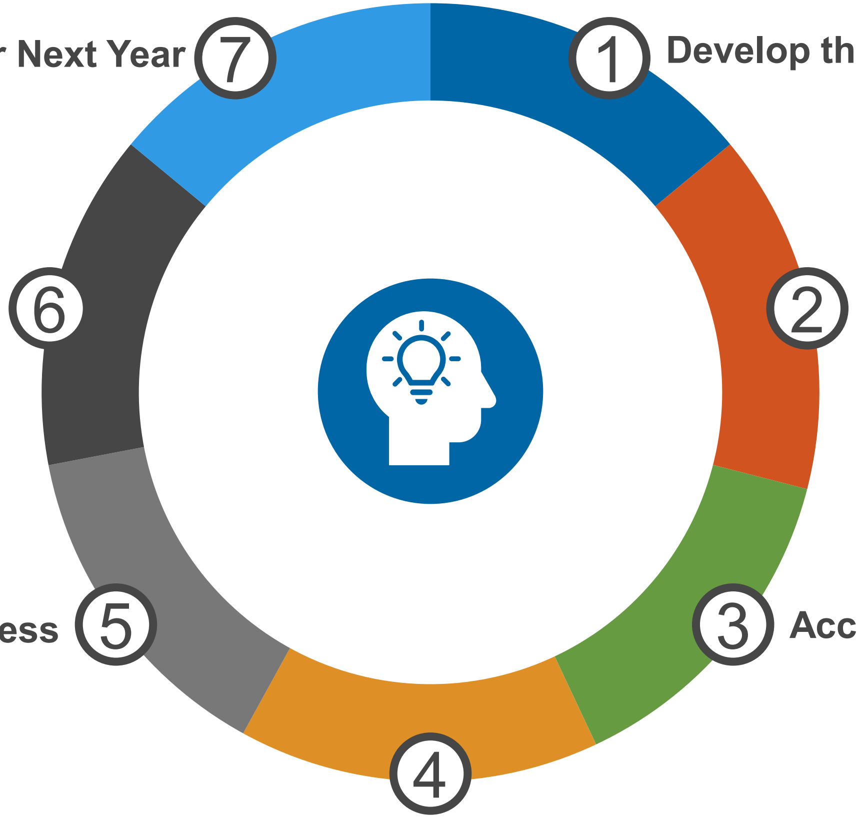
④ Manage Payments & Payroll

⑤ Document Progress

⑥ Report on Services

⑦ Prep for Next Year

Timeline for Self-Directed Services



1 Develop the Plan

2 Authorization & Approval

3 Access Services

4 Manage Payments & Payroll

5 Document Progress

6 Report on Services

7 Prep for Next Year

Approval & Authorization

Before accessing services, the following must be complete:

- ✓ You have finished the SDS enrollment process.
- ✓ Your DDS CM has worked closely with you to develop an Individual Plan (IP)
- ✓ You have chosen your vendors and/or self-directed employees.
- ✓ You have provided the necessary invoices, brochures, staff schedules, and documents needed to justify each support in your IP.
- ✓ All assigned staff training has been completed.
- ✓ You have received authorization from the FMS agency for each service.

Accessing Services

During the Plan of Care year, the person supported enjoys access to all authorized services!

The EOR will collaborate with everyone to ensure the Individual Plan (IP) is followed.

- **If managing staff:** Monitor staff progress working towards goals in the recipient's IP. Monitor their hours and EVV punches to ensure services are delivered as authorized.
- **If managing vendors:** Document dates of access and monitor quality of services received. Access goods and services as authorized in the IP. If dates or prices change, work with your DDS CM to update the plan.

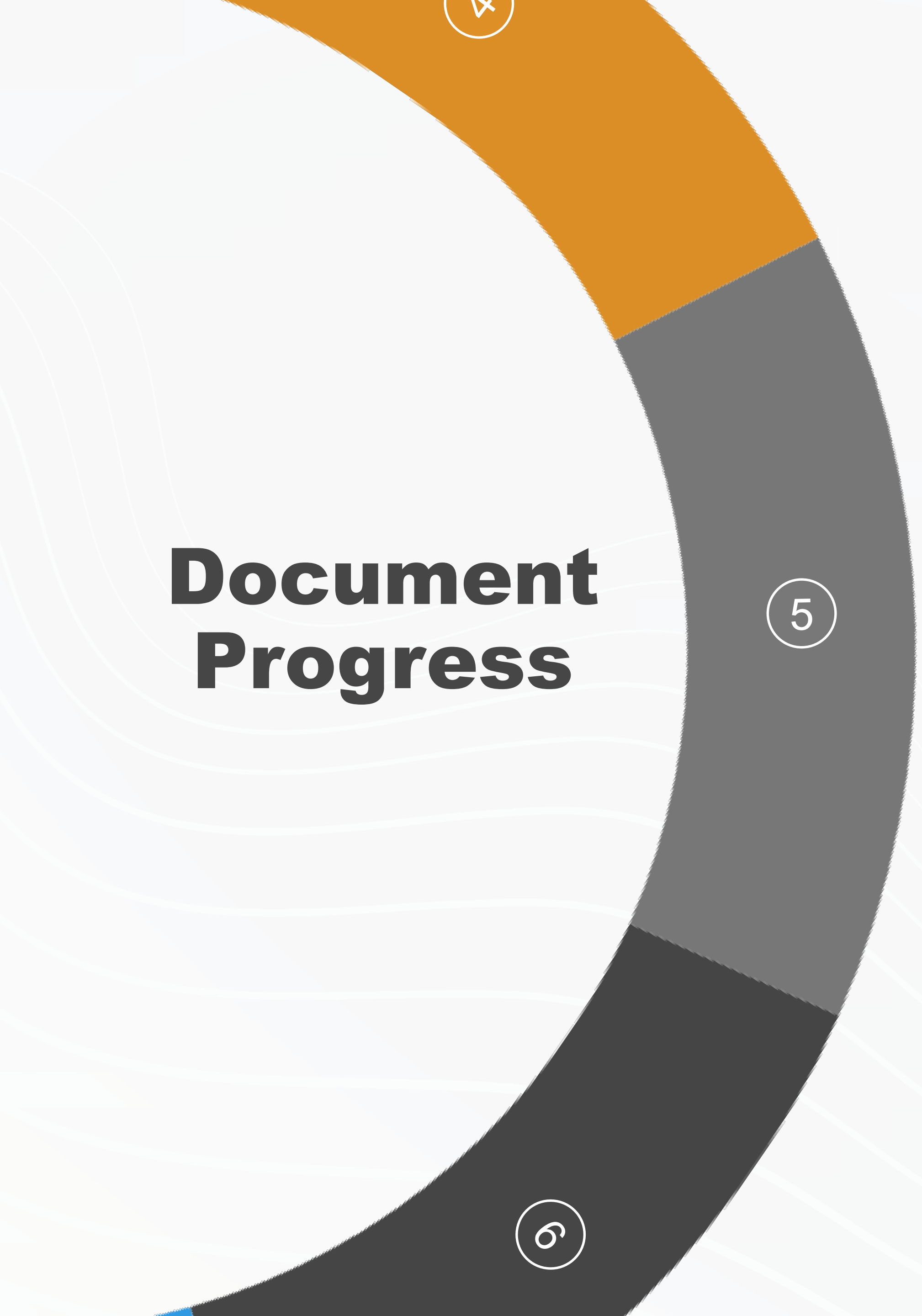
Manage Payments & Payroll

Request Vendor Payments

- After receiving self-directed goods and services, the EOR will submit a vendor payment request to the FMS provider.

Monitor Staff Punches

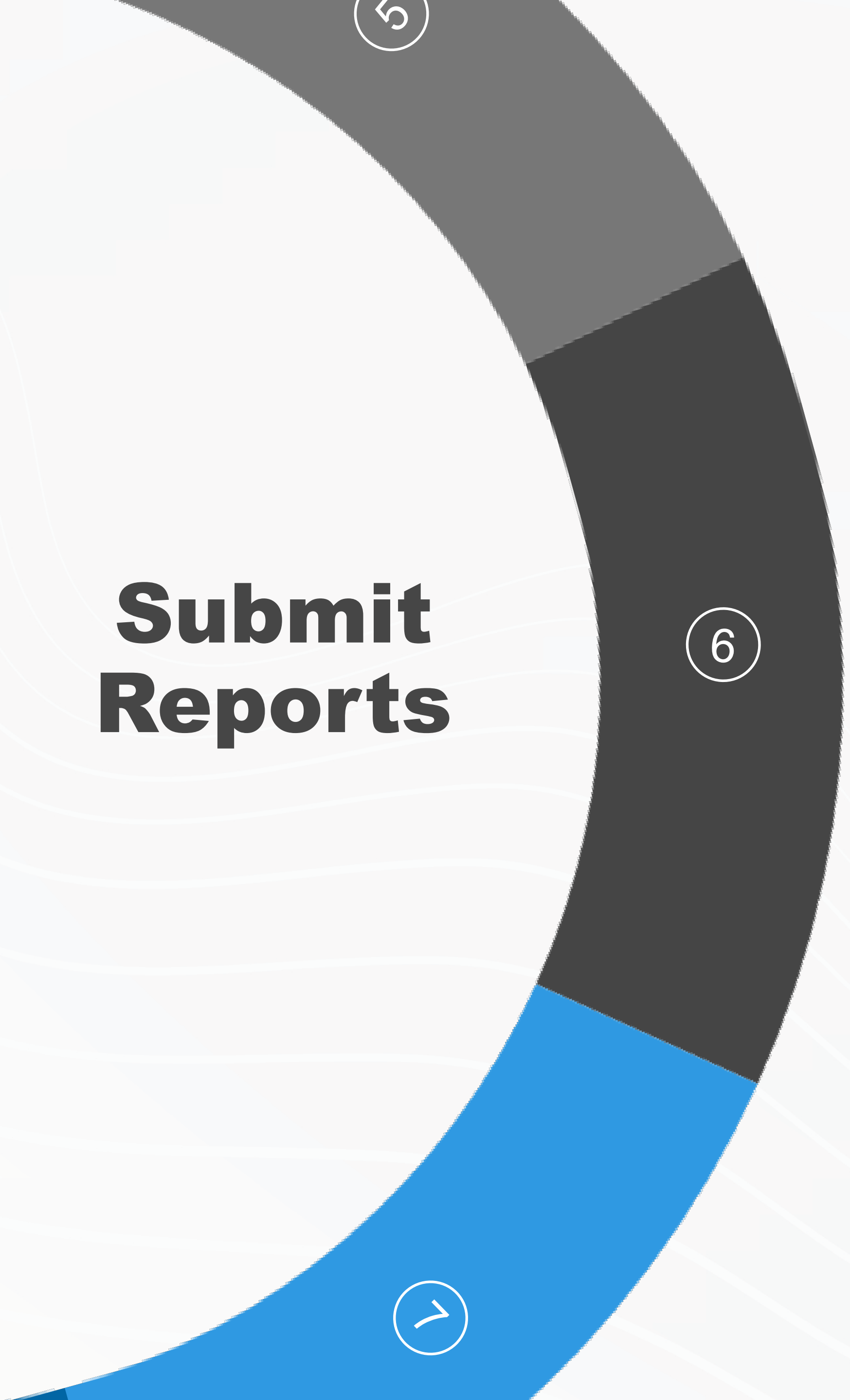
- Approve Electronic Visit Verification (EVV) entries for all self-directed employees.



Document Progress

Employers of Record (EORs) will need to:

- Keep detailed records of service delivery
- Monitor progress with the goals and outcomes in your IP
- Maintain an accurate and up-to-date Home Record



Submit Reports

The EOR will report back to DDS on the quality and use of SDS funded services:

- Submit progress reports quarterly with your findings
- Submit incident reports as necessary

Prepare For Next Year

Begin to collect documents and brainstorm service needs for next year.

- Your DDS Case Manager will reach out to schedule a meeting with the EOR, the recipient, and their team to develop next year's Plan of Care.

Stay Informed

- Open and read all electronic or paper correspondence
- Keep important files and documents together
- Ask for help if you do not understand
- Update your contact information with DDS and your FMS agent
- **Stay informed on current SDS & DDS policy or program updates**
    - Read the Newsletter
    - Utilize online training resources
    - Connect with other EORs

Meeting with DDS

As the Employer of Record, you will meet with DDS to discuss your waivered services plan at different times throughout the year.

In-person visits are scheduled so that your DDS Case Manger can meet with the service recipient in the home where they receive services.

Teem meetings are an opportunity to bring together multiple people who care for and support the individual to develop plans and establish common goals.

Meeting with DDS

- **If you are supported by the In-Home Support Waiver (IHSW),** your DDS CM will complete two face-to-face visits at least semi-annually with the recipient.
    - First visit between January and June
    - Second visit between July and December
    - One visit must occur at the site where the majority of services are provided.

- **If you are supported by the Community Non-Residential Waiver (CWNR),** your DDS CM will conduct a visit each calendar-year quarter.
    - Calendar-year quarters are from January to March, April to June, July to September, and October to December
    - Two visits must occur at the site where the majority of services are provided.

Meeting with DDS

- **DDS Quality Assurance conducts random client satisfaction reviews.**
  - If your recipient is selected for review, DDS Quality Assurance staff will reach out to schedule a face-to-face visit.
  - Quality Assurance interviews help to ensure services are running smoothly as authorized and that the recipient is safe and satisfied with the support they are receiving.

- **Meetings to discuss Plan of Care development or troubleshoot occasional issues can be held in-person or virtually.**
  - Collaborate closely with your DDS Case Manager and the recipient's support team to schedule these meetings.

Tools for Success

TOOLS FOR SUCCESS

The following items will help you manage your self-directed services like a pro!

- Individual Plan (IP)
- Home Record
- Direct Care Innovations (DCI) Portal
- EOR Training & Resources

Individual Plan (IP)

- Your DDS Case Manager will give you a copy of the recipient's Individual Plan (IP). This is a record of services that have been requested and details how the person will be supported using waiver funds.
- **The EOR is responsible for making sure this plan is followed closely and services are delivered as agreed upon in the IP.**
- Goals with actionable steps are provided for staff to follow as they work with the recipient.
- If you do not understand your IP or if you identify updates that are needed, reach out to your DDS Caser Manger for support.

Home Record

- **As part of SDS policy, all EORs are required to keep a Home Record where you organize and maintain all the important documents related to your SDS journey.**
- The Home Record must be available in the home where services are provided.
- When your DDS CM or Quality Assurance (QA) Team come for a visit, they will need to review your Home Record.
- This record helps to ensure everything is on track and the service recipient is getting the support they need.

**we will explore home record keeping more in depth, later in this training*

Direct Care Innovations (DCI)

The DCI Portal is an online platform used by Acumen and EORs to streamline the management of SDS services and staff.

Top 4 Things to Access in DCI

1) **Vendor Payments:** Check the status of vendor payments
2) **Authorizations:** Verify authorizations for vendors and staff
3) **Staff Clocking in and out:** Track your staff's punches to ensure accurate timekeeping and payroll
4) **Notifications & Messages:** View statements or help your employees access their paystubs

Direct Care Innovations (DCI)

Acumen provides DCI training on their website. Scan this code to access DCI training.

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Top 4 Things to Access

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EOR Training & Resources

EOR ONBOARDING

Located in the "Employer Training Modules" section

EOR INSIGHTS

Subscribe to the Newsletter and get caught up on past issues

RESOURCE LIBRARY

Access the EOR Resource Library for extra training and support

SDS EVENTS

Attend SDS events to connect with DDS staff and fellow EORs

Update your DDS contact information by reaching out to your FMS agent or DDS Case Manger.

Managing Goods & Services

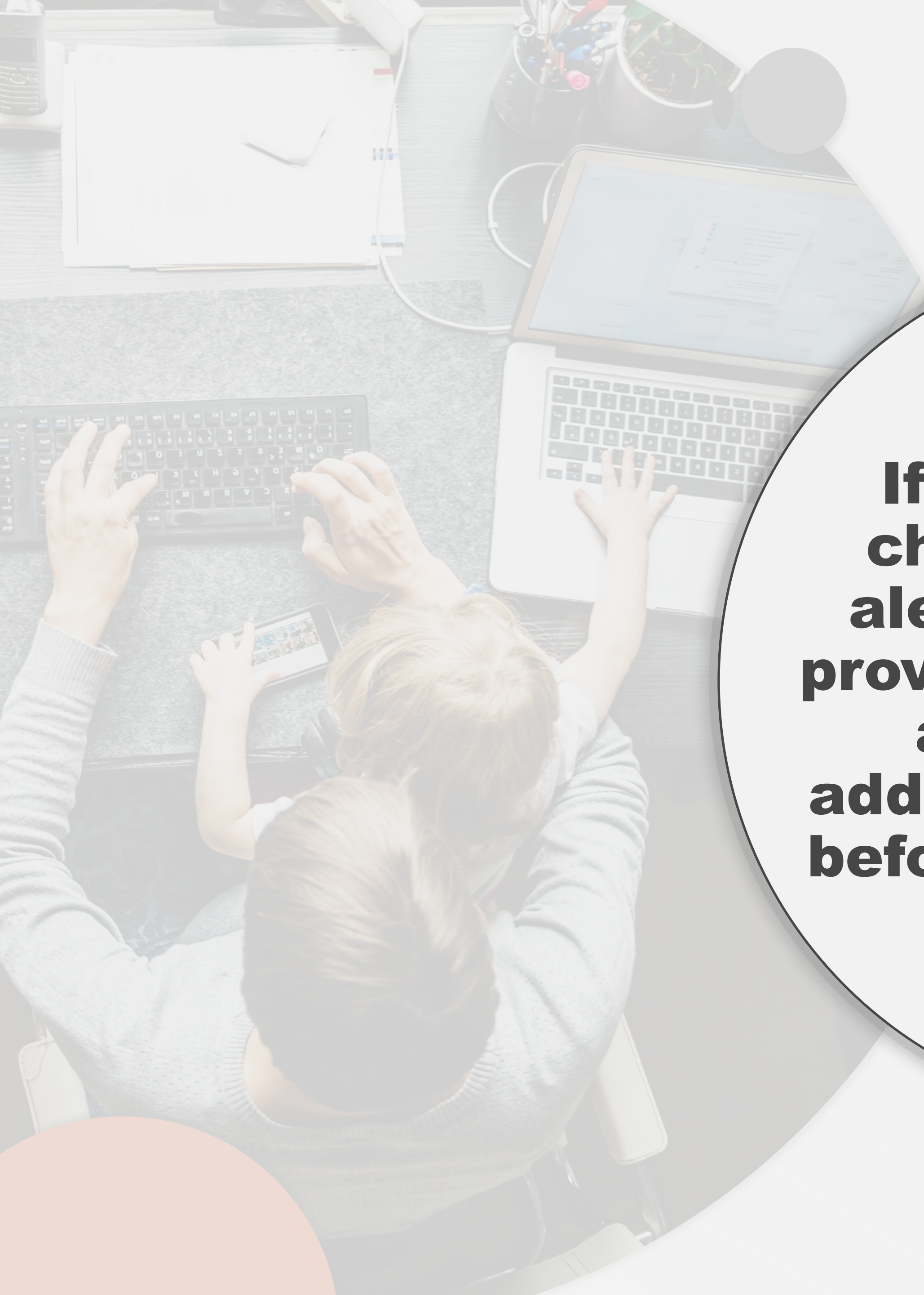
Managing Goods and Services

Vendor Payment Basics

- All SDS vendors are required to have a W-9 tax form on file with DDS.
- Vendors agree to be paid after services have been delivered.
- Dates, costs, and codes in your payment request must match the authorized invoice.
- The EOR works closely with the FMS agency to ensure timely vendor payments.

REMEMBER:

- **It is the EOR's responsibility to make sure requests for vendor payment are completed correctly and received by the Fiscal Management Service (FMS) in a timely manner.**
- The EOR will serve as a liaison between the vendor and the FMS agency.
- Access services on the exact dates that match your authorized invoice.
- Total costs and fees must match the authorizations in the Individual Plan (IP).



If prices or dates change, EORs will alert their DDS CM, provide a new invoice, and request an addendum to the plan before accessing that service.

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Vendor Services Timeline

1. SDS vendor is registered with a W-9 on file
2. An accurate invoice or brochure is provided with a letter of recommendation
3. Vendor agrees to a plan for services
4. Wait for authorization
5. Access the service and/or purchase items
6. Submit the vendor payment request to your FMS
7. FMS agent compares the request with its authorized invoice
8. The FMS agency releases payment to the vendor

Payment Schedule

Acumen (the current Fiscal Management Services (FMS) provider for the state of Oklahoma) processes vendor payments weekly.

Your FMS agency provides two options for vendors to receive payments:

1. **Check**
   - A paper check mailed to the address on the W-9.
   - Mailed within 3 business days after approval
   - It can take 7-9 days for this check to arrive because it comes from Mesa, AZ.
2. **Direct Deposit**
   - If vendors want this option, they will need to complete an “Electronic Funds Transfer” form.
   - Payment is received the Monday after the submission is approved.
   - The EOR will be the one to facilitate this set up with the FMS agent.

Timely Filing

- Oklahoma Health Care Authority will not fund any request for payment that goes beyond 6 months of the services being rendered.
- **To meet this requirement, the request for vendor payment should be submitted within 5 months of service delivery.**
- If requests are not submitted promptly, the EOR will be responsible for paying the vendor.
- Acumen recommends using their **electronic payment request form** to ensure faster processing.

Submitting Your Request

The EOR will submit the Request for Vendor Payment form along with a copy of the invoice to vendor-ok@acumen2.net.

Payment cannot be made until:

1. A correctly completed Request for Vendor Payment Form is received with an accurate invoice (or voided receipt)
2. The submitted payment request and invoice are matched with the approved authorization

ACCURATE PAYMENT REQUESTS

If a correctly completed Request for Vendor Payment Form and invoice are not submitted in a timely manner, the EOR may be responsible for payment.

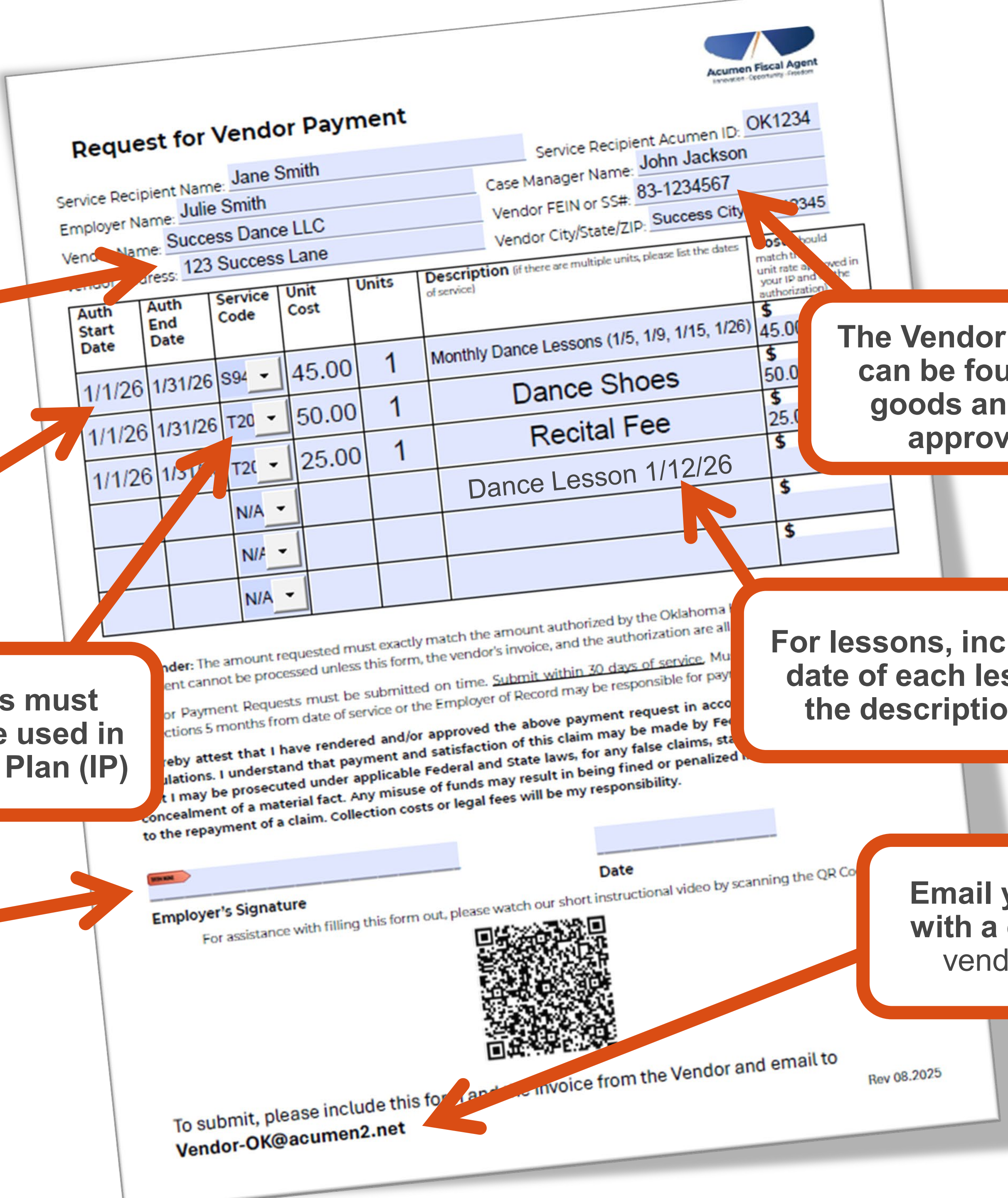
Check for Accuracy:

- The cost and service code on the form must match the approved authorization exactly.
- The dates of service must match the approved authorization.
- Only one vendor per form (you can have multiple requests on the same form only if they are all for the same vendor)

Electronic Vendor Payment Forms

- The electronic form has been updated with important information.
- Be sure you are using the most up-to-date vendor payment request form!
- If you submit an old vendor payment request form, it will be rejected and may result in delayed payments for the vendor.
- Acumen’s forms are available online under the “Participant Employer Forms” drop down menu at www.acumenfiscalagent.com/state/ok-ihsw-sd/

Scan this code to locate the latest Vendor Payment Request form.



Acumen Fiscal Agent

Request for Vendor Payment

Service Recipient Name: Jane Smith
Employer Name: Julie Smith
Vend Name: Success Dance LLC
ress: 123 Success Lane
Service Recipient Acumen ID: OK1234
Case Manager Name: John Jackson
Vendor FEIN or SS#: 83-1234567
Vendor City/State/ZIP: Success City 2345

Auth Start Date	Auth End Date	Service Code	Unit Cost	Units	Description (if there are multiple units, please list the dates of service)	os hould match t unit rate a ved in your IP and the authorization)
1/1/26	1/31/26	S94	45.00	1	Monthly Dance Lessons (1/5, 1/9, 1/15, 1/26)	$ 45.0
1/1/26	1/31/26	T20	50.00	1	Dance Shoes	$ 50.0
1/1/26	1/3	T2	25.00	1	Recital Fee	$ 25.0
		N/A			Dance Lesson 1/12/26	$
		N/A				$
		N/A				

nder: The amount requested must exactly match the amount authorized by the Oklahoma
ent cannot be processed unless this form, the vendor's invoice, and the authorization are all

or Payment Requests must be submitted on time. Submit within 30 days of service. Mu
ctions 5 months from date of service or the Employer of Record may be responsible for pay

**reby attest that I have rendered and/or approved the above payment request in acco
ulations. I understand that payment and satisfaction of this claim may be made by Fe
t I may be prosecuted under applicable Federal and State laws, for any false claims, sta
concealment of a material fact. Any misuse of funds may result in being fined or penalized
to the repayment of a claim. Collection costs or legal fees will be my responsibility.**

Employer's Signature

Date

For assistance with filling this form out, please watch our short instructional video by scanning the QR Co

To submit, please include this fo an invoice from the Vendor and email to
Vendor-OK@acumen2.net

Rev 08.2025

Payment will be sent to the address listed on the vendor's W-9

For single day services, the start and end dates will be the same

Service codes must match the code used in your Individual Plan (IP)

This must be the EOR's signature

The Vendor FEIN or SS# can be found on your goods and services approval letter

For lessons, include the date of each lesson in the description box

Email your payment request with a copy of the invoice to
vendor-ok@acumen2.net

Requesting Assistance

- **Vendors should reach out to you if they have not received payment.**
- Email the FMS vendor payment team with questions at vendor-ok@acumen2.net.
- **EORs can monitor the payment process through Acumen’s DCI portal.**
- Your DDS Case Manager does not have access to FMS payment updates.
- If you require further troubleshooting, please email the SDS team at dds.sds@okshs.org.

Managing Employees

Managing Self-Directed (SD) Employees

Staff Payroll Basics

- As the “Employer of Record”, you are registered as a small business owner with a federal Employee Identification Number (EIN) for tax purposes.
- **Your FMS provider manages all the federal and state employment taxes and fees associated with hiring and paying an employee.**
- Self-Directed employees must designate tax deductions as they would with any other employer.

Staff Authorization

Your DDS Case Manager will work closely with you to develop the budget, determine hours needed, choose a payrate and decide what goals staff should be working towards with the recipient.

- Hourly wages are chosen using the “Show Me the Money Sheet”.
- Authorized hours and payrates are outlined in each person’s Individual Plan (IP).
- Staff must follow the schedule as authorized in the IP.
- The approved payrate cannot be changed during the Plan of Care year.
- Payrates are decided when you develop next year’s plan.

REMEMBER:

- **Self-directed staff must complete all required training before they start.**
- Payroll is paid directly to the staff person, never to the Employer of Record.
- The EOR must notify their DDS Case Manager (CM) about adjusting the hours needed or adding new staff.
- EORs are responsible for monitoring EVV compliance with all self-directed staff.
- All staff must keep a record of when they worked and what they accomplished with the recipient while on the clock.

Self-Directed Staff Timeline

1. SD-Staff person, hours, payrate, and job duties are identified
2. An invoice is provided for the chosen CPR/First Aid training
3. SD-Staff plan is submitted for authorization in the IP
4. Wait for authorization and completion of required training
5. Staff person may begin working authorized hours & duties.
6. Monitor staff punches and job performance
7. FMS agency compares the EVV punches with the authorizations
8. The FMS agency releases payroll directly to the employee

Electronic Visit Verification (EVV) System

EVV is an electronic scheduling, tracking, reporting and billing system for in-home care providers. It is a paperless system that verifies the worker is present in the member’s home, records the service performed, and compares it to services authorized in the plan of care.

EVV verifies the:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends.

Electronic Visit Verification (EVV) System

Acumen provides EVV training on their website. Scan this code to access EVV training.

EVV is an electronic sched
providers. It is a paperless
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ystem for in-home care
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orized in the plan of care.

EVV verifies the:

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begins and ends.

Electronic Visit Verification (EVV) Compliance

Verifying visits is required under the 21st Century Cures Act, which took effect in 2016, and applies to every state. The goal for Oklahoma Self-Directed Service Staff is 90% compliance.

How do we achieve this goal?

- All punches should be made in the DCI app.
- Punches can be submitted through a landline phone if unable to utilize the app.
- If the original entry was submitted using the app at the time of service, EORs can manage and edit EVV punches later in DCI with no problem.
- Entries created through the DCI web portal are not in compliance.
- Follow your authorized staff schedule closely. Punches exceeding the number of authorized hours will be out of compliance.

Requesting Assistance

Self-Directed employees should reach out to you if they have EVV or payroll issues.

The Employer of Record (EOR) will:

- Contact Acumen's national customer service hotline first at 1-877-364-2835.
- If the issue was not resolved, call your FMS agent directly or email the Oklahoma Acumen team at **acumenok@acumen2.net**
- To request further troubleshooting, ask your DDS Case Manager to add you to the escalation tracker. This will alert management of the concern.

Home Record Keeping

Home Record Keeping

Home Record

The Home Record is a place to keep track of your recipient's medical and legal paperwork. This includes all documents, correspondence, and sign-in sheets related to their waivered services plan.

Many families already have something similar in place, so it is often a matter of adding to or tweaking what you already have.

The Home Record may be kept in a binder, in a file folder, or all the information can be kept electronically.

Keep documentation in your Home Record for three months, then store the documents in your home for six years for safekeeping.

Inside the Home Record

The following records must be kept in the home where services are delivered. Your DDS Case Manager or Quality Assurance representative will review your Home Record during in-person visits.

- ✓ A **sign-in sheet** for anyone accessing the Home Record
- ✓ Personal Information
- ✓ Medical Records
- ✓ DDS Service Records
- ✓ Self-Directed Staff Documents

Home Record Contents

PERSONAL INFORMATION

- Emergency Contact Information (Fire, Police, Ambulance, Family/Guardian(s))
- Legal & Guardianship Documents
- Fire & Weather Safety Plans

Home Record Contents

MEDICAL RECORDS

- Medication Administration Records
- Annual Medical Report
- Standing Medical Orders, Physical Orders, & Protocols
- Current Immunizations Record
- Health-Related Consultations & Correspondence
- Most Recent Labs, X-Rays, or Pharmacological Evaluations
- Special Instruction for Health Care Plans
- DISCUS or AIMS (if taking psychotropic medications that cause Tardive Dyskinesia)

And any documents required by the IP, team, physician, or other professional. (weight records, bowel/bladder charts, food/fluid intake, etc.)

Home Record Contents

DDS SERVICE RECORDS

- Sign-In Sheet for Home Record
- Fiscal Management Services (FMS) Paperwork
- Authorizations and/or DDS-4 Letters
- SDS Service Agreement
- DDS Consent Forms
- Individual Plan (IP)
- Addendums
- Letters of Recommendation
- Invoices
- Quarterly Progress Reports
- Incident Reports
- Protective Intervention Plan

Home Record Contents

SD-STAFF DOCUMENTS

- Daily Progress Reports
- Consumer Data Sheets
- HTS Training Documentation
- Copy of CPR/First Aid Certifications
- SD-HTS Staff Provider Agreement
- Supplemental Forms as Needed (DDS-37, DDS-5, DDS-73)

Home Record Contents

MEDICAL RECORDS

PERSONAL INFORMATION

DDS SERVICE RECORDS

SELF-DIRECTED STAFF DOCUMENTS

You can download a checklist list of everything you need to keep in the Home Record from the EOR Resource Library.

Tips for Home Record Keeping

- **The Home Record is always present in the home** when services are provided unless another location is requested by the team and approved in writing by the DDS Area Field Manager.

- Staff should understand how to access the Home Record and when/where to document their daily progress.

- Open, read, and save all correspondence relating to your DDS service plan.

- **Set reminders to complete documentation, submit progress reports, vendor payment requests, and monitor EVV punches.**

- Regularly review your records to monitor quality service delivery and identify any updates to the plan that are needed.

Addendum Process

Addendum Process

Updating Your Plan of Care

Updating the plan will require an addendum to the Plan of Care.

- **Notify your DDS Case Manager if your plan or budget needs to be updated.**
- Changes in your circumstances may require adjustments to your plan.
- Service costs, taxes, fees, and dates may change after authorization.
- You may need to hire new staff, fire current staff, or adjust their authorized hours.
- **Report all employee changes and terminations to the FMS agent within 24 hours**.
- If you have an emergency and need immediate changes, call your DDS Case Manager.

Addendum Basics

- ✓ **It is your DDS Case Manager’s responsibility to help create the addendum and submit it for approval.**
- ✓ Your DDS CM will need to meet with you to discuss the addendum request.
- ✓ Addendums may require an updated invoice, letter of recommendation, and/or new staff schedule and payrate designations.
- ✓ Authorization is based on need, not the available funding.

Addendum Basics

SD-employee payrates are established when you develop the plan.

- You **CAN** create an addendum to change the number of hours needed.
- You **CANNOT** change the hourly payrate in the middle of the year.
- The payrate(s) you choose when you develop your Individual Plan (IP) will remain in effect for the remainder of that Plan of Care year.

ADDENDUM EXAMPLE

ADDING AN HTS

If you have already received your “Good to Go”, the following steps will be taken to add a new Habilitation Training Specialist:

1) **The EOR notifies their CM about adding another HTS staff.**
2) **If the new HTS will be paid a different rate, the EOR will provide a rate of pay sheet to the CM and FMS agent.**
3) **The CM will add the new HTS and a background check to the IP.**

ADDENDUM EXAMPLE

ADDING AN HTS

4) **The EOR will provide the following information on their HTS to their FMS agent:**
   - Name
   - Physical address
   - Phone number
   - Email address

5) **The EOR submits the invoice for CPR/First Aid training to the DDS CM.**

6) **Once the class has been completed, the EOR sends a copy of the invoice and a completed “Vendor Payment Request” form to the FMS agent.**

ADDENDUM EXAMPLE

ADDING AN HTS

7) **The FMS agent will send the initial paperwork for the HTS to sign.**
   - Sent via Adobe with a password in a separate email.
   - All required parties must sign within 7 days of being sent.

8) **The FMS will email the HTS a "Good to Go" notice, cc'ing the EOR.**
   - The HTS cannot start working until this email is received.

Adding a New Habilitation Training Specialist (HTS)

Trey is a 9-year-old recipient on the IHSW. **Trey and his team have identified someone they would like to hire as an HTS worker.** This person will work 22 hours a week for the remainder of his current Plan of Care year to help with schoolwork and evening tasks.

Trey's EOR has provided a new detailed staff schedule and identified a payrate with the help of their DDS Case Manager. After ensuring there is room in the budget and carefully calculating the cost, their DDS CM is ready to submit an addendum for his new self-directed employee.

What details will this addendum service grid contain?

EXAMPLE ADDENDUM

Trey’s completed addendum service grid:

Service Description	DDS Procedure Code	Effective Date	End Date	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number of Units Currently Authorized	Number of Units Requested per this Addendum	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 TF	2/16/26	6/1/26	88 units per week	16 weeks	0	1,408	1,408	$5	**$7,040**
CPR/First Aid	A9270	2/16/26	6/1/26	Once	Once	0	1	1	$100	**$100**
Background Check	A9270 BC	2/16/26	6/1/26	Once	Once	0	1	1	$16	**$16**

DDS Policy: HTS Daily Hours

Habilitation Training Specialists **cannot work more than 9 hours a day**, unless an exception is granted.

If the recipient is receiving support elsewhere (i.e. respite, vocational activities, Adult Activity Centers, or school), the **combined time must not exceed 12 hours in a day.**

DDS Policy: HTS Weekly Hours

SD-HTS can work up to 40 hours per week.

- There is no overtime pay for an SD-HTS.
- This also applies to family memebers working as an HTS.

No staff living in the home with the recipient **can exceed 40 hours** of support combined.

If more than 40 hours of support are needed weekly, the additional hours must be provided by someone living outside of the home.

The HTS services cannot be billed while the recipient or staff member is asleep.

DDS Policy: Additional Hours

If the recipient and their family need more support, additional HTS units can be requested for a justified need, not just because there is available funding.

Justified needs could be related to new skills or health and safety needs.

To make room in the budget for additional hours, another service may need to be removed or reduced.

Note: If the need for an HTS **continually exceeds** an average of 9 hours a day, community residential services must be considered and requested.

Updating HTS Hours

If the recipient and their team discover the need to decrease or increase the number of HTS hours after they have received the "Good to Go", the following steps will be taken to update their hours:

1) The **EOR** notifies their CM about adding HTS hours.
2) If you have multiple HTS staff who are paid different rates, the **EOR** will need to specify which staff person's hours should be increased.
3) **The EOR submits justification for additional hours to the DDS CM.**
4) The DDS Case Manager creates an addendum and submits it for approval
    - *You will receive a copy of the addendum in an email from DDS.*
5) **Wait until the authorization appears in DCI before staff begin working the new schedule.**

Removing an HTS Worker

Notify both the FMS agent and DDS Case Manager within 24 hours if self-directed staff quit or are fired.

- Your DDS Case Manager needs to understand why the staff is being let go.
- **EORs** must complete and submit an “Employee Termination Form” to the FMS agent.

Updating Goods & Services

- **Monitor your budget closely to be sure there is enough funding left over for changes.**
- If there is room in the budget, your DDS Case Manager (CM) will write an addendum to add the increase.
- To make room in the budget, another service may need to be removed or reduced.
- **The EOR will need to get a new invoice and send it to the DDS CM.**
- Invoices must show the updated cost, fees, taxes, and/or new dates of service.

Cost Increase for Goods & Services

Fiona is a 13-year-old recipient on the IHSW. Her DDS Case Manager helped her add music lessons with a music studio fee to her SDS plan. Both have been authorized; however, **Starlight Music Studio just announced a price increase for lessons and their studio fee!**

Fiona cannot access this service until she provides a new invoice to her Case Manager, an addendum is submitted, and a new authorization letter has been received from the FMS agency.

What details will her addendum service grid contain?

EXAMPLE ADDENDUM

Fiona’s completed addendum service grid:

Service Description	Procedure Code	Effective Date	End Date	Frequency of Service (i.e. # per day, week, month)	Duration of Service (i.e. 4 weeks, 4 months, 52 weeks)	Number per case (medical or incontinent supplies)	Number of units currently authorized	Number of units requested per this addendum	Total number of units	Costs per unit (manual rate only)
Music Lessons	S9451	9/1/2026	4/30/2027	2 per month	8 months	N/A	16	16	16	**$60**
Music Studio Fee	T2025	9/1/2026	4/30/2027	1	1	N/A	1	1	1	**$145**

ADDENDUM REMINDERS

- **Be familiar with the authorizations in your Individual Plan.**
- It is your duty to ensure services are utilized as authorized.
- If you do not understand your service plan, reach out to your DDS Case Manger for assistance.
- **Be proactive!** When you become aware of needed updates, contact your DDS Case Manager to discuss next steps towards creating an addendum.

Submitting Reports

Submitting Reports

Why is Reporting Necessary?

Per federal regulation, all states administering Medicaid funded services must provide quality support to individuals with disabilities within certain budget constraints.

- As the Employer of Record (EOR), it is one of your responsibilities to report back to DDS on the quality and use of SDS funded services.
- Submitting progress reports and keeping records is a requirement for participation in the Self-Directed Services program.
- It is the combined responsibility of the EOR, the DDS Case Manager, the FMS agent, and all vendors or support staff to protect the individual from abuse, neglect, and exploitation.

Quarterly Progress Report

WHAT IS IT?

A report outlining progress on assigned outcomes and actions steps taken by self-directed staff while working with the recipient.

OR

A report detailing how and when self-directed goods and services were utilized along with an assessment of the quality of these supports.

WHERE CAN I FIND IT?

When your DDS Case Manager shares the IP packet, they will also send you a blank Progress Report form with a sample of how it should be completed.

WHEN DO I SUBMIT A PROGRESS REPORT?

SDS progress reports are completed by the EOR and submitted quarterly.

SERVICE DATES	SUBMIT REPORTS BY
January to March	April 10th
April to June	July 10th
July to September	October 10th
October to December	January 10th

The EOR must submit the quarterly report to dds.documentation@okdhs.org.

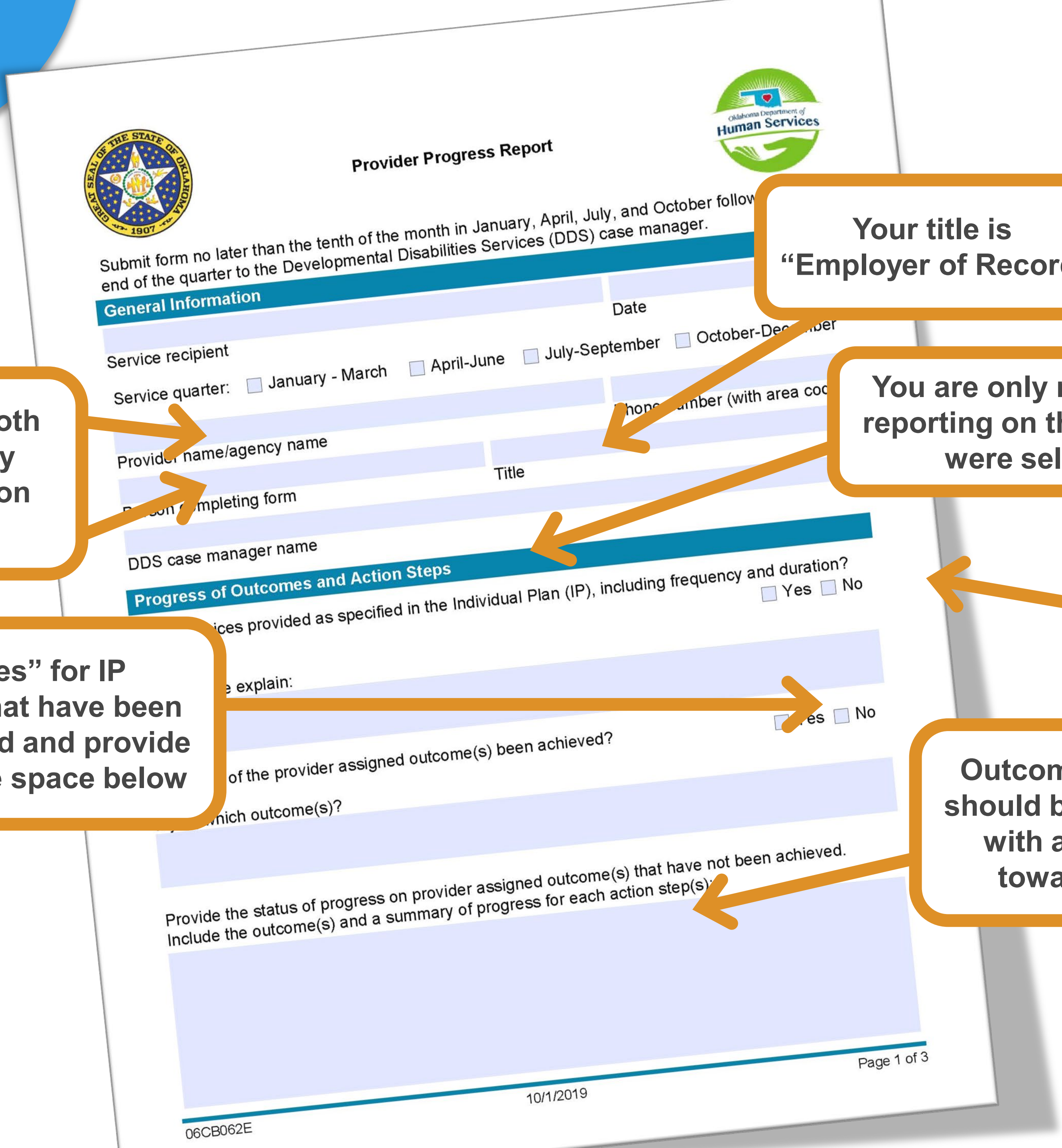
O I SUBMIT
SS REPORT?

are completed
ted quarterly.

	SUBMIT REPORTS BY
	April 10th
	July 10th
ber	October 10th
r to December	January 10th

Reporting on Progress of Outcomes & Actions

- If a service was missed during the quarter, the EOR must explain why.
- **Assigned goals with action steps and desired outcomes can be found in the recipient's Individual Plan (IP).**
- Progress towards goal achievement on assigned outcomes will be reported whether they are completed or not.
- **In the report, enter your name (the EOR) on both of the following lines:**
  - the "provider name/agency name"
  - the "person completing the form"



Provider Progress Report

Oklahoma Department of Human Services

Submit form no later than the tenth of the month in January, April, July, and October follow end of the quarter to the Developmental Disabilities Services (DDS) case manager.

General Information

Service recipient

Date

Service quarter: ☐ January - March ☐ April-June ☐ July-September ☐ October-De ber

Provid name/agency name

hone mber (with area coc

son mpleting form

Title

DDS case manager name

Progress of Outcomes and Action Steps

ices provided as specified in the Individual Plan (IP), including frequency and duration? ☐ Yes ☐ No

e explain:

☐ es ☐ No

of the provider assigned outcome(s) been achieved?

hich outcome(s)?

Provide the status of progress on provider assigned outcome(s) that have not been achieved. Include the outcome(s) and a summary of progress for each action step(s):

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Your title is “Employer of Record”

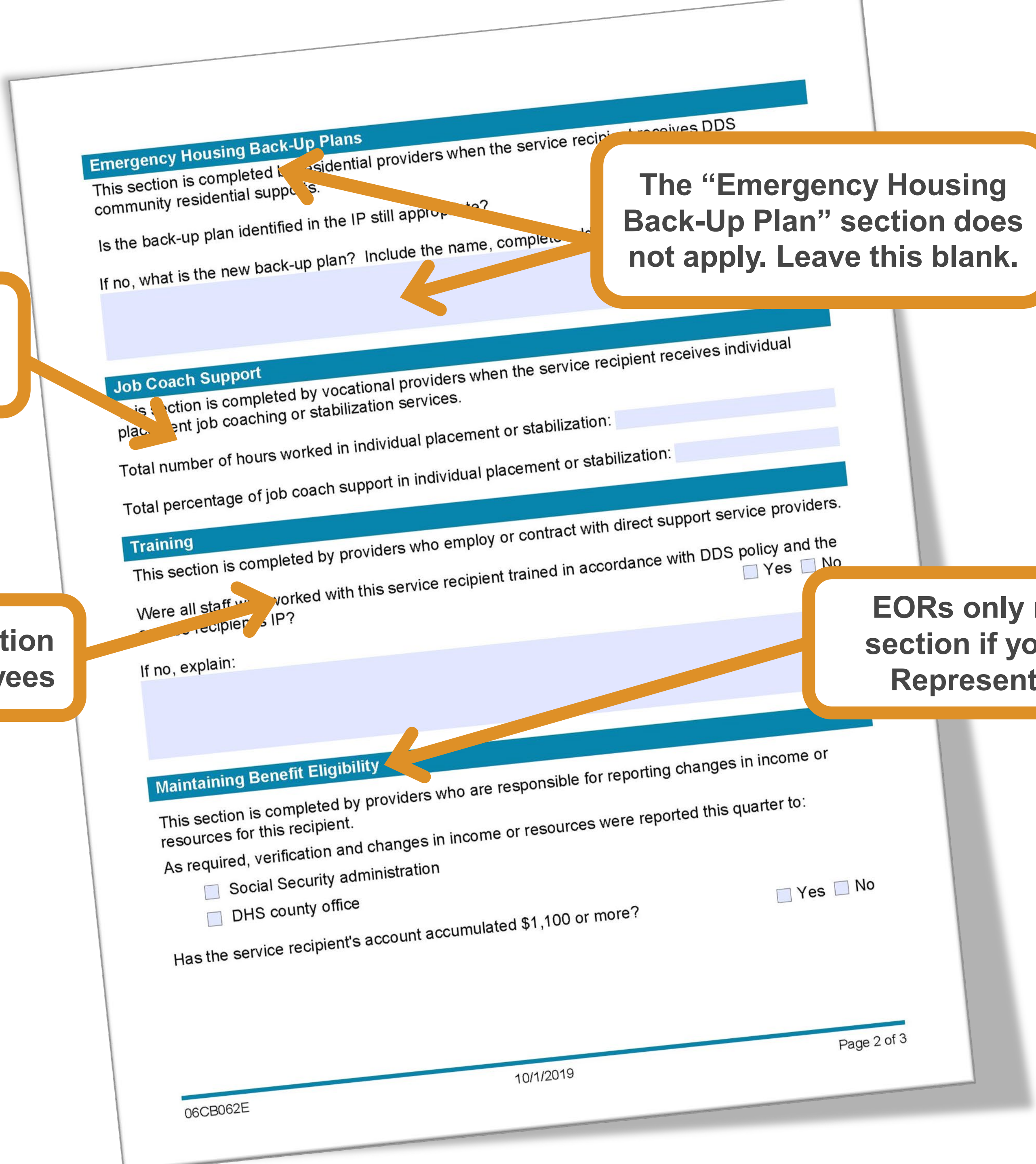
Enter your name as both the “provider agency name” and the “person completing form”

You are only responsible for reporting on the services that were self-directed

If a service was missed this quarter, state which service and the reason why

Mark “Yes” for IP outcomes that have been fully achieved and provide details in the space below

Outcomes not yet achieved should be detailed here along with any progress made towards achievement.



Emergency Housing Back-Up Plans

This section is completed b esidential providers when the service recipi receives DDS
community residential supp s.

Is the back-up plan identified in the IP still approp te?

If no, what is the new back-up plan? Include the name, complete

Job Coach Support

is ction is completed by vocational providers when the service recipient receives individual
plac ent job coaching or stabilization services.

Total number of hours worked in individual placement or stabilization:

Total percentage of job coach support in individual placement or stabilization:

Training

This section is completed by providers who employ or contract with direct support service providers.

Were all staff w worked with this service recipient trained in accordance with DDS policy and the recipien s IP? ☐ Yes ☐ No

If no, explain:

Maintaining Benefit Eligibility

This section is completed by providers who are responsible for reporting changes in income or resources for this recipient.

As required, verification and changes in income or resources were reported this quarter to:

☐ Social Security administration
☐ DHS county office

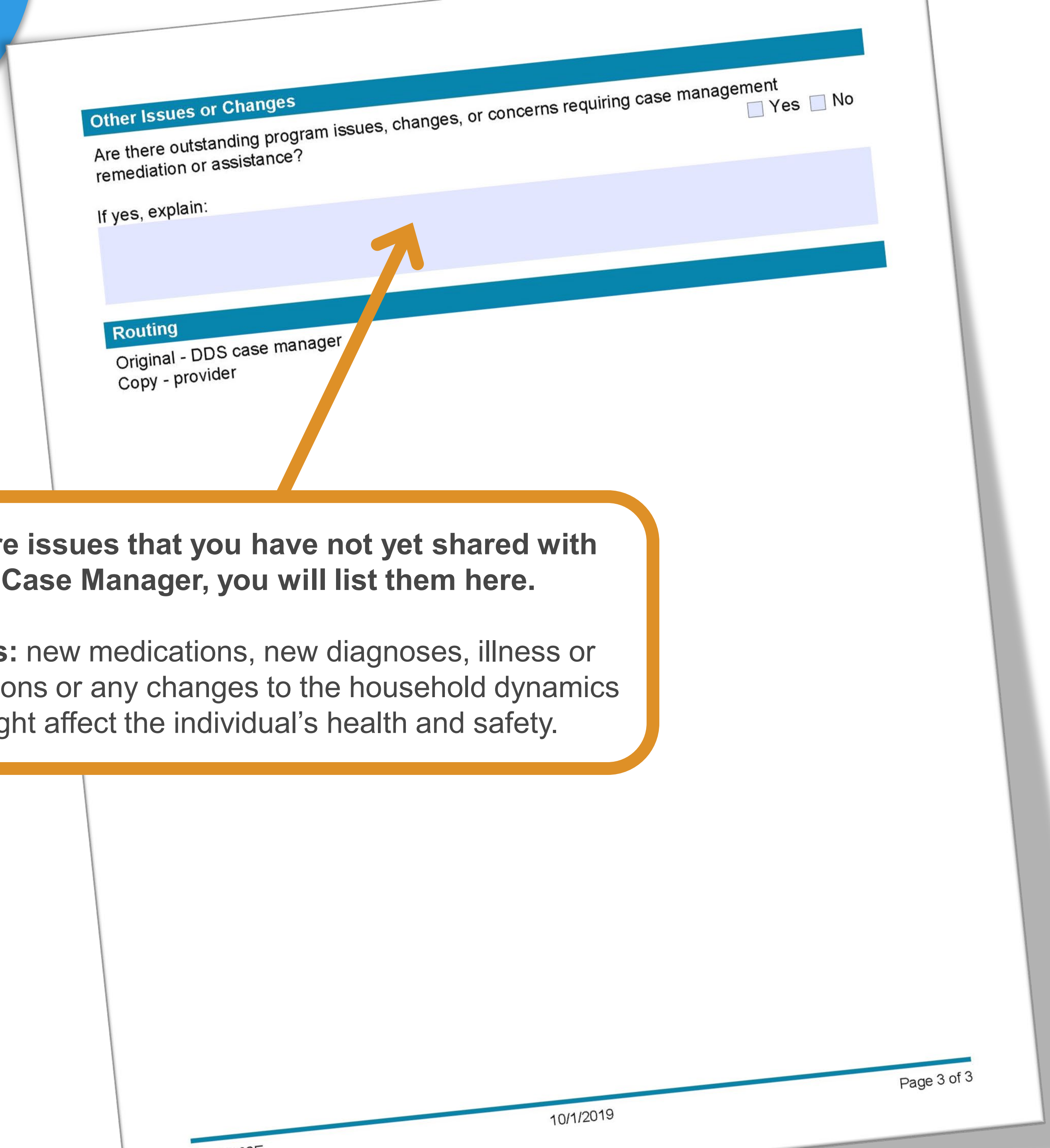
Has the service recipient's account accumulated $1,100 or more? ☐ Yes ☐ No

The “Emergency Housing Back-Up Plan” section does not apply. Leave this blank.

Only complete this section if you are self-directing a Job Coach.

Complete the Training section for all self-directed employees

EORs only report on this section if you are also the Representative Payee.



Other Issues or Changes

Are there outstanding program issues, changes, or concerns requiring case management remediation or assistance? ☐ Yes ☐ No

If yes, explain:

Routing

Original - DDS case manager
Copy - provider

10/1/2019

Page 3 of 3

If there are issues that you have not yet shared with your Case Manager, you will list them here.

Examples: new medications, new diagnoses, illness or hospitalizations or any changes to the household dynamics that might affect the individual's health and safety.

Incident Report

WHAT IS IT?

- Incident Reports are situational reports completed by the EOR and submitted to your DDS Case Manager (CM).

- They provide details of recent injuries, behavioral episodes, or health related events involving the person receiving Self-Directed Services.

- Email the incident report to **dds.documentation.okdhs.org.**

- When you email DDS, cc the email to **dds.incidentreporting@okdhs.org.**

Critical vs Non-Critical Events

You will need to determine if this was a critical or non-critical incident. The following table contains common examples of each.

(this is not a complete list)

CRITICAL	NON-CRITICAL
Suspected maltreatment (abuse, neglect, etc.)	Physical aggression
Threatened or attempted suicide	Vehicle accidents
Unplanned hospital admissions	Suspension/termination/removal of a service

Critical vs Non-Critical Events

You will need to determin cal
incident. The following ta f each.

(this is not a complete list)

A more complete list of critical and non-critical incidents can be found in the “EOR Reporting Guide” handout available with this training.

CRITICAL	
Suspected maltreatment (abuse, neglect, etc.)	
Threatened or attempted suicide	
Unplanned hospital admissions	Suspension/termination/removal of a service

REPORTING AN INCIDENT

After an incident has occurred, the EOR will:

- Gather information based on the event and assess the incident
- Determine if the incident is likely to occur again
- Complete the Incident Report form
- Document how the recipient’s safety has been ensured
  - Identify any training or additional support needed
  - Determine ways to prevent future incidents
  - Identify if this is a critical or non-critical event

Incident Report Contents

What should be included in the Incident Report?

✓ Details describing who, what, when, where, and how

✓ What happened before, during, and after the event

✓ Only firsthand observations and actions should be included

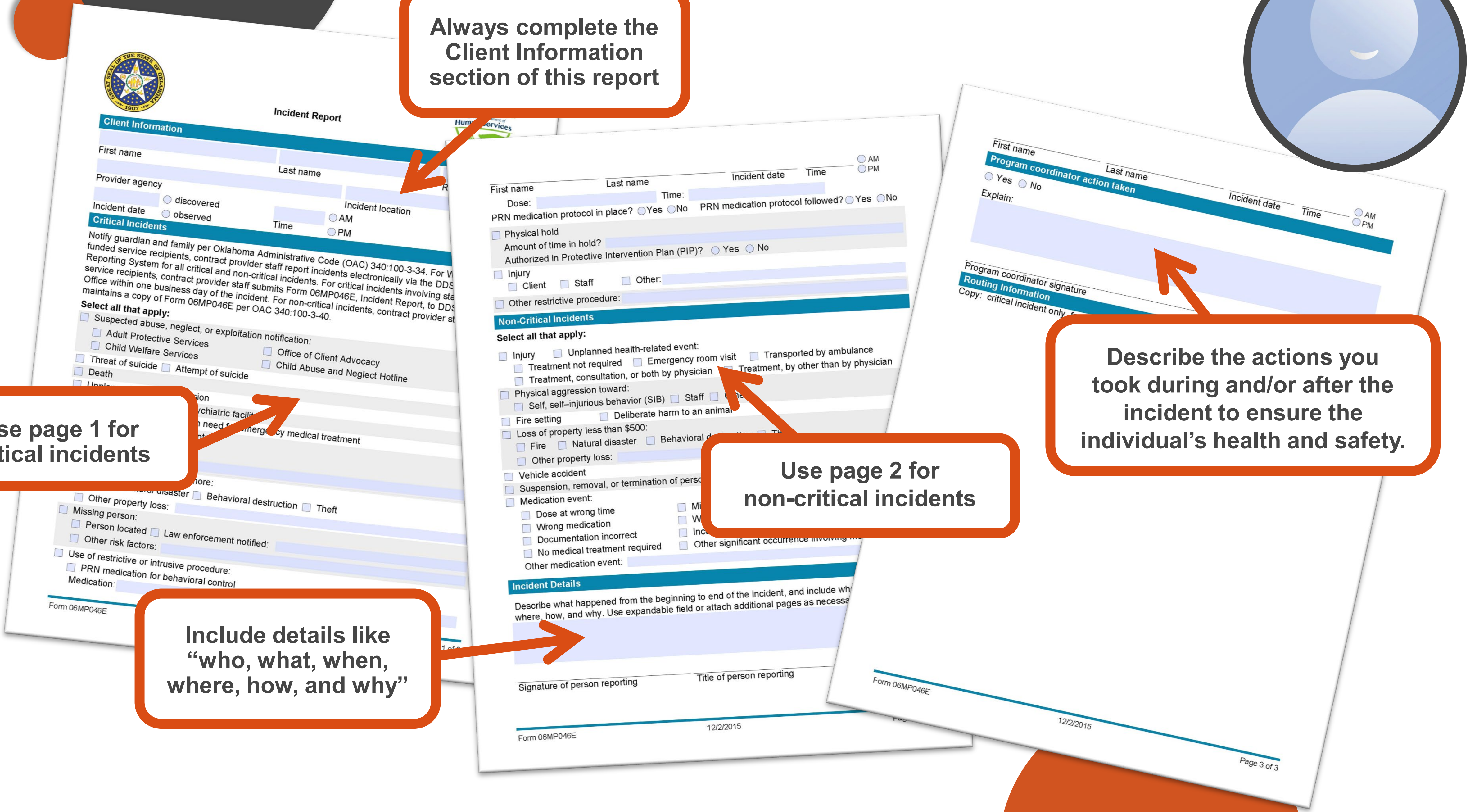
✓ All other pertinent information

Incident Reports:
EOR Responsibilities

- **The EOR will submit the completed Incident Report (DDS-46 form) to DDS.**
- Reporting incidents in a timely manner is a federal requirement. DDS has an obligation to report to Centers for Medicare and Medicaid Services (CMS) if reports are not submitted on time.
- **Critical incident reports** must be submitted within one business day of observing or discovering the event.
- **Non-critical incident reports** must be submitted within three business days of observing or discovering the event.

Incident Reports:
Case Manager Responsibilities

- **Your DDS Case Manager will process the report and assist as needed.**
- Your Case Manager will follow up within five business days after receiving the report.
- DDS CMs must follow all the same incident reporting guidelines for every recipient.
- When applicable, your DDS CM will notify the Office of Client Advocacy (OCA) of any critical incidents or injuries that required emergency medical treatment.
- In addition, critical incidents will be reviewed by the DDS Critical Incident Committee (CIC).



Always complete the Client Information section of this report

Use page 1 for critical incidents

Include details like “who, what, when, where, how, and why”

Use page 2 for non-critical incidents

Describe the actions you took during and/or after the incident to ensure the individual’s health and safety.

Incident Report

Client Information

First name

Last name

Provider agency

Incident date ○ discovered ○ observed

Time ○ AM ○ PM

Incident location

Critical Incidents

Notify guardian and family per Oklahoma Administrative Code (OAC) 340:100-3-34. For W
funded service recipients, contract provider staff report incidents electronically via the DDS
Reporting System for all critical and non-critical incidents. For critical incidents involving sta
service recipients, contract provider staff submits Form 06MP046E, Incident Report, to DDS
Office within one business day of the incident. For non-critical incidents, contract provider st
maintains a copy of Form 06MP046E per OAC 340:100-3-40.

Select all that apply:

☐ Suspected abuse, neglect, or exploitation notification:
  ☐ Adult Protective Services ☐ Office of Client Advocacy
  ☐ Child Welfare Services ☐ Child Abuse and Neglect Hotline
☐ Threat of suicide ☐ Attempt of suicide
☐ Death
☐ Unpla
ion
ychiatric facili
n need f emergency medical treatment
nore:
atural disaster ☐ Behavioral destruction ☐ Theft
  ☐ Other property loss:
☐ Missing person:
  ☐ Person located ☐ Law enforcement notified:
  ☐ Other risk factors:
☐ Use of restrictive or intrusive procedure:
  ☐ PRN medication for behavioral control
  Medication:

Form 06MP046E

1 of

First name Last name Incident date Time ○ AM ○ PM

Dose: Time:

PRN medication protocol in place? ○ Yes ○ No PRN medication protocol followed? ○ Yes ○ No

☐ Physical hold
  Amount of time in hold?
  Authorized in Protective Intervention Plan (PIP)? ○ Yes ○ No
☐ Injury
  ☐ Client ☐ Staff ☐ Other:
☐ Other restrictive procedure:

Non-Critical Incidents

Select all that apply:

☐ Injury ☐ Unplanned health-related event:
  ☐ Treatment not required ☐ Emergency room visit ☐ Transported by ambulance
  ☐ Treatment, consultation, or both by physician ☐ Treatment, by other than by physician
☐ Physical aggression toward:
  ☐ Self, self–injurious behavior (SIB) ☐ Staff ☐ Othe
☐ Fire setting ☐ Deliberate harm to an animal
☐ Loss of property less than $500:
  ☐ Fire ☐ Natural disaster ☐ Behavioral d ☐ Th
  ☐ Other property loss:
☐ Vehicle accident
☐ Suspension, removal, or termination of perso
☐ Medication event:
  ☐ Dose at wrong time ☐ Mi
  ☐ Wrong medication ☐ W
  ☐ Documentation incorrect ☐ Inc
  ☐ No medical treatment required ☐ Other significant occurrence involving
  Other medication event:

Incident Details

Describe what happened from the beginning to end of the incident, and include wh
where, how, and why. Use expandable field or attach additional pages as necessa

Signature of person reporting Title of person reporting

Form 06MP046E 12/2/2015

First name Last name Incident date Time ○ AM ○ PM

Program coordinator action taken

○ Yes ○ No

Explain:

Program coordinator signature

Routing Information

Copy: critical incident only

Form 06MP046E 12/2/2015 Page 3 of 3

Reporting Maltreatment

- **You are required to report any possible abuse, neglect or exploitation per OKDHS policy OAC 340:2-3-33.**

- If you manage self-directed staff, ensure they also understand their responsibility to report suspected abuse, neglect, or exploitation.

- EORs must closely monitor the health and safety of the service recipient, even as they are being supported by self-directed staff and vendors who may be close friends or family.

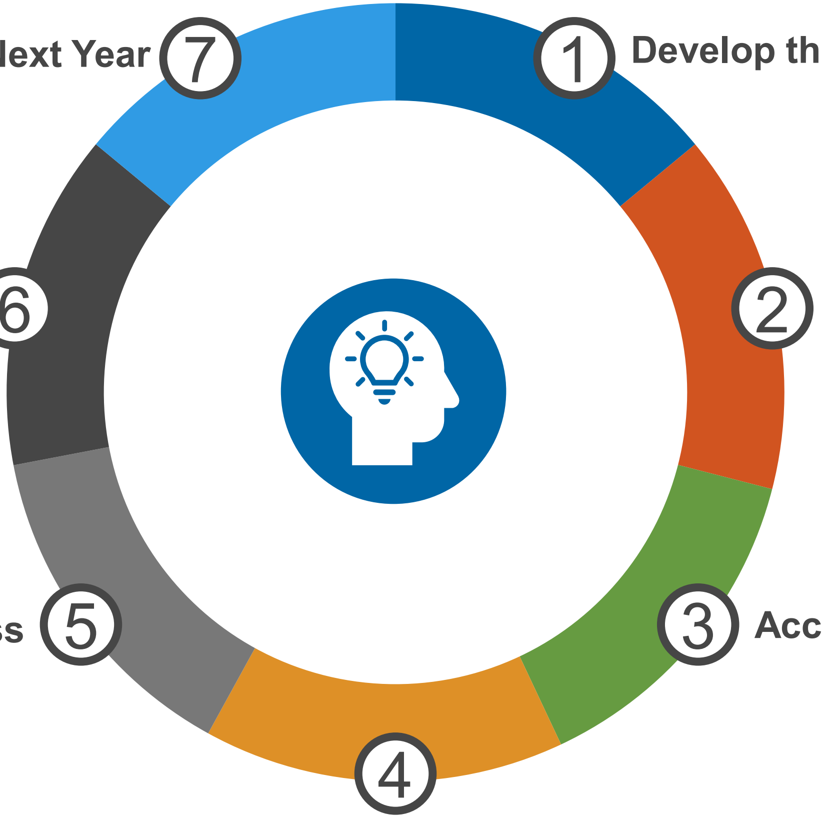
- **Report maltreatment to the OKDHS Adult/Child Abuse and Neglect Hotline**

☎ **1-800-522-3511** 💻 **www.okhotline.org**

Planning for Next Year

Planning for Next Year

Timeline for Self-Directed Services



1. Develop the Plan
2. Authorization & Approval
3. Access Services
4. Manage Payments & Payroll
5. Document Progress
6. Report on Services
7. Prep for Next Year

Plan of Care Renewal

Your DDS Case Manager will reach out to schedule an annual Plan of Care Renewal meeting in the final quarter of the current Plan of Care year.

- This is commonly referred to as the “IP Meeting”.

This meeting is your opportunity to brainstorm ideas for how to utilize your Self-Directed Services budget.

- You should begin to evaluate your current plan to identify services that you want to be sure to repeat next year.
- You will also need to consider any changes to the plan you would like to see for next year.

Preparing for your annual Plan of Care Renewal meeting (IP Meeting)

Tips for the Employer of Record (EOR)

1) About 3 months before the new plan starts:

- ✓ Check with your DDS CM to see if a new psych eval is needed (if under age 18).
- ✓ Review outcomes and action steps to determine if any goals have been met and can be removed or if there are any new goals/outcomes to add to the new plan.
- ✓ Review current SD staff's pay to determine if pay rate changes will be requested.
  - If you plan to request a pay rate change, you will need to submit the request for the rate change to start on the first day of the new plan.
  - Make sure you review the budget with your DDS CM for the upcoming year first to ensure the rate change will not send you over the IHSW CAP.
  - Submit this request to the FMS agency at least 2 weeks prior to the new plan starting.

Preparing for your annual Plan of Care Renewal meeting (IP Meeting)

Tips for the Employer of Record (EOR)

2) About 2 months before the new plan starts:

- ✓ Start collecting new invoices for services.
- ✓ Get an updated letter of recommendation for services.
- ✓ Confirm all SD staff CPR/First Aid certifications are still current.
- ✓ Obtain a copy of staff transcript(s) for each staff from the College of Direct Support (CDS) and email them to **dds.documentation@okdhs.org.**
  - In the subject line, write “SD staff training for recipient’s name”.
  - Talk to your DDS CM about signing an updated DDS-37 form for each self-directed staff if you are on the IHSW and plan to exempt this training.

IMPORTANT REMINDERS

- The **“Agreement to Implement” form** must be signed by the EOR annually.
- **DDS –37 forms** must be signed by the individual or legal guardian annually.
- **Staff transcripts** from the College of Direct Support must be submitted for each staff who is not eligible to be exempted from this training.
- A **medical report/annual physical** and any **orders for therapies or medical supplies** must be updated.
- **Invoices and letters of recommendation** for self-directed goods and services must be updated every year.

Conclusion

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Services. Lives. Futures.

FREQUENTLY ASKED QUESTIONS

To review some of the most frequently asked questions about managing your self-directed services, visit the online archive for this training.

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

Contacting Acumen:

Vendor Team Email: vendor-ok@acumen2.net

Local Number: (918) 221-7053

Customer Service Hotline: (877) 364-2837

Visit the website: www.acumenfiscalagent.com/oklahoma

Walk-In Days
9 am – 4 pm

Tuesdays in Oklahoma City
100 NE 5th St. Oklahoma City, OK 73104

Thursdays in Tulsa
4867 S Sheridan Suite 711 Tulsa, OK 74145

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DDS Assistance:

Email the DDS SDS team:

dds.sds@okdhs.org

Visit the DDS SDS website:

oklahoma.gov/okdhs/services/dds/sds

EORs are the MVP of self-direction. Your commitment to the management of services is central to the success of this program. Your efforts make it possible for Medicaid recipients to achieve their personal goals by accessing services and supports they would otherwise not be able to receive.

THANK YOU!

OKLAHOMA
Human Services
Developmental Disabilities Services

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OKLAHOMA
Human Services
Developmental Disabilities Services

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SELF-DIRECTED SERVICES

Training for the Employer of Record

OKLAHOMA
Human Services
Developmental Disabilities Services

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Your Questions Answered

Questions were submitted by EORs during registration for this training.