



Sample Roles and Responsibilities

Description	Service Worker/AAA Staff & Case Manager	Independent Support Broker	FMS Entity
<p>Duties and Responsibilities</p>	<p><i>Every waiver participant receives support from either a service worker or AAA Staff (D/E, HIV/Aids, & Ill & Handicapped Waivers) or the case manager (Brain Injury, MR/DD). These support functions apply to the entire service plan and do not support the self-directed activity with the services plan. Activities performed by these individuals include:</i></p> <ul style="list-style-type: none"> • Assist with the development of the service plan based on medical, social, functional and educational needs of the participant; • Assist with services provided by the provider agency; • Link Participant to community services; • Identify Participant desired outcomes and needs under a person-centered planning process; • Convene and facilitate interdisciplinary team; • Develop back-up and risk mgt. plans; • Assist with service plan implementation of Medicaid and non-Medicaid services; • Assess progress and outcomes; • Assist participant to select self-directed option and an individual support broker (if necessary); • Assist participant to select traditional providers; • Assist with the determination of the Individual Budget. • Complies with state incident reporting requirements. 	<p><i>Only waiver participants electing self-directed services using individual budget services receive support from an Independent Support Broker (ISB). This is a waiver service. ISBs may be individuals or agency staff. This position differs from service workers, AAA staff and case managers in that they work ONLY with the individual budget portion of the service plan. The following tasks apply to workers hired under the self-directed option not traditional wavier services. ISBs :</i></p> <ul style="list-style-type: none"> • Attend interdisciplinary planning meetings but presence is not required; • Assist with developing and implementing the individual budget portion of the service plan (SP) (including assisting the service worker or case management to identify risks and develop an individual back-up plan); • Develop and manage the individual budget (provides clarification and explanation about program allowable and documentation/record keeping). • Assist with modifications of the individual budget; • Provide assistance with recruiting, hiring, managing, evaluating & dismissing self-directed workers; • Coordinate activity with FMS entity; • Assist the participant to verify provider qualifications; • Assist participant to manage and train direct support staff; • Ensures all employment paperwork is completed and sent to FMS; • Provide information about participant responsibilities, rights and concepts of self-direction; 	<p><i>Only wavier participants electing self-directed services receive support from the FMS entity. The FMS entity is involved with activities that relate only to the IB:</i></p> <ul style="list-style-type: none"> • Manage the individual budget on behalf of the participant; • Pay qualified providers according to the individual budget; • Reimburse individual providers according to approved timesheets; • Execute & maintain provider agreements (on behalf of the Medicaid Agency). We have a problem with this one – remember CMS told us one provider COULD NOT certify another provider – this is a topic for discussion on 11/22. • Report and pay state & federal income taxes, FICA, Medicare, and state and federal unemployment taxes; • Broker Workers Compensation if participant elects coverage; • Verify citizenship status of workers; • Serve as the fiscal agent of the participant (under IRS rules); • Issue monthly reports of budget balances to participant and support brokers; • Perform Criminal Background Checks; • Records IB amount in the ISIS; • Modify the individual budget part of the service plan based on changes made by participant; • Notify participant and ISP when modifications are made to the IB; • Communicate with & report to



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		<ul style="list-style-type: none"> • Instruct and guide in problem-solving, decision making & recognizing & reporting critical events (we think these individuals are mandatory reporters) • Serve as an independent advocate; • Assist the participant to monitor expenditures; • Assist participant to reappropriation funds and to adjust the budget; • Notify FMS to ensure changes are implemented within the overall category or budget; and • Assure participant is receiving individual budget services (not full plan of care) services. 	<p>the Support Broker and participant as needed.</p> <ul style="list-style-type: none"> • Ensures compliance with state and federal labor requirements. • Process payment for other goods and service listed in the IB.
Funding Mechanism	<ul style="list-style-type: none"> • Service workers for D/E are state employees, AAA staff paid via contract with the Office of Elder Affairs. Brain Injury Case Management is a waiver service, may be a state employee or paid via a contract with the county. 	<p>ISBs are a waiver service under the self-direction option. Waiver participants freely select their certified ISB.</p>	<p>FMS is a waiver service. Waiver participants freely select their FMS provider.</p>
QM Activities	<ul style="list-style-type: none"> • Assure services are being provided according to SP; • Assess health and welfare status; • Modify SP to meet participant changing needs; • Refer for additional assessment as needed; • Assess participant satisfaction under traditional & self-directed services; • Apprise participants of general Medicaid and non-Medicaid rights and responsibilities. • LOOK AT MORE CLOSELY 	<ul style="list-style-type: none"> • Monitor services, service individual budget services only • Monthly contact (phone or visit) until IB is implement and thereafter quarterly. If additional is indicated – will do so. • Report any critical incidents; • Monitor use of risk management and back-ups • Coordinates with FMS to the degree asked by the participant. • Monitor over & under expenditures in accordance with the FMS. 	<p>Track and monitor individual budget expenditures and provide monthly balance sheets to participant and quality reporting to state.</p> <p>Random financial reviews by Medicaid audit section. Audits by a sampling of the Medicaid Agency audit section.</p> <p>Certified by Medicaid Agency or entity selected by the MA.</p> <p>Notify participant IB balance.</p>
Qualifications	<p>Service Worker – degree, Service Worker – bachelors with experience – specific to MR/DD</p> <p>Case manager - must have BA degree with 30 hours or human services and at least one year of experience with the population to be serviced. Required to have specific exp or human services field; minimum</p>	<ul style="list-style-type: none"> • Be at least 18 years of age or older • Submit to Criminal Background Check • May not be a paid provider • Must successfully complete ISB training • Must demonstrate knowledge of community resource. 	<p>Cut and paste from application.</p>



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	of one year of experience working with children or adults with disabilities with a focus on mental health or mental retardation. There are three levels of DD Specialist (based on years of experience).		
Required Training	None required (?)	Certification by the Medicaid Agency	Certified by MA or designated entity.