OKLAHOMA Human Services

Developmental Disabilities Services

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SELF-DIRECTED SERVICES

Training for the Employer Record

OKLAHOMA Human Services
Developmental Disabilities Services

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NAVIGATING SELF-DIRECTED SERVICES

EOR Live Training 7-29-26

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EOR Training Series

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NAVIGATING SELF-DIRECTED SERVICES

EOR Training Series

OKLAHOMA Human Services

Developmental Disabilities Services

Learning Objectives

- Explain EOR responsibilities when developing your Individual Plan.
- Review the steps required to justify services in your plan.
- Clarify your role in identifying and onboarding new SDS vendors.
- Describe the process for hiring and training self-directed staff.

Chapters for This Training

1. Plan of Care Development
2. Roles & Responsibilities
3. Person-Centered Planning
4. Your Individual Plan (IP)
5. Justification
6. Authorization
7. Onboarding SDS Vendors
8. Hiring & Training Self-Directed Staff
9. Forms Needed Annually
10. Requesting Assistance

DDS Policy and Procedures

Developed July 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 explore your role throughout the plan development and authorization process when self-directing.
- Examples do not reflect the actual cost of approved services.
- 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

DCI: Direct Care Innovations

DDS: Developmental Disabilities Services

DDS CM: Developmental Disabilities Services Case Manager

EVV: Electronic Verification System

FMS: Fiscal Management Service

HTS: Habilitation Training Specialist

IP: Individual Plan

OHCA: Oklahoma Health Care Authority

PCA: Person-Centered Assessment

POC: Plan of Care

SDS: Self-Directed Services

What is a “Plan of Care”?

Your DDS Case Manager will help you create a Plan of Care (POC) each year.

Your Plan of Care includes:

- Personal health and safety records.
- DDS services records.
- Your Individual Plan (IP) document.
- Any additional materials needed to develop and manage the plan.

What is the “Individual Plan”?

Your DDS Case Manager will help you create an Individual Plan (IP) each year.

Your Individual Plan (IP) is a person-centered document that outlines specific services and supports needed throughout the year.

The IP is a record of services that have been requested. It is **NOT** a record of what has been approved. If anything was reduced or denied, you will receive a DDS-4 Notice of Action letter in the mail to keep with your records.

Your IP is your guide. It outlines the recipient’s goals, the services they need, and how those services should be delivered.

Share Your Story!

The plan development phase is all about sharing your story with your DDS Case Manager so they can help you create the best service plan possible.

They will want to know…

1) What has happened in the past?

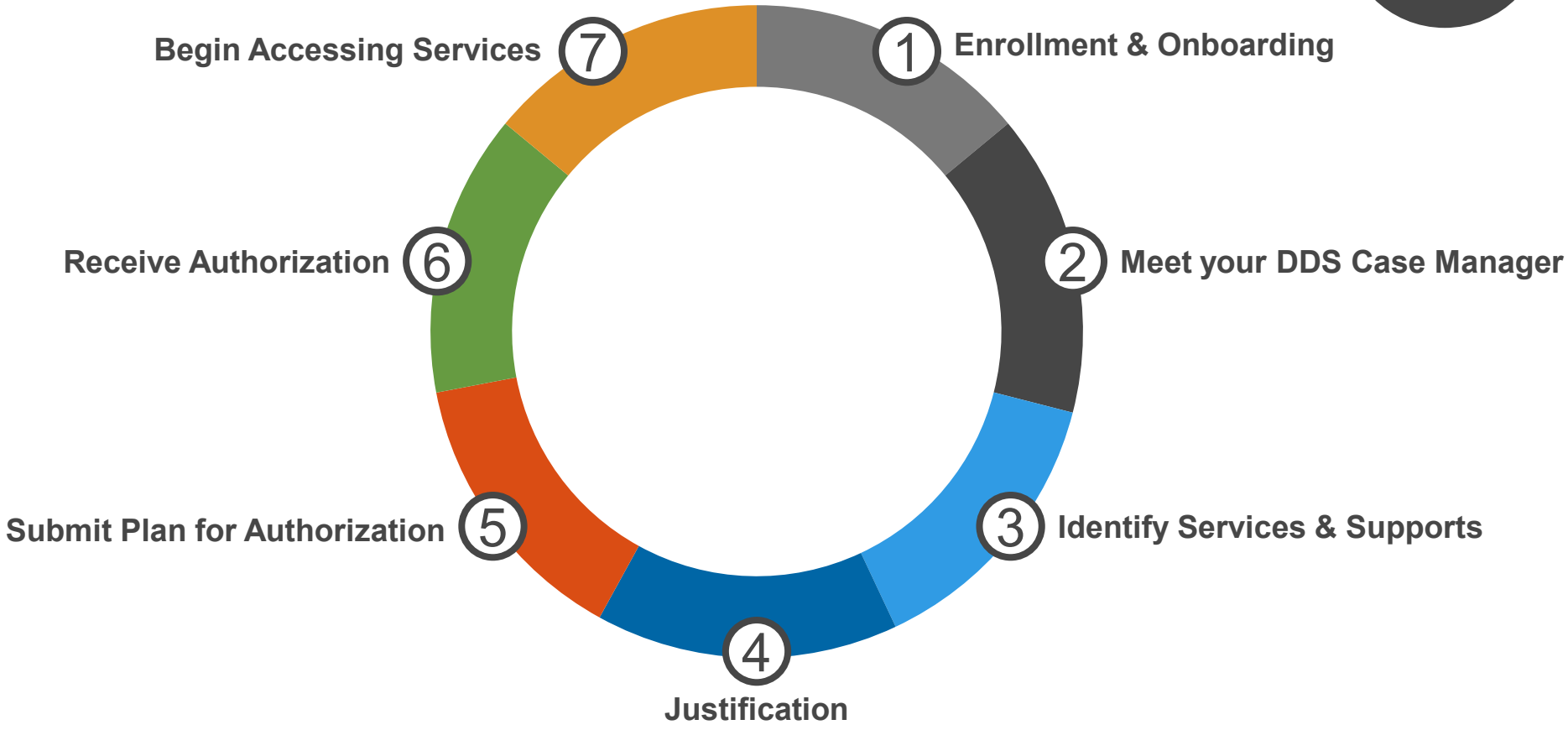
2) What is your current situation?

3) What are your future goals and dreams?

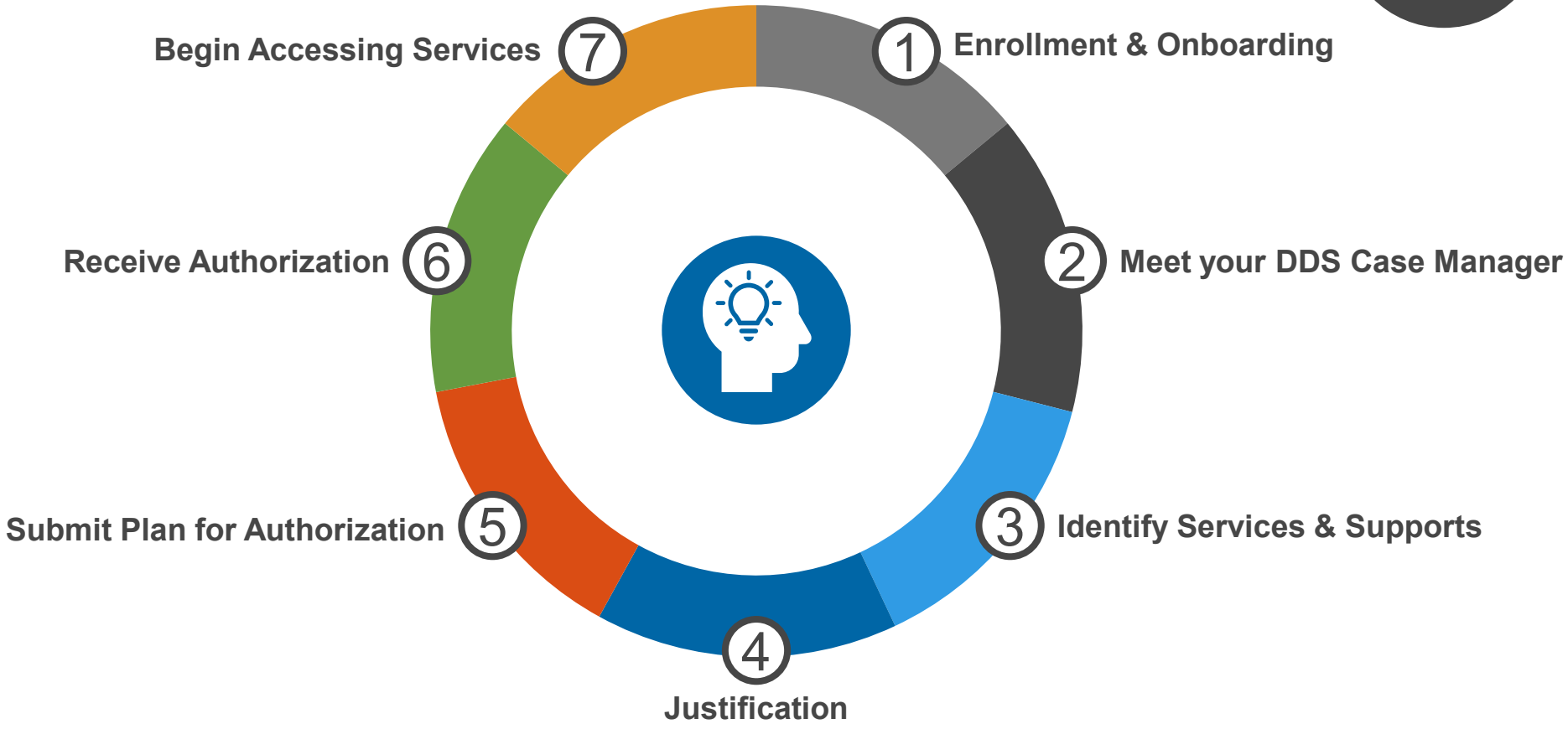
Plan of Care Development

Plan Development Timeline

Timeline for Plan of Care Development



Timeline for Plan of Care Development



Enrollment and Onboarding

By now, you should have:

- ✓ Completed EOR Onboarding training in ergo.
- ✓ Completed all required FMS trainings.
- ✓ Become familiar with Self-Directed Services basics.
- ✓ Completed all enrollment paperwork.
- ✓ Been assigned a DDS Case Manager.

Meet Your DDS CM

Sharing Your Story:

- Introduce your DDS Case Manager to the person supported by the waiver.
- Share your history, current situation, and your vision for the future.
- Your DDS CM will help you create a Person-Centered Assessment and Vision Statement.
- Your DDS CM will want to know what supports the individual needs to live at home safely while also staying connected to their community.

Identify Services and Supports

As the Employer of Record, it is your responsibility (with assistance from your Case Manager) to come up with ideas for what supports you would like to manage through Self-Directed Services.

- Each support that you choose will need to be included in your Individual Plan (IP).
- Your DDS Case Manager will schedule an Individual Plan or “IP Meeting” to discover what ideas you have.
- Choose your self-directed staff and/or identify vendors you would like to work with.

Identify Services and Supports

If you are unsure what supports you would like to self-direct, ask yourself the following questions…

- What services or supports have you not been able to receive through other programs?
- Are you paying for anything out-of-pocket that you would like the waiver to fund from now on?
- Have you had necessary services denied from other sources that you would like to request through this waiver?
- What support does the service recipient need to live more independently?
- What support is needed when at home or out in the community to keep the individual safe and healthy?

Justification

Collect and share justification documents to support your service requests.

- Invoices or Brochures
- Letters of Recommendation
- Staff Schedules
- Outcomes and Action Steps from the IP
- Person-Centered Information from the IP
- Physician’s Orders
- Incident Reports

Submit Plan for Authorization

Your DDS Case Manager will submit your Individual Plan (IP) for review.

- A Plan of Care reviewer at DDS will carefully evaluate the entire IP document.
- If corrections are needed, the plan will be returned to your DDS Case Manager with instructions for improvement.
- Your DDS Case Manager will reach out to you if they need additional information or documentation.
- Use this time to become familiar with the plan and complete any required trainings while you wait for authorization.

Receive Authorization

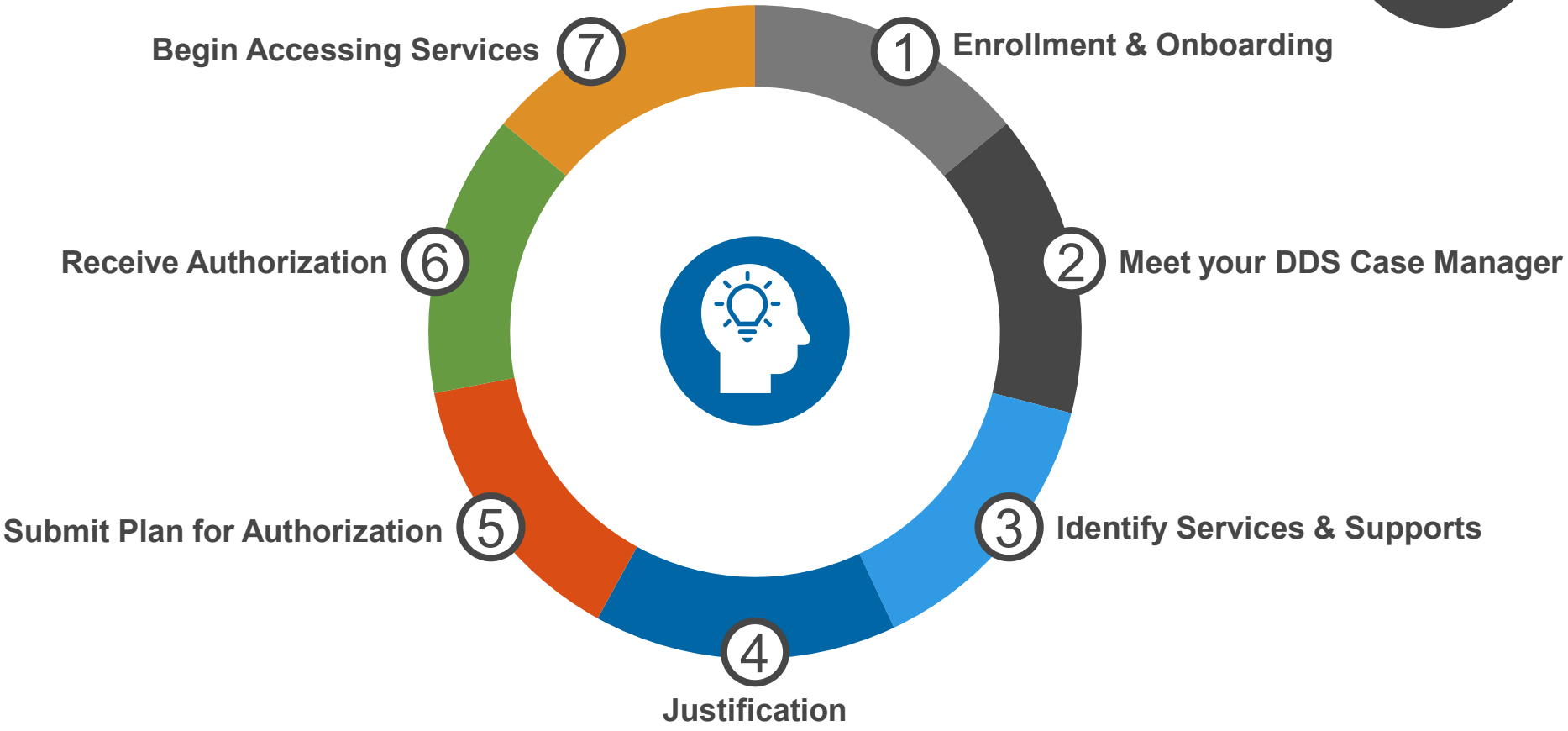
You must wait until receiving authorization before accessing any of the requested services in your plan.

- If everything is approved, you will receive an authorization report in the mail that shows all the services that were approved.
- For any services not approved or approved at a reduced rate, you will receive a Notice of Action letter (DDS-4) that explains why the service was reduced or not approved.
- If you are managing your own employees, they will also need to complete all their required training before they can start working.

Begin Accessing Services

- ✓ During the Plan of Care year, the person supported enjoys access to all authorized services.
- ✓ You, the Employer of Record (EOR), will collaborate with everyone to ensure the Individual Plan (IP) is being followed.
- ✓ Monitor self-directed staff and vendors to ensure services are delivered as authorized and remain in compliance with DDS policy.
- ✓ If dates, costs, or staff schedules change, contact your DDS CM immediately to update the plan.
- ✓ Submit vendor payment requests after service delivery and approve self-directed staff Electron Visit Verification (EVV) punches.

Timeline for Plan of Care Development



Roles & Responsibilities

Roles & Responsibilities

Planning Responsibilities

EMPLOYER OF RECORD

- Collaborate with the DDS Case Manager to create a robust person-centered service plan.
- Collaborate with the FMS agency to complete enrollment and any required training.
- Collaborate with chosen self-directed staff and/or vendors to ensure their understanding of the SDS program.

DDS CASE MANAGER

- Collaborate closely with the EOR to create a robust person-centered service plan.
- Communicate with the FMS agent to complete enrollment.
- Draft and submit the Individual Plan for authorization.
- Schedule and facilitate planning meetings with the person supported and their team.

FMS AGENT

- Collaborate with the EOR and their DDS CM to complete enrollment in the SDS program.
- Provide training and assistance with Electronic Visit Verification (EVV) within the Direct Care Innovations (DCI) platform.
- Ensure staff have completed all required training and certification before working.

EOR Responsibilities

- Complete all required DDS and FMS training.
- Participate in the development of the Individual Plan (IP).
- Develop and follow the authorized Self-Directed Services budget.
- Provide documents to justify requested services.
- Follow federal and state employment laws.
- Follow DDS and OHCA policy and regulations.

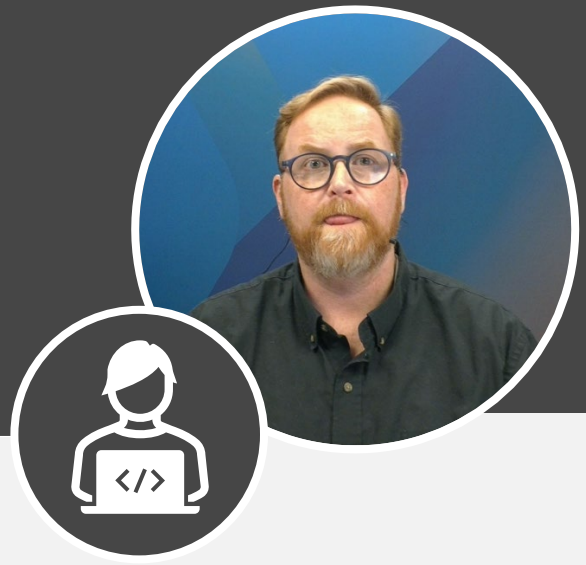
EOR Responsibilities

- Hire, supervise and, if necessary, fire self-directed employees.
- Submit information for a background check on self-directed employees.
- Verify that employees have completed required training.
- Monitor service delivery for self-directed vendors and staff.
- Manage paperwork related to employees and purchases.
- Pay for services that exceed the approved cost or are not approved in the plan.

DDS Case Manager Responsibilities

- Explain the choices, options, rights, risks, and responsibilities when the EOR self-directs.
- Contact the person supported and schedule meetings to welcome them and their support team into DDS services.
- Assist in developing the Individual Plan, the budget, an emergency back-up plan, and a quality assurance plan.
- Submit the Plan of Care to request authorization for services.
- Monitor Medicaid eligibility and notify the EOR when action is needed.
- Participate in the fair hearing process.

FMS Agent Responsibilities



- Verify that Self-Directed Services are “Good to Go.”
- Make sure all payroll records are maintained and correct.
- Maintain Self-Directed Services budget records.
- Provide Direct Care Innovations (DCI) training and help setting up your account.
- Provide an Electronic Visit Verification (EVV) login to document staff hours.

Person-Centered Planning

Person-Centered Planning

Person-Centered Planning

- ✓ **Honors the voice, preferences, strengths, and goals of the person receiving services whenever possible.**
- ✓ Uses preferred communication methods to ensure the individual can meaningfully participate in planning discussions.
- ✓ Thinks beyond immediate needs.
- ✓ Services and supports should reflect the individual as a whole person, not just focus on disabilities, medical needs, or supervision.

The Whole Person

CONSIDER THESE AREAS:

- Daily Life and Employment
- Community Life
- Healthy Living
- Safety and Security
- Social and Spiritual Life
- Advocacy and Participation

Person-Centered Planning Tips

- Plans should reflect what is important to the individual, not just what others believe is best for them.
- Preparing ideas and creating goals in advance can help families feel more confident and engaged during Individual Plan (IP) meetings and service discussions.
- Be honest! Share openly so that your DDS Case Manager understands how to best support you.
- Individuals receiving services maintain their rights and autonomy, even when family members are providing paid supports.

Dignity of Risk

Every individual has the right to make choices, try new experiences, build independence, and learn through both successes and challenges!

Strengthen self-advocacy by encouraging choice-making, decision-making, communication, and skill building.

Families may sometimes have different perspectives than the individual, particularly around safety, independence, or future goals, making ongoing communication and collaboration important.

Setting Person-Centered Goals

- Goals should be meaningful, measurable, and connected to what is important to the individual.
- Respectful language is used when discussing support needs, behaviors, health concerns, or personal care.
- Meaningful outcomes reflect the individual’s interests, aspirations, and desired outcomes rather than solely focusing on services or compliance requirements.
- Supports requested should align with documented goals to help the individual move toward their preferred future.

Storytelling Tools

The Personal Centered Assessment (PCA) and Vision Statement help guide goal development, service planning, staffing decisions, and identifying long-term supports.

Personal Centered Assessment (PCA)

Helps everyone understand how the person prefers to be supported, how they communicate, how they live now, and what is most “important to” and “important for” the individual.

Vision Statement

Describes what a good life looks like for the person receiving services by focusing on the individual’s strengths, preferences, interests, goals, relationships, routines, and future aspirations.

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Your DDS Case Manager will help you create a Person-Centered Assessment and Vision Statement at the start of the planning process.

Your Individual Plan

Your Individual Plan (IP)

The Individual Plan (IP)

The Individual Plan (IP) serves as the foundation for accessing services, protecting the individual's rights, guiding long-term planning, and supporting quality-of-life outcomes.

View the IP as a storytelling document that reflects the individual's current needs, goals, preferences, and future aspirations.

The IP can serve as a long-term safeguard by documenting important routines, supports, preferences, and needs in case primary caregivers are unable to provide support in the future.

The Individual Plan (IP)

Services and supports must be clearly connected to documented goals within the IP. If a requested support is not tied to a goal, it may not be approved.

Families may request updates or addenda to the IP as needs, goals, or circumstances change over time.

The EOR is responsible for making sure this plan is followed closely and services are delivered as authorized in the IP.

Family and friends providing paid waiver services are expected to follow the plan, just like any other non-family staff.

IP Sections

- Person-Centered Information
- Staff Training
- Risk Assessment
- Health & Medical
- Medication
- Home & Community
- Transportation
- Employment or Day Programs
- Finances
- Case Management & Generic Services
- Participants
- Addenda

IP Sections

- **Person-Centered Information**
- Staff Training
- **Risk Assessment**
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Person-Centered Information

This section of the Individual Plan (IP):

- Describes the current living situation for the person supported.
- Identifies what is important TO and FOR the individual.
- Creates a common vision for the team to participate in.
- Lists the “outcomes” (goals) the individual wants or needs to accomplish during the Plan of Care year.
    - Outcomes must be measurable, developed from the things important to and for the person, and informed by person-centered conversations.

Planning Example 1

Cameron is an eight-year-old on the In-Home Supports Waiver for children. He has shared that he really loves robots, dinosaurs, and going to the park with his service animal. Cameron is excited to attend robotics camp this summer but will need some assistance to participate in group activities.

His parents have told his DDS Case Manager that he also needs an HTS to help him improve his independence with dressing and taking care of his service animal at home.

Based on this information, what types of outcomes and action steps could be included in Cameron's plan to help him and his new HTS worker focus their time together?

Planning Example 1

Outcome 1: Cameron will develop successful routines to care for his service animal at home.

Target Date for Completion: 9/1/2027

Position Responsible for Progress Report: EOR

Action Step 1.1: HTS staff will assist Cameron with measuring and pouring dog food, water, and administering medication for his service animal every evening.

Target Date: 9/1/2027

Frequency: Daily

Position Responsible for Implementation: HTS

Planning Example 1

Outcome 1: Cameron will develop successful routines to care for his service animal at home.

Target Date for Completion: 9/1/2027

Position Responsible for Progress Report: EOR

Action Step 1.2: Cameron will take his service animal outside to exercise and practice training commands together for 30 minutes each weekday after school.

Target Date: 9/1/2027

Frequency: Daily

Position Responsible for Implementation: HTS

Risk Assessment

- This section identifies potential areas where personal health and safety could be at risk.
- Describes risks both at home and in the community as well when alone or with a group of people.
- **Explain for each specific risk:**
  - How often this risk occurs.
  - When and where.
  - Recommended approaches, supports, actions, or services needed to reduce or eliminate that risk.

Planning Example 2

Owen is a 36-year-old on the In-Home Supports Waiver for adults. At camp last year, Owen needed to be rescued from the swimming pool and has been very nervous around water ever since. His family is interested in trying an adaptive floatation device to help him stand independently and exercise with confidence in the water.

Owen recently opened an Instagram account. His parents are closely monitoring his usage due to inappropriate private messages that Owen was receiving. His parents have a strict schedule for Owen's allowed social media access. This has been a challenge for him and his parents to navigate as he develops an increasing interest in his independence.

Should any of this be shared with Owen's DDS Case Manger?

Planning Example 2

YES!

The following risk assessment questions could apply…

- Do I have unsupervised time?
- Do I need support when I am around large bodies of water?
- Do I need support to lessen the risks associated with the intentional choices I make?
- Do I need support with safely accessing the internet or internet-capable devices?
- Do I have a significant trauma history?

Health & Medical

This section of the IP lists all health-related tasks that support the individual's nutrition, personal hygiene, elimination, or any other health and safety need.

Be sure to describe who can perform each task and list any preventative health screenings that have been recommended or ordered.

Share any key safety concerns and protocols around:

- Eating & Nutrition
- Medical Appointments
- Dental & Vision Care
- Medical Interventions & Devices
- Allergies
- Orders for Therapy or Supplies
- Advanced Directives for Health Care
- DNR Order
- Chronic Medication Conditions
- Family/Personal Medical History

Medication

Lists what medications are taken, how they are administered, and whether additional monitoring or a pharmacy review is required.

Also summarizes significant medical histories (i.e., past medications that were and weren't helpful or had negative side effects).

Share every medication taken by the individual whether they are currently being administered by paid staff or not!

Describe any medication data being collected, including how and why.

Identify supports needed for self-administration of medication.

Planning Example 3

Kaylee is an eight-year-old on the In-Home Supports Waiver for children. In addition to her diagnoses of Down Syndrome and Celiac Disease, she has some additional health and medical concerns. Her physician has just recommended a follow up echocardiogram, and Kaylee is scheduled to be fitted for new hearing aids soon.

Kaylee requires monitoring when she chews solid food and needs her meals carefully cut into small half-inch bites. She is gluten intolerant and must follow a strict diet. Kaylee wears briefs that must be changed regularly and takes medication for her heart and a supplement at night to sleep.

She has physician's orders for PT, OT, speech therapy, nutrition services, HTS support, and medical supplies.

Planning Example 3

Example questions Kaylee's family should be ready to answer when they meet with her DDS Case Manager:

Does/Will a community services worker (paid waiver staff and/or nursing) perform any health-related service tasks?

☐ No

☑ Yes:

i. Which task(s) will/do they perform: ?

ii. Identify who will/currently performs these tasks: ?

iii. Has an order allowing paid staff to complete the task(s) identified above been signed by a medical professional?

☑ Yes

☐ No - identify the steps the Team is taking to obtain the signed orders:

Planning Example 3

Example questions Kaylee's family should be ready to answer when they meet with her DDS Case Manager:

1) Do I receive (a) psychotropic medication(s) to treat a mental disorder, stabilize or improve mood, mental status or behavior?
2) Do I receive medication associated with the risk of developing Tardive Dyskinesia?
3) Has a pharmacy review been completed?
4) Do I currently administer my own medications?
5) Do I want to administer my own medications or participate in administration of my medications?
6) Do I require an Individual Medication Support Plan (IMSP) to identify modifications to the responsibilities of staff who administer medications?

Home & Community

This section of the IP provides details about:

- The person's current living situation and daily routines.
- Where and how the individual lives.
- Who the individual lives with and their relationship to each person.
- Respite plans and preferred activities.
- Supports needed for safety, inclusion, and engagement (environmental or architectural modifications).

Planning Example 4

Joanna is a 44-year-old adult receiving services through the In-Home Supports Waiver. She lives at home with her father, David. He receives home health visits twice a week and needs paid staff to support Joanna with her personal care routines and medication administration. Joanna's sister works as her self-directed HTS worker.

Joanna and her dad receive free transportation to attend church in their community and regular prepared meal deliveries. They have a friend, Stacy, who provides weekly housekeeping. When David is struggling with his health, this family friend will often stay overnight to provide support for them both. Joanna helps sort clothes at the local vintage shop every Wednesday and loves to attend game nights with her sister and her sister's friends.

Planning Example 4

How should Joanna answer the following questions?

3. Do I receive services through an IHSW?

☐ No, skip to question #4.

☑ Yes. Can my needs be met with a combination of unpaid support, other available generic services, and IHSW services?

- ☑ Yes
- ☐ No, describe why my needs cannot be met with this combination of support and the plan to meet my needs:

4. Do I receive non-residential services?

☐ No, skip to question #5.

☑ Yes

a. Do I live alone?

- ☑ No
- ☐ Yes, who is responsible for home maintenance:

b. Do I live with an unrelated paid provider?

- ☑ No
- ☐ Yes, date the home profile was approved: (select)

c. Am I interested in self-directing any goods or services through the Community or an In-Home Supports Waiver?

Planning Example 4

How should Joanna answer the following questions?

b. Do I live with an unrelated paid provider?

☑ No

☐ Yes, date the home profile was approved: (select)

c. Am I interested in self-directing any goods or services through the Community or an In-Home Supports Waiver?

☑ No

☐ Yes, the start date for goods and services must be on or after the date provided on the Fiscal Management Service (FMS) good-to-go letter:

11. Do I currently or will I receive any unpaid support in my home or community not addressed in other questions?

☐ No

☑ Yes,

a. Who provides the support: Stacy Smith
b. What type of support is provided: transportation & housekeeping
c. When is the support provided: Wednesdays & Sundays at 8 AM
d. How often is the support provided: weekly or as requested

The Individual Plan (IP)

REMEMBER!

Each section of the Individual Plan (IP) helps you tell your story and provides detailed instructions for how the person should be supported.

- **Person-Centered Information**
- **Staff Training**
- **Risk Assessment**
- **Health & Medical**
- **Medication**
- **Home & Community**
- **Transportation**
- **Employment or Day Programs**
- **Finances**
- **Case Management & Generic Services**
- **Participants**
- **Addenda**

Justification

Justification

Justification Options

An explanation of and justification for all requested services is necessary.

Justification for self-directed services may include:

- Invoices or Brochures
- Letters of Recommendation
- Staff Schedules
- Physician's Orders
- Incident Reports
- Outcomes and Action Steps from the IP
- Person-Centered Information from the IP

Justification Options

All justification documents must be submitted to DDS in English.

Justification for Goods & Services

Requested Goods & Services must meet one or more of the following criteria:

- Decreases the need for other Medicaid services.
- Promotes inclusion in the community.
- Increases the individual's safety in the home environment.
- Provides an item or service that's not available through another source.
- Is included in the Individual Plan (IP) and self-directed budget.

Justification for Goods & Services

FOR GOODS & SERVICES:

- How the recipient benefits from the requested item or activity is the most important piece of information to support your request.

- A Letter of Recommendation will need to be updated annually by a licensed professional.

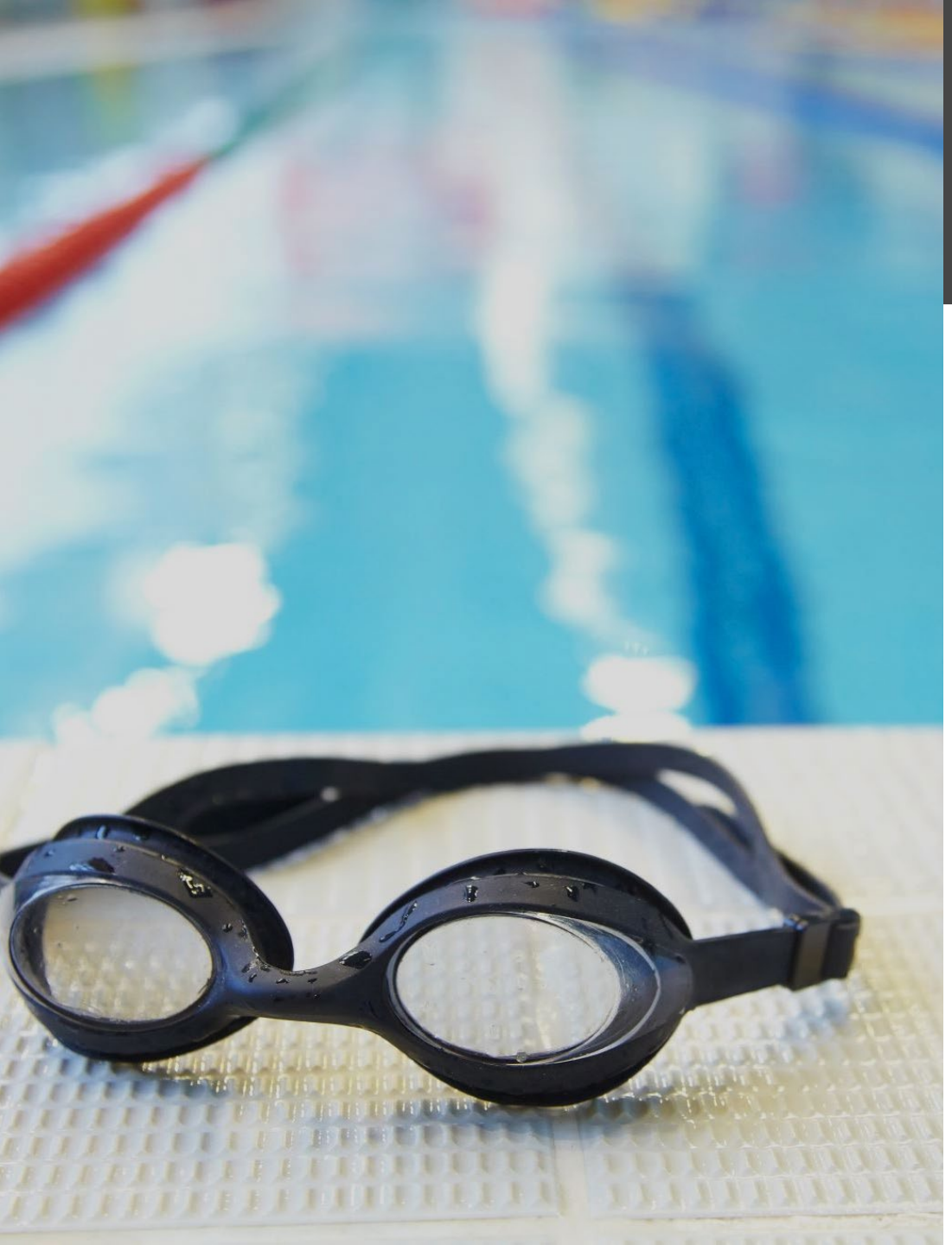
  Examples include but are not limited to: Occupational Therapists, Physical Therapists, Speech Therapists/Speech Language Pathologists, Behavior Therapists, Nurses, Physician Assistants, or Primary Care Physicians.

Letter of Recommendation

- **The recommendation must explain how the Good or Service meets at least one of the following criteria:**
  - Increases the recipient's functioning related to their disability.
  - Improves the recipient's safety at home.
  - Reduces the need for other SoonerCare funded services.
- **The Good or Service must fall under the recommender's professional scope.**
- **It is recommended the letter be written on the licensed professional's official letterhead.**

Letter of Recommendation

- The letter must include the current date and must be updated annually.
- If there are multiple needs that will be addressed with different Goods and/or Services, the letter must identify each Good or Service being recommended.
- Explain how each item or activity directly benefits the individual and how it is necessary to support their independence, health, and safety.
- Requests must be for the most basic, cost-effective items to meet the recipient's identified needs.
- Avoid listing specific business names or product name brands in your letter.



EXAMPLE LETTER OF RECOMMENDATION

909.555.0199
REED@EVERGREEN.ORG

EVERGREEN MEDICAL

2345 CREEK ROAD
WAGONER, OK 109876

JUNE 3, 2027

LETTER OF MEDICAL NECESSITY – ADAPTIVE FLOATATION DEVICE

TO WHOM IT MAY CONCERN:

Owen Hartley is an active 36-year-old who has sensory processing modulation challenges and safety awareness delays. Due to his diagnoses and functional capabilities, Owen has delays in understanding the concept of safety and potential dangers in his daily surroundings. When he becomes fearful, Owen will attempt to elope from that environment or panic. He is very sensitive to noises and nervous around large bodies of water.

He would benefit from an adaptive floatation device to help him stand confidently in the water. This device would provide Owen comfort and protection during times of overstimulation and help prevent panicked behavior while in a swimming pool. Receiving a floatation device would be very helpful to Owen and his family for years to come, as it is something he can utilize on family outings and when swimming with friends.

Karen Reed, MOTR/L
Evergreen Medical Group

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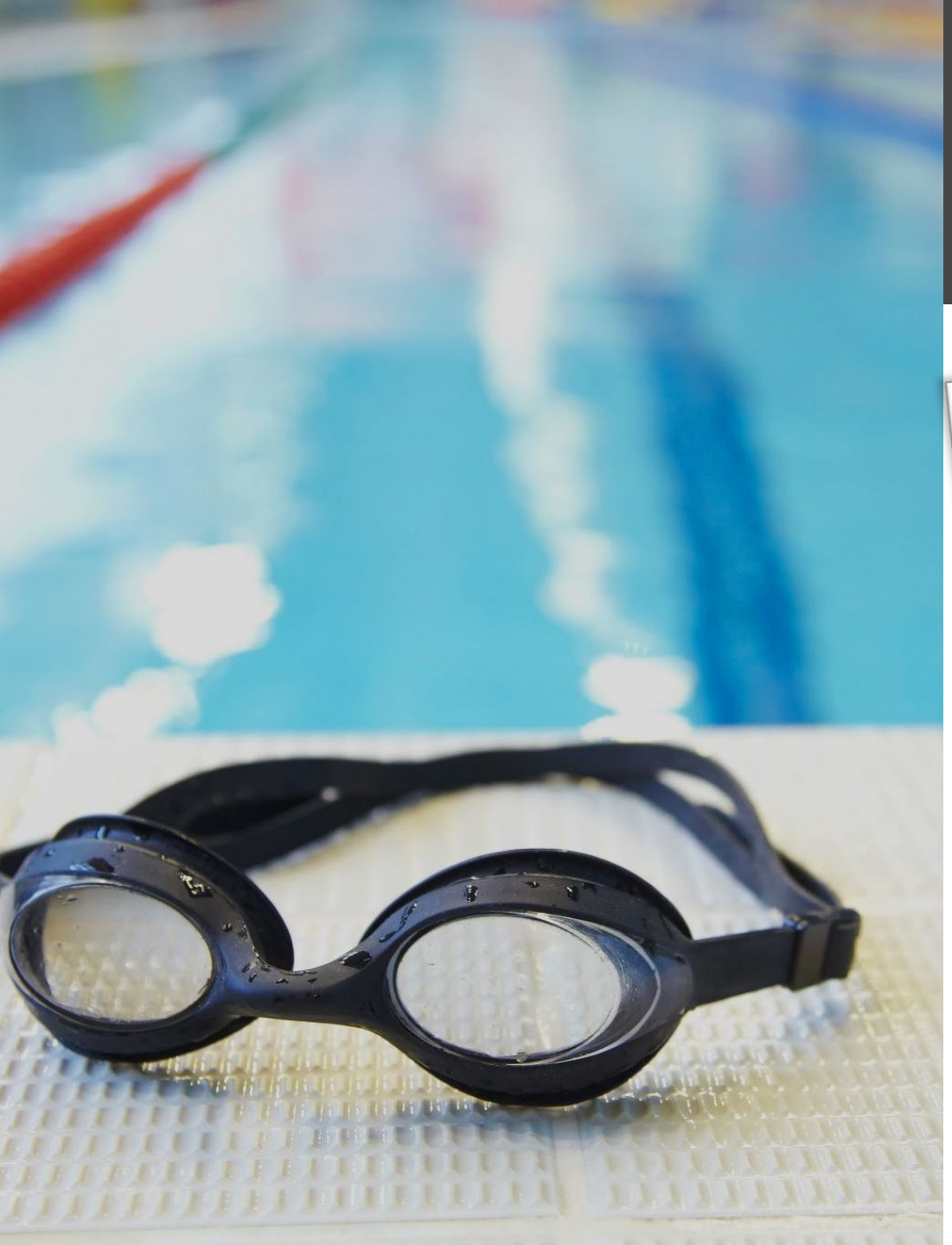

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TO WHOM IT MAY CONCERN:

Owen Hartley is an active 36-year-old who has sensory processing modulation challenges and safety awareness delays. Due to his diagnoses and functional capabilities, Owen has delays in understanding the concept of safety and potential dangers in his daily surroundings. When he becomes fearful, Owen will attempt to elope from that environment or panic. He is very sensitive to noises and nervous around large bodies of water.

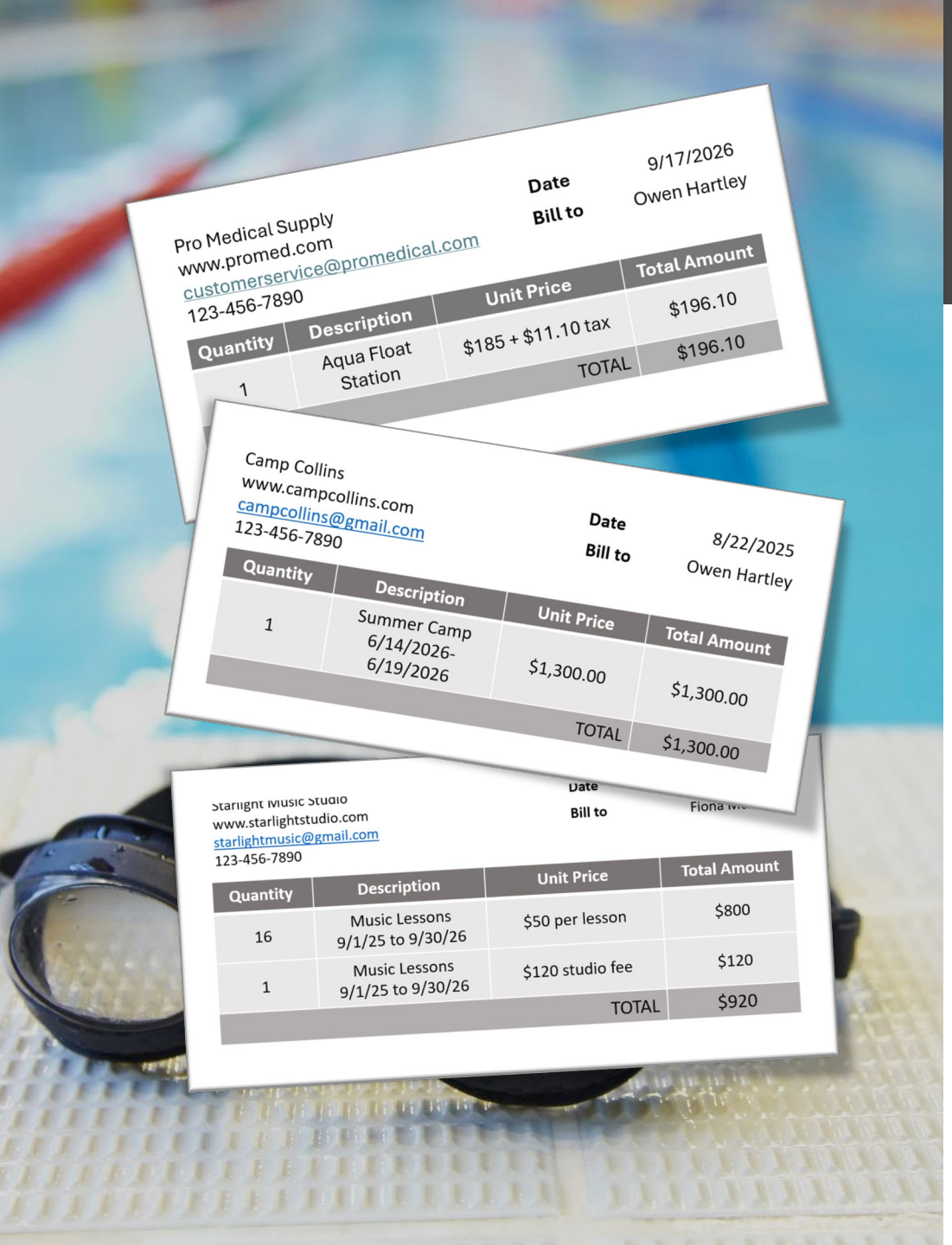
He would benefit from an adaptive floatation device to help him stand confidently in the water. This device would provide Owen comfort and protection during times of overstimulation and help prevent panicked behavior while in a swimming pool. Receiving a floatation device would be very helpful to Owen and his family for years to come, as it is something he can utilize on family outings and when swimming with friends.

Karen Reed, MOTR/L
Evergreen Medical Group

Pro Medical Supply
www.promed.com
customerservice@promedical.com
123-456-7890

Date 9/17/2026
Bill to Owen Hartley

Quantity	Description	Unit Price	Total Amount
1	Aqua Float Station	$185 + $11.10 tax	$196.10
		TOTAL	$196.10



EXAMPLE INVOICES

Detailed instructions on how to provide an accurate invoice with all the necessary information is available in the **“Budgeting for Self-Directed Services”** training collection.

Justification for Self-Directed Staff

“Self-Directed Staff”: may include a Job Coach or a Habilitation Training Specialist. Each serves a different function to support the individual.

Job Coach: pre-planned, documented activities related to employment outcomes. Promotes the person’s capacity to secure and maintain integrated employment at a job of their choosing.

Habilitation Training Specialist (HTS): supports the person in developing skills that contribute to their independence, self-sufficiency, community inclusion, and health and safety. Services are provided in the home and community settings.

Justification for Self-Directed Staff

FOR EACH REQUESTED SELF-DIRECTED STAFF:

- The amount of support must be justified based on need, not the available funding.
- In the Individual Plan (IP), your proposed weekly schedule must be broken down by daily hours with a description of what outcomes the staff will be working toward with the recipient.
- You must submit proof of all completed required training before staff can begin working.
- Every new hire must be able to pass a background check before they are eligible to become your self-directed employee, regardless of their relationship to the person supported.

Example Staff Schedule

12. Is my team requesting HTS or self-directed HTS?

☐ No, skip to question #14.

☑ Yes

a. Describe the tasks HTS will help me perform that are not already addressed in question #2 of the Risk

Example Staff Schedule

Assessment: My sister will provide 30 hours of HTS support every week. She will help me with dressing and nutrition in the mornings and then with my personal care routines and medication administration in the evenings.

b. When will HTS support be provided to me? Include non-waiver state-plan personal care services I receive: Weekdays from 7 AM to 8:30 AM and weeknights between 4:30 PM to 9 PM.

c. Describe any non-routine events (i.e., medical appointments, family visits, community activities) which require additional staffing

Example Staff Schedule

Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 TF	30 hrs. per week	52 weeks		6240	$5.26	**$32,822.40**
First Aid/CPR	A9270	Once	One-time		1	$120	**$120**
Background Check	A9270 BC	Once	One-time		2	$16	**$32**
FMS Fees	FMS	Monthly	12 months		12	$86	**$1,032**

HTS support
nutrition in
utines and

nclude non-
ceive:
ts between
4:30 PM to 9 PM.

c. **Describe any non-routine events (i.e., medical appointments, family visits, community activities) which require additional staffing:** medical appointments and to support me while participating in games during game night with my friends

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 members 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.

Allowable Hours for HTS

Important policy reminders for family members who serve as HTS

- Caregivers who live in the same household cannot provide more than 40 hours of HTS services per week in the home.
- **When multiple caregivers live in the same household, the combined total of paid HTS services provided by all household members may not exceed 40 hours per week.**
- When more than 40 hours per week are needed, they must be provided by someone living outside of the home.
- Requests for additional staff hours will be cross referenced with all relevant service history records, person-centered information in the IP, and prior incident reports.

Important Reminders

An explanation of and justification for all services requested is necessary.

Authorization is based on need, not the available funding.

Justification for Self-Directed Services can include:

- Invoices or Brochures
- Letters of Recommendation
- Staff Schedules
- Physician's Orders
- Incident Reports
- Outcomes and Action Steps from the IP
- Person-Centered Information from the IP

Authorization

Authorization

Authorization Process

- The person supported by the waiver and their team will collaborate with the DDS Case Manager to develop the service plan and budget.
- **It is the DDS Case Manager's job to complete the Individual Plan and submit it for approval along with any justification needed for requested supports.**
- Your DDS Case Manager will give you a copy of your Individual Plan (IP).
- A Plan of Care reviewer at DDS will carefully read through the IP and provide feedback as needed.

Authorization Notices

AUTHORIZED

You will receive a “Plan of Care Authorization” letter in the mail from the Oklahoma Health Care Authority (OHCA).

AND

You will receive a “Good-to-Go” letter from the Fiscal Management Service agency when you begin self-directing.

REDUCED OR DENIED

If applicable, you will receive a “Notice of Action” letter in the mail.

This provides details for any requested services that were reduced or denied during the review process and why.

Authorization Notices

Everyone has the right to a Fair Hearing.

If interested, ask your Case Manager to give you information regarding the Fair Hearing process.

Wait for Authorization

- Submitting all the documents does not mean that services have been approved.
- **Wait to begin accessing services until you receive authorization!**
- The Individual Plan (IP) is a record of what services are being requested. It is not a list of approved services.
- SD-Staff must complete all required training and receive authorization from the FMS agency before working.
- Waiver funds cannot be used to pay for any service that was delivered before the authorized date and time listed in the Individual Plan (IP).

Ready to Start!

You are ready to start accessing services when:

- ✓ 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 and OHCA for each service.

Vendor Onboarding

Vendor Onboarding

EOR Responsibilities

- Finds a vendor the individual would like to use.
- Explains to the vendor what to expect with the process.
- Ensures the vendor knows payment will not be issued until after services are rendered.
- **Sends new vendor contact information to the dds.sds@okdhs.org email along with a request for approval.**
- Requests an accurate invoice or brochure from the vendor for the desired service.
- Sends that invoice or brochure to the DDS Case Manager so they can budget these services into the Individual Plan.

DDS Responsibilities

- When you email the SDS team at **dds.sds@okdhs.org**, they will check to see if the vendor is currently in the system.
- If a vendor was previously used by another person, then they are already approved.
- **If they are a new SDS vendor, a member of the SDS team will reach out to welcome them to the program, answer questions, and request a W-9 tax form.**
- Your DDS Case Manager will carefully add services to your plan, making sure all dates, times, and costs are reflected accurately.

Vendor Responsibilities

- Agrees to accept payment after services have been delivered.
- Provides an accurate invoice or brochure to the Employer of Record (EOR).
- **Provides a current W-9 tax form to the SDS team at DDS.**
- Chooses payment by paper check or completes the FMS paperwork to receive payments by Electronic Funds Transfer.
- Collaborates with the Employer of Record to provide services as authorized.

Vendor Information

The SDS team at DDS will contact new vendors to answer questions and register that provider with a current W-9 tax form.

- ✓ If the vendor's address changes, they will need to notify the FMS agency and update their W-9 to continue receiving payment.
- ✓ The address must be current, because the FMS agency will send payments to the address listed on the W-9 on file with DDS.
- ✓ If the vendor has questions or needs assistance, they should contact you, the Employer of Record, not the FMS agency.

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

Hiring &
Training SD-Staff

Hiring & Training SD-Staff

Evaluate Your Needs

Before hiring a self-directed employee, consider the health and safety needs and personal goals of the individual.

- ✓ Do you need someone with medical knowledge or training?
- ✓ Do you need someone to help with personal care routines?
- ✓ Should they be able to lift and transition the person safely?
- ✓ What days and times do you need HTS services?
- ✓ How much of your budget do you want to spend for this position?
- ✓ How many employees do you need to hire?

Identify HTS Staff

You are responsible for ensuring that self-directed staff are able to meet your needs and provide the services the individual chooses.

- ✓ Talk to your family, friends, and neighbors.
- ✓ Share a job description with the potential staff person.
- ✓ Interview them to discuss your expectations, needs, training requirements, and compensation.
- ✓ Both you and the person supported should trust and feel comfortable with your choice.

Things to Remember!

- Self-directed staff cannot start working until authorization is received from the FMS agency.
- **HTS staff must be capable of clocking in/out on their personal cell phone.**
- HTS staff must be capable of helping the individual achieve the outcomes in their IP.
- Have a backup plan for when your staff does not arrive to work as scheduled.
- **Combined supports for any individual cannot exceed 12 hours in a day.**

Training Requirements

- A valid **CPR and First Aid certification** must be on file for all staff providing direct care support.
- CNA or Nursing licenses are not a valid form of CPR/First Aid Certification.
- All CPR/First Aid classes must be completed in person.
- A valid **Medication Administration Technician (MAT) certification** must be on file for any HTS who administers medication.
- EORs may choose from a list of CPR/First Aid training providers or choose their own provider and pay for training out-of-pocket.

Training Requirements

There may be individual-specific training needs outlined in the Individual Plan. These trainings are required and must be completed as detailed in the plan.

- A valid **CPR and First Aid** providing direct care support.
- CNA or Nursing licenses a cation.
- All CPR/First Aid classes m
- If they are administering medi **cation Administration Technician (MAT) certified**.
- EORs may choose from a list of CPR/F providers or choose their own provider and pay for training out-of-pocket.

Training Exemptions

The HTS **CANNOT be exempt** from any training requirements if the HTS is working with someone on the **Community Waiver (Non-Residential).**

The HTS **CAN BE exempt** from specific training if they are serving a recipient on the **IHSW** and **complete a DDS-37 form** annually.

- If you are receiving services through the In-Home Supports Waiver and hire a self-directed HTS who has already demonstrated competence in caring for the individual receiving supports, such as a friend, neighbor, secondary family member, etc., policy allows you to waive some of the training requirements.
- To waive certain training requirements for a SD-HTS, ask your case manager for a Certificate of Competency (DDS-37) form.

Stay Up-to-Date

- Verification of completed CPR/First Aid training must be given to your FMS agent.
- **The FMS agency cannot pay your employee unless it can verify that all required training has been completed and is current.**
- CPR/First Aid and Medication Administration Training (MAT) all require periodic recertification.
- The EOR is responsible for tracking any recertification needed through the DCI portal.

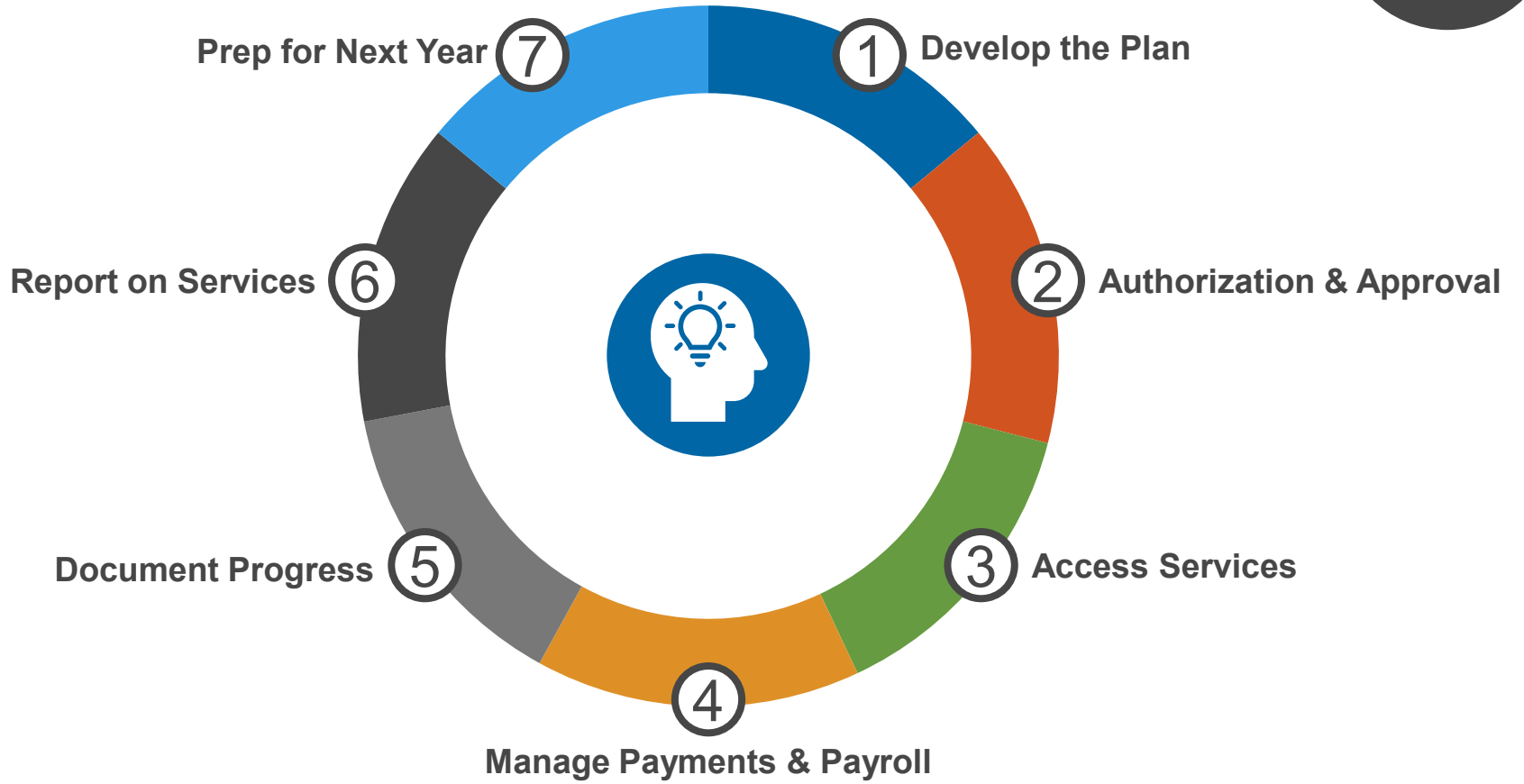
Self-Directed Staff Timeline

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

Planning Documents

Planning Documents

Timeline for Self-Directed Services



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.

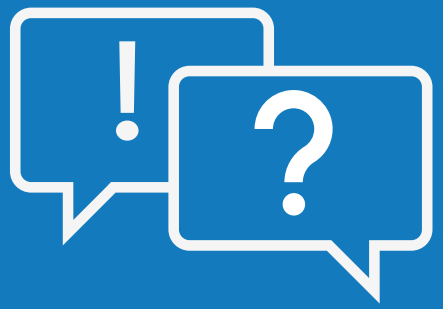
Yearly Planning Forms

- 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

PossABLE

Services. Lives. Futures.



FREQUENTLY ASKED QUESTIONS

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

CONTACTING ACUMEN

Vendor Team Email: ok-dds@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

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

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

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

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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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SELF-DIRECTED SERVICES

Training for the Employer Record

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