



My
Independent Choices
Handbook



We are glad you are interested in IndependentChoices!

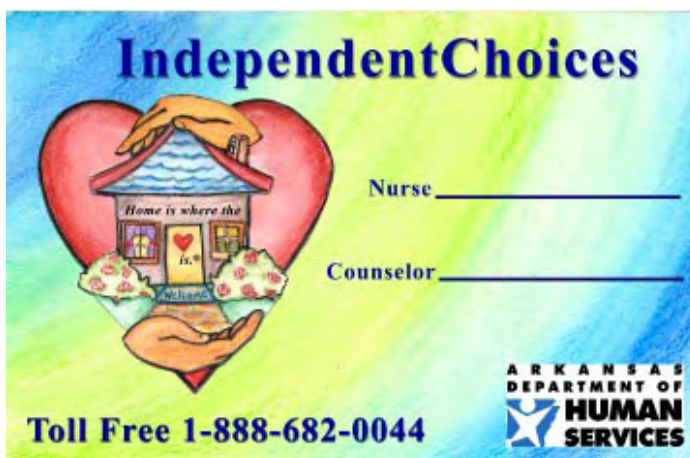
Many Participants have expressed that their life is better because of IndependentChoices. People are able to stay at home for a longer period of time being cared for by family, friends or trusted employees. We are glad to offer you this opportunity and wish the same success for you.

IndependentChoices was the first program of its kind in the United States and is now only available in a dozen other states. It is a unique program that offers flexibility and allows persons who exercise good judgment to be in control of some health care needs.

My IndependentChoices Handbook is provided to help you learn more about IndependentChoices and to help you make decisions about the care you receive. If at anytime you have questions or need help, please call us toll free at 1-888-682-0044.

Questions and Notes

As you read through My IndependentChoices Handbook, you may have questions or would like to make notes. This page is a central place to write down your questions and notes. When you finish reading My IndependentChoices Handbook and you have questions, please call your counselor at 1-888-682-0044.



My IndependentChoices Decal

Please place your IC Decal in a visible place on your refrigerator so that other health professionals who come to your home know you are an IndependentChoices participant.

Always know that you can call this toll-free number for assistance.

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If you need information about the IndependentChoices program or have questions about your Cash Expenditure Plan, assessments or need forms, contact your counselor at:

**IndependentChoices
Division of Aging and Adult Services
P. O. Box 1437, Slot S530
Little Rock, AR 72203
Call Toll-Free 1-888-682-0044
Fax 1-501-683-4180**

For:

- ♦ **Questions about paychecks, timesheets, tax withholdings;**
- ♦ **Requests for personal assistant hire packets, tax forms or any forms or changes related to your personal assistant; or**
- ♦ **Your personal assistant needs to verify income,**

contact your bookkeeper at:

**IndependentChoices—Palco, Inc.
P. O. Box 13280
Maumelle, AR 72113
1-501-604-9936 (Local)
Call Toll-Free 1-866-710-0456
Fax 1-501-753-2616**

My IndependentChoices

IndependentChoices (IC) is a program that gives Medicaid recipients another choice of how to receive personal assistance services at home. In IC, you are the boss! As the boss, you have control of how your personal assistance services needs are met. You make the decisions. It's not about doing everything yourself, but about being in control of how things are done.

You will receive a cash allowance for your personal assistance services and you decide how it will be spent. You may want to use your entire allowance to pay for a personal assistant, or you may choose to use part of your allowance to purchase other items that support your care and independence. The idea behind IC is the person who knows your needs best and how to best meet your needs is YOU.

In IndependentChoices, you decide:

- Who provides your care
- When your personal assistant works
- What your personal assistant does for you
- How your personal assistant takes care of you
- What other items you need to enhance your quality of care and independence.

Having more choice and control can be a good thing, but it does require more responsibility. As the boss, you will be considered a household employer. It's like running your own small business. You will have to make decisions and choices about your care. If you don't feel comfortable:

- Hiring or firing your personal assistant
- Directing your personal assistant on how you like things done
- Scheduling when your personal assistant comes to your home
- Keeping up with when your personal assistant works and signing their timesheets
- Keeping receipts of how you spent your allowance

IC may not be the best program for you. It may be best for you to receive your personal assistant services through an agency.

Before you decide one way or the other, you should read through this handbook to learn more about how IC works. On the next page you will learn about the Management Support Team available for you.



My Program Basics

My Management Support Team

Since you are the boss in IndependentChoices (IC) and employers often have a support team to help them manage their business, you too will have a support team to help you manage your care. This team will help you ensure that:

- You are following all the rules of the program
- You are following all the laws and regulations and completing all the forms related to being a household employer
- You are managing your care so that you are not jeopardizing your health or safety
- You have all the information you need to be a good boss

My Counselor: You may have already talked to your counselor when you first called to learn about IC. Your Counselor will provide support to you to help you manage your care. Your Counselor will be available to answer any questions you have about the program and help with problems that may come up about directing your care. Your Counselor may be reached Monday through Friday, except during State holidays, from 8:00 to 4:30 toll-free at 1-888-682-0044.

My Bookkeeper: As a participant in IC you will be a household employer. As a household employer you will have to pay your personal assistant from your allowance and pay taxes to the State and IRS. IC has contracted with a bookkeeping agency named Palco to handle this for you. Your bookkeeper may be reached Monday through Friday from 8:00 to 4:30 toll-free at 1-866-710-0456.

My Communications Manager: You may feel comfortable about making your own decisions and directing your care, but you may need help reading and understanding forms, completing forms or talking to your counselor or bookkeeper. If this is true, you may appoint a trusted friend or family member to be your Communications Manager to act at your direction. This must be a person you appoint, IC cannot appoint one for you. For more details about selecting a Communications Manager, see the next page.

My Decision-Making Partner: You may not feel comfortable being the boss, but you have a trusted friend or family member that is willing to be the boss for you. If this is true, you can appoint a Decision-Making Partner to make decisions for you and act on your behalf in all things related to the program. This must be a person you appoint, IC cannot appoint one for you. For more details about selecting a Decision-Making Partner, see the next page.

My Communications Manager/Decision-Making Partner

As a participant in IndependentChoices, you are a household employer. You are the boss. You are like an owner of a small business. Business owners as employers often have to partner with others or appoint managers to help with the day-to-day operations of the business. This may be true for you as well. You may need to appoint someone else to help you with some of the tasks required as a household employer. In IndependentChoices you have two levels of help that you can appoint: a Communications Manager or a Decision-Making Partner. The amount and type of help you need in being a household employer will help you determine which type of help to appoint, if any.

The Communications Manager and Decision-Making Partner CANNOT:

- Be the personal assistant or paid backup personal assistant
- Be paid for this service
- Be hired by you
- Be known to abuse drugs or alcohol
- Have any history of physical, mental or financial abuse.

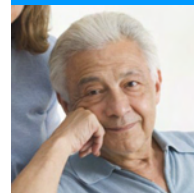
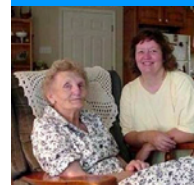
My Communications Manager

You may feel that you can make decisions about the care you receive and you feel comfortable with hiring and supervising your personal assistant, but you may not want to deal with the paperwork and talking on the phone with your counselor and bookkeeper. Maybe you get tired reading government forms. Perhaps you get frustrated talking on the phone. If this fits your situation, it may be helpful for you to appoint a communications manager. A Communications Manager may:

- Read forms, letters and other communications to you and help you understand what is required in IndependentChoices
- Help you find answers to your questions about IndependentChoices by reading manuals, agreements, etc.
- Follow direction from you on how you want things handled
- Act as your voice, as needed, when talking to your IndependentChoices counselor or your bookkeeper at Palco
- Complete and sign forms on your behalf
- Help you talk to your personal assistant, if needed, about how you prefer your care.

A Communications Manager will not:

- Make decisions for you
- Hire, train, supervise or fire your personal assistant for you



My Program Basics

My Decision-Making Partner

You may feel you need more help than what a communications manager can do. You may want someone to make decisions for you; hire and supervise your personal assistant as well as complete all your forms. If that is true, you will want to appoint a decision-making partner. A Decision-Making Partner will do everything a Communications Manager can do, plus:

- Make all decisions on your behalf regarding IndependentChoices
- Hire, train, supervise and, if needed, fire your personal assistant
- Make decisions about your care
- Administer your cash expenditure plan

In other words, the Decision-Making Partner will act on your behalf regarding all aspects of IndependentChoices. If you have a court-appointed guardian or a court-appointed power of attorney, they must be appointed as your decision-making partner. If you have a diagnosis of Alzheimer's or other type of dementia, the IndependentChoices Nurse or Counselor will require you to appoint a decision-making partner.

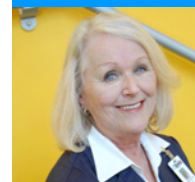
The following table describes the requirements and duties of the Communications Manager and Decision-Making Partner and how the duties differ:

Communications Manager	Decision-Making Partner
Listen to you and help you communicate your preferences	Show knowledge about your preferences
Communicate program requirements to you and help you communicate your preferences	Be willing and able to meet and uphold all of your program requirements
Be willing to sign all forms and communicate with the bookkeeper and counselor at your direction	Be willing to sign tax forms and verify time-sheets on your behalf, as well as cooperate with the bookkeeper when needed
Show a strong personal commitment to you, the IndependentChoices participant	
Agree to visit the participant at least weekly	
Independently uphold these duties without being influenced by the personal assistant or the paid back-up personal assistant	
Be at least 18 years of age	
Obtain your approval or a consensus from other family members to serve in this capacity	
Be willing to submit to criminal background checks, if requested	
Be available to discuss the program during business hours	

My Eligibility

To be eligible for IndependentChoices you must:

- Be enrolled in a Medicaid category that covers personal care.
- Be age 18 or older
- Be in need of personal assistance services
- Understand and accept the rights, risks and responsibilities of directing your own care, or appoint a Decision-Making Partner to do so
- Not currently receive hospice services



My Rights

As an IndependentChoices (IC) participant you have the right to:

- Live as independently, actively and fully as desired.
- Have personal information treated confidentially.
- Be treated with courtesy, respect and dignity.
- Be free from mental and physical abuse.
- Have control over one's household and lifestyle, to determine one's own future and make one's own choices, to refuse services if desired.
- Determine how the monthly cash allowance will be spent and to update the Cash Expenditure Plan as needed.
- Make one's own decisions about equipment, assistance and support services necessary for continued independent living.
- Set personal goals, to anticipate success in reaching goals and solving problems related to making personal decisions.
- Become knowledgeable about available resources and to manage and maximize their use.
- Change service providers without fear of retaliation or repercussion and to leave the IndependentChoices Program.
- Expect that all interactions with people associated with IC will be courteous and that reliable support will be provided at all times.
- Know of any changes to the IndependentChoices Program in a timely manner.
- Appeal decisions, actions or conflicts to DAAS by calling 1-888-682-0044 or by formally writing to DAAS to appeal decisions received in writing from DAAS.



My Program Basics

My Responsibilities

As a participant of IndependentChoices (IC) you are the boss. As a boss, you will have responsibilities of managing your care and being an employer. When you enroll in IC you are asked to sign a Responsibilities and Agreements form (DAAS-IC-02). This form provides the rules of the program that you or your Decision-Making Partner must follow in order to continue in the program. It is reprinted here as a reminder and reference that you have agreed to the following:

- I am part of a program that helps some people stay out of a nursing home. My participation is not an entitlement to a Medicaid program, but the acceptance of the responsibilities, exercising good judgment so that I can meet my personal assistance needs.
- My Counselor is here to help me. My Counselor will help me complete my Cash Expenditure Plan, answer questions I have about IC, send forms to me when I need them, and provide support and information in making decisions about my care and my personal assistant. I know that I can reach my counselor by calling toll-free 1-888-682-0044.
- Self-direction cannot begin until all required forms are received and are accurately completed.
- I am the boss. I will hire and supervise my own personal assistant, and if necessary, fire my personal assistant. As the boss:
 - √ I will hire someone that I choose and receive services that I choose.
 - √ If I determine my personal assistant's performance is not satisfactory, even if he or she is a family member, I will be able to fire my personal assistant.
 - √ I will be a "household employer" under Arkansas Labor rules.
 - √ I understand my allowance cannot be disbursed if all state and federal forms are not accurately completed and returned to DAAS.
 - √ I will have someone who will serve as a backup personal assistant if my personal assistant cannot show up.
 - √ If my personal assistant quits, I will let my bookkeeper know. My Bookkeeper will send me a New Hire Packet for my new personal assistant who cannot start working for me until the packet is returned accurately completed. I will also send a change report to

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My Responsibilities (continued)

IndependentChoices (IC) informing of the change in my personal assistant. If I do not have someone else that I can hire, IC will allow me 2 weeks to find a new personal assistant. If I am still without a personal assistant after 2 weeks, I will again contact my counselor and I will be removed from IC. If I wish to receive my personal assistance services through an agency, I can ask my counselor to help. I understand that I may return to IC when I have a personal assistant and if I am still authorized for Medicaid personal assistance services.

- The amount of the allowance is based on my medical need for personal assistance services:
 - ✓ My Cash Expenditure Plan (CEP) is how I will spend my allowance. My Counselor will work with me to develop my CEP. If I want to change my CEP I will contact my counselor.
 - ✓ The allowance will pay for someone to help me with my personal assistance services and purchase services related to my personal assistance services. The allowance is not intended to supplement my household income.
 - ✓ Medicaid rules do not allow personal assistance services to replace informal services already in the home, but to only help meet my personal assistance services needs not already met.
 - ✓ The allowance I get from IC will be used to pay my personal assistant and to help me purchase items that will help me with bathing, dressing, grooming, housekeeping, meals, shopping, toileting, laundry, and transportation to medical appointments or services to accomplish these activities. I will not use my allowance for services that are not listed on my CEP.
 - ✓ **I will not be in IndependentChoices if the *only* services I receive from my personal assistant are housework, laundry, shopping, transportation or meal preparation.**
 - ✓ I will keep receipts of how I use my allowance following my CEP. If I cannot provide receipts to my counselor, I will only be able to continue in IC by paying a personal assistant's salary. If I am only able to pay a personal assistant, I will not receive any discretionary allowance.



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My Program Basics

My Responsibilities (continued)

- If I am in ElderChoices (EC), my EC Nurse will determine the amount of IndependentChoices (IC) I can get. My IC Nurse or Counselor cannot increase my hours unless my EC Nurse agrees. If my condition changes and I think I need more hours, I will contact my IC Nurse who will discuss my case with my EC Nurse. The EC Nurse will authorize my services once a year unless there is a medical, social or other change in my home that requires a change to my EC plan of care.
- I will not receive IndependentChoices and personal care through an agency or other in-home provider at the same time:
 - √ I will not ask other in-home providers to provide services for which my cash allowance is intended. When this happens Medicaid is paying twice for the same service and this is not allowed. I will be asked to repay the Medicaid program.
 - √ I will be removed from IndependentChoices if this is reported to DAAS more than once.
 - √ I understand that if I refuse to repay I will be removed from IC and will not be allowed to return to IC until the overpaid amount is repaid.
- The IndependentChoices Program has hired a bookkeeper to help me. My Bookkeeper will:
 - √ Send and process new hire packets when adding or changing a personal assistant.
 - √ Receive my personal assistant's timesheet and send pay to my personal assistant;
 - √ Withhold state and federal taxes from my personal assistant's check and pay the taxes to the state and the IRS;
 - √ Send my personal assistant a W-2 form if my personal assistant earns \$1,700.00 or more during a calendar year;
 - √ Pay for other services based on my Cash Expenditure Plan; and
 - √ Handle a savings account for me if I decide to save for a specific item.
- I will follow all the rules related to payment of my personal assistant and approving my personal assistant's timesheets:
 - √ The Personal Assistant must sign the timesheet. I cannot sign for the personal assistant.

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My Responsibilities (continued)

- √ The Personal Assistant cannot sign my name on the timesheet. I or my Decision-Making Partner/Communications Manager must sign my timesheet.
- √ The checks are mailed on the 8th and 23rd of each month. The check that is mailed on the 8th is for the 16th to the end of the prior month. The check that is mailed on the 23rd is for services from the 1st to the 15th of the current month. *I will wait at least four days from these mail dates before inquiring if the timesheet was received or if the check was mailed.*
- √ As the boss I will send in my personal assistant's timesheet on time on the 15th and the last day of the month so that my personal assistant can receive their paycheck from my bookkeeper.
- √ Failure to send in timesheets on time will delay payment until the next payroll and can be grounds for dismissal from IC.
- √ I will not sign, mail or fax timesheets before the work is done. If this happens the timesheet will not be honored and no check will be issued.
- √ I will not send in timesheets for any personal assistant who did not work for me on the corresponding dates and times on my timesheets. To do so is Medicaid fraud and if I do this I will be turned over to the Medicaid Fraud Unit and will never be allowed to participate in IC.
- √ I will send in original timesheets each pay period and not copied.
- I will cooperate with DAAS, my nurse, my counselor, my bookkeeper and my physician concerning IndependentChoices, including:
 - √ I will be present for scheduled appointments from DAAS, my nurse, my counselor or my bookkeeper. If any of these persons make an unannounced visit to my home I will welcome them into my home. If I get mail from any of these persons I will respond to them quickly.
 - √ I will make myself available for reassessments by my nurse and I will schedule an exam with my physician within 60 days prior to each reassessment.
 - √ I will keep a working telephone, preferably one with an answering machine, in my home at all times so that DAAS, my nurse, my counselor or my bookkeeper can contact me.

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My Program Basics

My Responsibilities (continued)

- √ I cannot get IndependentChoices if my doctor does not agree I need personal assistance services.
- I will let my counselor know of any changes or concerns I have that will make a difference in my IndependentChoices by calling toll-free 1-888- 682-0044 or 501-682-8181 or by sending in a change report (DAAS-IC-09). Things that must be reported include:
 - √ If my Personal Assistant forces me in any way to keep getting IndependentChoices even though my personal assistant is not giving me the care I need.
 - √ If my Personal Assistant is not helping me with any of these “hands on” needs - bathing, helping me dress, helping me with grooming activities, helping me care for my teeth or dentures, helping me with my toileting or helping me to eat.
 - √ If my phone number or my address should change.
 - √ If I enter a hospital or Rehab facility I will tell my counselor on or before the 5th day of hospitalization. I may receive my allowance during the first five days of a hospital stay but after the 5th day the Medicaid program will expect repayment of my daily allowance for each day hospitalized after the 5th day. If I will be in the hospital for an extended stay I must tell my counselor and I will be removed from IndependentChoices. I may reenter IndependentChoices once I’m home and if I am still authorized for Medicaid personal assistance services.
 - √ If I enter a nursing home, either a family member or I will let my counselor know.
 - √ I can call IndependentChoices toll-free at 1-888-682-0044 to talk about any questions I have about IndependentChoices.
- I can be removed from IndependentChoices if I don’t follow the above rules.



My Personal Assistance Services

There are two types of personal assistance services that participants may direct in IndependentChoices. These are, Personal Care and for ElderChoices participants, you may direct Adult Companion Services.

Personal Care: Personal care is assistance with “hands on” daily needs such as bathing, dressing, grooming, toileting, eating and mobility, including transferring from place to place.

Personal care is a service available to all Medicaid recipients who are in a category that provides the full range of Medicaid services. A DAAS Nurse will determine your need for personal care.

Personal Care In The Workplace: If you work or would like to work, but need help with your personal care needs in the workplace, Medicaid allows IndependentChoices participants to receive personal care at work. Your Personal Assistant may help you with transportation commuting to and from work and your personal care needs at work. Ask your IndependentChoices nurse or counselor for more information.

Before you start to work, find out how work will affect Medicaid, waiver, SSI, and Social Security benefits. Most people are surprised to find out how much they can earn! For information, call the Employment Sources Hotline. They can provide information about work and your benefits, job placement and training, and other services. It’s free and confidential. The Hotline’s toll-free number is 1-866-283-7900.

Adult Companion Services: Recipients of ElderChoices may be eligible for Adult Companion Services. Adult Companion Services is where companions assist or supervise clients with tasks, such as meal preparation, laundry, light housekeeping, bathing, eating, dressing and personal hygiene when these services are required in accordance with a therapeutic goal. These services must be essential to the health and welfare of the participant. Companion services cannot be provided during the same time as personal care or other waiver services.

The ElderChoices Nurse determines the participant’s need for Adult Companion Services. If the participant wants to direct this service through IndependentChoices, the ElderChoices Nurse will notify IndependentChoices staff to start the process.



My Other Services

Before starting a new program, most people are concerned about how it might affect their benefits in other programs.

Other Medicaid Services: Only Medicaid personal care hours, or adult companion services for ElderChoices recipients will be affected. You will be directing these services yourself instead of receiving them through an agency. Other Medicaid services including waiver services will remain unchanged.

SNAP (formerly Food Stamps): The IndependentChoices allowance will not be counted in determining the amount of SNAP that you receive. If your personal assistant receives SNAP benefits, it may affect the amount of benefits they receive. If your personal assistant lives with you, their income from IndependentChoices will not affect your family's SNAP benefit.

SSI: The IndependentChoices allowance will not be counted in determining the amount of SSI benefits that you receive.

Hospice: If you are a hospice patient you cannot receive Medicaid personal care, and thus, you cannot direct personal care through IndependentChoices. The hospice benefit includes personal care, so additional personal care is considered a duplication. If you are an ElderChoices participant in need of Adult Companion Services, you may direct this service through IndependentChoices as it is not affected by hospice.

My Other Medicaid Waivers

ElderChoices: If you are on ElderChoices, you may direct both personal care and adult companion services. Your ElderChoices Nurse will refer you to the IndependentChoices program if that is your desire.

Alternatives for Adults with Physical Disabilities (AAPD): If you are on AAPD and your personal care needs are not being met, you may direct your personal care through IndependentChoices. You should discuss this first with your AAPD nurse or counselor to see if you qualify for this option.

DDS Waiver: If you are on the DDS Waiver, you may be eligible to direct your personal care through IndependentChoices depending on your living arrangement.

My Enrollment Process

My Counselor's Enrollment Duties

If you meet the eligibility requirements for IndependentChoices (IC) listed on page 5 and you agree with the rights and responsibilities listed on pages 5 through 10, you are welcome to start the enrollment process.

The enrollment process starts with talking to your counselor over the phone. Your Counselor will discuss the program with you, ask for needed information, answer questions that you may have and establish that you understand the rights, risks and responsibilities of the program. If you are still interested in the program, your Counselor will make 2 referrals, one to your IC nurse, and a referral to your bookkeeper.

My Nurse's Enrollment Duties

Your IC Nurse will call you to schedule a home visit. If you cannot make decisions for yourself, it's important to have the person you plan to designate as your decision-making partner present when your nurse visits. During the visit, your Nurse will complete an initial assessment of your needs and have you read and complete the enrollment packet of forms. This includes the Responsibilities and Agreements, the Backup Personal Assistant, and Authorization to Disclose Health Information.

Your Nurse may also ask you to complete a self-assessment to determine if you may need to appoint a decision-making partner to direct your care or a communications manager to help you communicate concerning the direction of your care. If you are unable to understand the risks, rights and responsibilities of managing personal assistance services with an allowance and you do not have anyone to serve as a decision-making partner, you may not be able to participate in IndependentChoices.

At the end of the visit, your Nurse will be able to tell you what they recommend as the number of hours of personal assistance services. The Nurse's recommendation will be sent to your physician for approval and your physician must authorize the recommendation for you to receive IC. If your Nurse thinks you need more than 14.75 hours per week, and your physician agrees, the request will be forwarded to the Utilization Review Section in the Division of Medical Services (DMS) for approval. DMS may or may not approve the request. A copy of the plan of care will be left with you so your personal assistant can follow the plan.

If your Physician determines that you are able to do all your activities of daily living tasks without assistance, you would not be eligible for personal assistance services and not eligible for IndependentChoices.



My
Enrollment



My Enrollment Process

My Bookkeeper's Enrollment Duties

You do have the option of being your own bookkeeper, but most participants use Palco, with whom DAAS has contracted, to provide bookkeeping services to you. Palco services are free and easy to use.

Why I need a bookkeeper? You will be considered a household employer under IRS rules. As a household employer, you will be required to:

- Determine if the personal assistant can legally work in the U. S.
- Withhold State and Federal taxes, Social Security and Medicare taxes
- Make advance payments of the Earned Income Tax Credit, if applicable
- Make tax payments
- Obtain an Employer Identification Number (EIN)
- Issue W-2 forms and paychecks to your personal assistant
- Keep good records for future audits

Palco will provide all of these services for you free of charge. You will not have to pay for any of these services from your allowance. If you want to be your own bookkeeper and not use Palco, tell your counselor. Otherwise, you will automatically be referred to Palco.

When Palco receives the referral from your counselor, they will first send you 2 packets of forms. An Employer Packet that you complete and an Employee Packet that your Personal Assistant completes.

Employer Packet: The Employer Packet consists of the following forms:

- Limited Power of Attorney (DAAS-IC-15) - you authorize Palco to be your IndependentChoices bookkeeper. This allows them to apply for a federal tax ID number, withhold taxes from your personal attendant's paycheck, and disburse money according to your cash expenditure plan.
- Application for Employer ID Number (SS-4) - allows Palco to apply for an Employer ID Number on your behalf with the IRS.
- Employer Appointment of Agent (2678) - allows Palco to act as your agent to withhold and pay federal taxes.
- Tax Information Authorization (8821) - allows Larry Paladino of Palco to inspect and receive federal tax information related to the IC program.

When you receive the packet, most of the forms will be pre-filled with your name, address, etc. So most forms just require signatures and dates.

Employee Packet: The Employee Packet are forms that your personal assistant needs to complete. This packet includes the following forms:

- Employment Application (DAAS-IC-16)

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My Enrollment Process

- Personal Assistant Services Agreement (DAAS-IC-17) - an agreement between you and your personal assistant detailing the duties of the personal assistant. You need to read this too and sign.
- Employee's Withholding Allowance (W-4) - needed in order for Palco to withhold the proper federal tax from the employee's wages.
- Employee's Withholding Exemption (AR4EC) - for proper state tax withholding.
- Employment Eligibility Verification (I-9) - to ensure it is legal for the employee to work in the United States. They will need to provide copies of their ID, preferably Driver's License and Social Security Card.
- Earned Income Credit Advance Payment (W-5) - Optional
- Provider Agreement (DAAS-IC-23) - agreement between the personal assistant and DHS related to providing personal assistance services.

When you receive these packets in the mail it is important for you and your personal assistant to complete and return as soon as possible. If you have questions, contact Palco toll-free at 1-866-710-0456.

My Enrollment Duties

Your Counselor, Nurse and Bookkeeper are all working for you to help you enroll in IndependentChoices, but they cannot enroll you unless you complete your duties as well. Your duties include:

- Be present at the scheduled nurse's home visit. If you would like to appoint a decision-making partner or communications manager, make sure they are at the scheduled home visit as well.
- Complete all forms timely and accurately.
- Have your Personal Assistant complete the forms in the Employee's Packet timely and accurately.
- Answer all questions from your nurse, counselor and bookkeeper accurately.
- Always keep a working telephone, preferably with an answering machine or voicemail, so that your Counselor, Nurse or Bookkeeper can always contact you.
- If your Counselor is having problems receiving authorization from your physician, contact your physician personally and request that they sign the authorization as soon as possible.

You are the most important part of the process. Without your cooperation and diligence, you will not be enrolled.



My
Enrollment



My Enrollment Process

My Confidentiality

The confidentiality of your records is assured, in accordance with federal and state laws and regulations. No information regarding you will be disclosed directly or indirectly except for purposes directly connected with the operation of IndependentChoices (IC). Specific informed written consent will be obtained for any disclosures. You will give your written consent to a limited release of medical and/or social information when the IC enrollment forms are signed. You can revoke or revise this consent as needed.

IC staff and Palco cannot discuss your case with your personal assistant. Your designated Communications Manager/Decision-Making Partner or persons you have indicated on the Authorization to Disclose Information, DHHS-4000, may communicate with Palco or IC Staff regarding your case. This is a form you complete when the nurse comes to your home for the initial visit. If you have a legal guardian, that person is the only person we can communicate with regarding your participation in the IC program. It is important to list all persons you would want us to communicate with on the DHHS-4000 even if it requires you attaching additional sheets of paper.

My IndependentChoices Begins

When:

- Your Bookkeeper receives the accurately completed Employer's Packet and Employee's Packet;
- Your Nurse has forwarded the accurately completed forms in the Enrollment Packet to your counselor; and
- Your Counselor has received the authorization from your physician;

Your Counselor will contact you to work with you to complete your Cash Expenditure Plan (CEP) and discuss when you will begin directing your care. Your Counselor will then mail you two copies of your CEP. One you will need to sign and return immediately. The other you can keep for your records. It is important to return the signed form as quickly as possible as you will not be able to begin until your counselor receives it.

There are some guidelines you and your Counselor must follow in establishing your self-direction begin date. You may begin directing your care at the next payroll cycle unless you are currently receiving services through an agency. If that is true, your Counselor will send a seven-day notice to the agency to discontinue services. You will then begin directing your care at the end of the seven days.



My Cash Allowance

My Cash Expenditure Plan

In IndependentChoices you have budget authority. That means you decide how your cash allowance is spent on your personal needs. The purpose of the Cash Expenditure Plan (CEP) is to describe how you would like to spend your allowance. You might think of your CEP as a budget or blueprint of how your allowance will be used. Palco can only process and pay out your allowance in accordance with your CEP. It is important to remember that 90% of the allowance must be accounted by payroll cost, receipts, or a log for transportation cost. Not to exceed the lesser of 10% of your allowance or \$37.50 per pay period is allowed for discretionary use and does not require receipts. The purpose of the discretionary allowance is for you to purchase personal hygiene items such as soap, shampoo, laundry detergent, etc.

The decisions you make determine how much of your allowance will be used to pay your personal assistant, how much will pay for other personal care expenses, and how much will be left over for discretionary funds. Once you and your Counselor develop the CEP, your Counselor will send you two copies. You will be asked to sign, date and return one copy, and to keep one copy for your own records. If you want to change your CEP, you can contact your Counselor to discuss the changes. Please be aware that you are required to maintain a travel log or receipts for the expenses you claim. If you fail to do so, you will only be allowed to continue in the IndependentChoices program by paying a personal assistant and you will lose the opportunity to receive the discretionary cash.

On Page 19 you will find an example of a CEP. The example is a budget based on the number of days in a pay period. Please refer to Page 20 for an example of pay periods for each month. Please notice how the CEP color coding by pay period relates to each month. The pay period for the 1st through the 15th of each month is color coded yellow and if the month has 30 days the 16th to the 30th is color coded yellow as well. This would mean that you would follow your CEP's 15-day pay period for the full month. However, if the month has 31 days you would follow the 15-day pay period budget for the first half of the month and the 16-day pay period for the 16th to 31st. You will notice the calendar coding for a 16-day pay period is peach just as 16 days in the pay period on the CEP is color coded peach. Take note that the 16th to 28th of February is a 13-day pay period, and is color coded green.

(Continued on Next Page)



My
Cash Allowance



My Cash Allowance

My Cash Expenditure Plan (continued)

All budgeted expenditures that are not related to payroll cost are only paid during the last pay period of the month. These expenses are paid to you on the 8th of each month.

The Vendor ID # at the top of the form on Page 19 should appear on all of your timesheets. Never share your timesheet with someone else in the program. Your timesheets and your Vendor ID # are unique to you. Do not use the example timesheet on pages 24 and 25. To do so will only delay payment to your personal assistant.

My Use of My Monthly Cash Allowance

Besides directly hiring your own personal assistant, you may use your allowance for:

- Meals to include equipment for meal preparation, home delivered meal service, congregate meals, or meals occurring during the time of lengthy medical appointments away from home.
- Other equipment to include communication devices, technological enhancement, adaptive equipment, safety devices and service animals.
- Medications to include over-the-counter drugs and non-covered prescriptions and co-pays.
- Modify residence to include wheelchair ramps, handrails to assist you in transferring, transfer bench for the bathtub, shower handrails, etc.
- Transportation to include paying someone to transport you to doctor's appointments, dialysis, etc.
- Emergency expenses to include clothing, pest control, utilities, etc.
- 10% discretionary cash. While the above listed uses require a receipt for proof of purchase, the 10% discretionary cash allowed you does not require a receipt. Your personal hygiene items can be purchased with your discretionary cash.

The above is not an exhaustive list and other needs can be considered as long as the request is related to your need for personal assistance services.

All purchases must be approved by your counselor prior to purchase, call 1-888-682-0044 to talk to your counselor.

You are required to responsibly maintain receipts in an organized manner for any budgeted item that is not related to payroll or discretionary cash. Your Counselor will ask you to provide receipts periodically. If you cannot provide these receipts you will only be allowed to continue in the IndependentChoices program by just paying your personal assistant. You will lose your opportunity to receive future discretionary cash.



My Cash Allowance

This is a fictional example

IndependentChoices Cash Expenditure Plan DOE, JANE

Vendor ID: 01-01

This CEP Effective: 7/1/2009

Physician Authorized Hours:	<input type="text" value="10"/>	Daily Budget Rate:	<input type="text" value="11.55"/>
Employer Tax Rate:	<input type="text" value="12.05%"/>	Hourly Pay:	<input type="text" value="\$7.50"/>

Budget for Personal Care Services

	Days in Pay Period		
	15 Day	16 Day	13 Day
Total Budget for All Services Provided:	<input type="text" value="\$173.25"/>	<input type="text" value="\$184.80"/>	<input type="text" value="\$150.15"/>
Personal Care Service Hours Budgeted:	<input type="text" value="20"/>	<input type="text" value="22"/>	<input type="text" value="17"/>
Cost Per Pay Period for Budgeted Services:	<input type="text" value="\$168.00"/>	<input type="text" value="\$184.80"/>	<input type="text" value="\$142.80"/>
Remaining Funds for Discretionary Cash*:	<input type="text" value="\$5.25"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$7.35"/>

*Discretionary Cash - Not to Exceed the lesser of \$37.50 or 10% of Allowance per pay period. This is to pay for items that help meet your personal care needs. (Receipts are not required for these purchases). This discretionary money is paid on the 8th of each month.

Budget for Other Personal Care Expenses (Per Pay Period)**

Please read the Cash Expenditure Plan section of your Program Manual for details about these expenses.

Medications and Copayments not Covered by Medicaid	<input type="text" value="\$0.00"/>
Transportation	<input type="text" value="\$0.00"/>
Meals not Prepared at Home	<input type="text" value="\$0.00"/>
Special Equipment to Prepare Meals (describe)	<input type="text" value="\$0.00"/>
Assistive Equipment or Technology (describe)	<input type="text" value="\$0.00"/>
Home Modifications for Accessibility (describe)	<input type="text" value="\$0.00"/>
Emergency - Clothing, Utility, Moving	<input type="text" value="\$0.00"/>
Savings (Must be in interest bearing account)	<input type="text" value="\$0.00"/>
Other (describe)	<input type="text" value="\$0.00"/>

Total Budgeted Other Personal Care Expenses:

**Notice:

-Receipts or prescriptions required for these items.

-You will not be reimbursed for receipts in excess of the amounts shown here.

-Failure to provide receipts upon request may prevent you from receiving funds for these expenses in the future.

Participant/Representative Signature:

Date:

JANE DOE



My
Cash Allowance



My Cash Allowance

My Payroll Calendar

JANUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
MARCH						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
MAY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
JULY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
SEPTEMBER						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Two 15 Day Periods				
NOVEMBER						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Two 15 Day Periods				
FEBRUARY						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
15 Day + 13 Day Period						
APRIL						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Two 15 Day Periods				
JUNE						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Two 15 Day Periods				
AUGUST						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
OCTOBER						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			
DECEMBER						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	15 Day + 16 Day Period			

Days in Pay Period

Personal Care Assistant

15
16
13

2 Hours Per Day to 15 Days

2 Hours Per Day to 16 Days

2 Hours Per Day to 13 Days



My Cash Allowance

My Record Keeping

When you use your cash allowance for items other than paying your personal assistant or purchases made with your discretionary cash, it is important that you keep good records of how you spend the money. It is important that you do the following:

- Set up a personal system to keep track of your receipts
- Account for all of your cash allowance (except for 10% Discretionary Cash)
- If you budget part of your allowance for transportation costs, you must keep a log of the date of the trip, total miles traveled and the purpose of the trip. A wire bound notebook works well for this task.
- Keep up with all your records for at least 5 years.

Your Counselor will periodically ask for verification of your receipts. If you are unable to provide the necessary receipts you will only be able to remain in the program by paying your personal assistant with your allowance.

My Payroll

IndependentChoices has contracted with Palco, a Vender Fiscal/Employer agent, to provide all payroll services for you. Payroll and/or cash allowance funds are sent out twice monthly according to the Cash Expenditure Plan. The Personal Assistant's payroll is issued on the 8th and the 23rd of each month. Timesheets are to be submitted at two-week intervals. **All timesheets must include the four digit Palco ID number and may not be mailed or faxed until all services during the pay period were delivered to you.**

- The timesheet for the period from the 1st thru the 15th is submitted to Palco with the due date of the mailing of the checks being the 23rd of the month. This timesheet must be received by Palco by 4:30 p.m. on the 20th.
- Payroll for the 16th thru the end of the month requires checks being in the mail on the 8th of each month. This timesheet must be received by Palco by 4:30 p.m. on the 5th.

If Palco does not receive the timesheet by the due date, it will not be processed until the next payroll, which will delay your personal assistant's check by 2 to 3 weeks. Please allow the postal system 4 days from the mail date before inquiring about a check.

(Continued on Next Page)



My
Cash Allowance



My Cash Allowance

My Payroll (continued)

Payroll Functions: Palco performs all payroll functions when you or your Decision-Making Partner hires a personal assistant. You become the “employer of record,” and Palco will be your household employer agent. The activities that are performed by Palco include prepare payroll for your personal assistant to include withholding all applicable state and federal employer/employee taxes.

Palco will not issue a W-2 to your employee if your employee did not earn the IRS threshold (currently \$1,700 in wages) during the calendar year. All withheld taxes will be returned to you and your employee by Palco if a W-2 is not issued, upon receipt of the taxes from the State and Federal Government.

Savings Accounts: Palco may establish and maintain a savings account for you if you have a specific item you would like to purchase with your allowance. Your CEP must show the amount to be placed in the account each month. You will work with your counselor on the CEP. Any money remaining in the savings account at the time participation in the program ends will be returned to the Arkansas Medicaid Program.

My Timesheets for My Personal Assistant

As an employer you are responsible for the timesheets for your personal assistant.

- You will be provided a timesheet to provide to your personal assistant. The timesheet has an ID number that is unique to you.
- **Copies of timesheets must be made** - Palco will not be sending timesheets out every month with the paycheck. If you need more timesheets, you, the employer are responsible for maintaining timesheets or you will be charged \$1.00 per copy.
- A timesheet is valid only if received *after* services are provided.
- Your timesheet must reflect the time in and the time out. You may not use ditto marks or arrows to indicate your time. You must total the time where indicated. This will cause your timesheet to be returned to you and will create a hardship for your personal assistant.
- Each timesheet submitted must have both you or your Decision-Making Partner/Communications Manager’s original signature and the original signature of your personal assistant or the timesheet *will not* be processed for payment. Timesheets must be original and not copied.

(Continued on Next Page)

My Cash Allowance

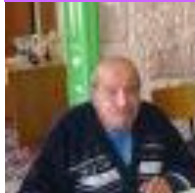
My Timesheets for My Personal Assistant (continued)

- Payroll is paid to your personal assistant. It is important to report if your personal assistant moves or has a change in phone number.
- You or your Decision-Making Partner are responsible for providing *changes of address* to DAAS – IndependentChoices with the form DAAS-IC-09 (available in your Communications Packet) so that your personal assistant's check arrives at the correct address. DAAS will also provide this information to Palco.
- If change of address information *was provided* to Palco, but Palco sent the check to the wrong address, Palco will pay for the stop payment and reissue the check.
- If Palco mails the check to the address known to Palco, it is no longer the responsibility of Palco. A new check will be issued upon request. The stop payment fee will be deducted from the check.
- The Stop Payment fee is subject to change but currently is \$29.94.
- Never mail a timesheet prior to receiving the service provided by your employee.
- Timesheets submitted for work performed from the 1st to the 15th of the month must be sent in immediately on or after the last day worked. A check will be in the mail by the 23rd of the month for this time period for timesheets received by 4:30 p.m. on the 20th.
- Timesheets submitted for work performed from the 16th to the end of the month must be sent in immediately on or after the last day worked. A check will be in the mail by the 8th of the following month for this time period, if the timesheet is received by 4:30 p.m. on the 5th.
- Timesheets are unique to each individual participant and contain a Palco ID number that cannot be shared between employees. To share timesheets will only result in payments going to the wrong employee.

Timesheets should be sent to:

IndependentChoices – Palco, Inc.
P. O. Box 13280
Maumelle, AR 72113

1-866-710-0456 (toll-free)
501-604-9936 (local)
501-753-2616 (fax)



My
Cash Allowance

My Cash Allowance

My Timesheet Example

On this page is an example of the timesheet to document your personal assistant's time worked from the 1st to the 15th of the month. On the next page is an example of the timesheet that your personal assistant completes for time worked from the 16th to the end of the month. These are only examples. Your Counselor will send you timesheets initially to use. It is up to you to keep copies available for your personal assistant to complete. If you need to ask your counselor for additional timesheets, it will cost \$1.00 per copy.

DO NOT USE THIS EXAMPLE-IT WILL ONLY DELAY PAYMENT

USE THIS TIMESHEET FOR 1ST TO 15TH PAYROLL ONLY

(Check will be mailed on the 23rd of the current month)

Use these timesheets to send in your worker's time. Make a lot of copies of these timesheets because we will not be sending timesheets out every month with the paycheck. This is the only timesheet that will be accepted. If you should need another copy of this timesheet the cost will be \$1.00. Please mail your timesheet in as soon as the time period ends.

IMPORTANT: If Palco confirms a check was mailed but not received this is the procedure that will be followed: The checks are mailed to the address of the participant and the assistant. The participant or the participant's guardian/representative and the assistant are responsible for providing changes of address to Palco so that the participant's and assistant's check arrive to the intended addresses. If this information was provided but Palco sent the check to the wrong address Palco will pay for the stop payment. If Palco was not informed of the change of address the Participant or assistant will pay for the stop payment. **THE STOP PAYMENT FEE IS \$29.94. PLEASE NOTIFY US IMMEDIATELY OF A PARTICIPANT OR ASSISTANT ADDRESS CHANGE.**

Independent Choices - Palco Time Sheet

Palco ID#

MONTH: _____ **Participant's Name:**

Assistant's Name _____

Date	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11TH	12TH	13TH	14TH	15TH
Time In															
Time Out															
# of Hours Worked															

TOTAL HOURS: _____

Signature Participant/Representative

DATE

Signature Personal Care Worker

DATE

Mail to: Independent Choices-Palco P.O. Box 13280 Maumelle, AR 72113

Fax: 501-753-2616 Toll-Free# 866-710-0456 Local# 501-604-9936

Please do not both mail and fax the same timesheet.

A timesheet is valid only if received after services are provided. A check will be in the mail by the 23rd of this month, if this timesheet is received timely. Please allow the Postal Service 4 days for delivery before calling about your check.

My Cash Allowance

My Timesheet Example (continued)

This is an example of the timesheet your personal assistant completes for time worked from the 16th through the end of the month.

DO NOT USE THIS EXAMPLE-IT WILL ONLY DELAY PAYMENT

USE THIS TIMESHEET FOR 16TH THRU THE END OF THE MONTH PAYROLL (Check will be mailed on the 8th of the following month)

Use these timesheets to send in your worker's time. **Make a lot of copies of these timesheets because we will not be sending timesheets out every month with the paycheck. This is the only timesheet that will be accepted. If you should need another copy of this timesheet the cost will be \$1.00.**

IMPORTANT: If Palco confirms a check was mailed but not received this is the procedure that will be followed: The checks are mailed to the address of the participant and the assistant. The participant or the participant's guardian/representative and the assistant are responsible for providing changes of address to Palco so that the participant's and assistant's check arrive to the intended addresses. If this information was provided but Palco sent the check to the wrong address Palco will pay for the stop payment. If Palco was not informed of the change of address the Participant or assistant will pay for the stop payment. **THE STOP PAYMENT FEE IS \$29.94. PLEASE NOTIFY US IMMEDIATELY OF A PARTICIPANT OR ASSISTANT ADDRESS CHANGE.**

Your signature authorizes that these hours were actually worked. If you sign this timesheet and the hours were not actually worked, you are committing Medicaid Fraud and will be referred to the Medicaid Fraud Division of the Department of Health and Human Services.

Independent Choices - Palco Time Sheet

Palco ID#

Month: _____ Participant's Name: _____

Assistant's Name: _____

Date	16TH	17TH	18TH	19TH	20TH	21ST	22ND	23RD	24TH	25TH	26TH	27TH	28TH	29TH	30TH	31ST
Time In																
Time Out																
# of Hours Worked																

Total Hours

Signature Participant/Representative DATE Signature Personal Care Worker DATE

A timesheet is valid only if received after services are provided. A check will be mailed the 8th of next month, if this timesheet is received timely. Please allow the Postal Service 4 days for delivery before calling about your check.

End of Month Money

Independent Choices - Palco Time Sheet

Palco ID#

By my signature below, I state that I have receipts for the items requested below. I understand if I cannot furnish documentation for these items during my in-home review I will not be allowed to continue in the Independent Choices Program or will only be able to continue by paying an employee to provide my care. Personal hygiene items are to be purchased with my discretionary cash - I do not have to maintain receipts for this usage. I understand the amount requested below can't exceed the amount of money I have available for these purchases as shown in my Cash Expenditure Plan.

Month

Year

Signature Participant/Representative

\$ Requested

Up to 10 % Discretionary

801

RECEIPTS ARE REQUIRED TO BE KEPT FOR THE FOLLOWING LINE ITEMS:

Transportation

602

Assistive Equipment or Technology Purchased to Assist with Personal Care Needs. Describe.

326

Non Covered Mcaid Co-Pays & Medicine

403

Savings

101

Meals Not Prepared at Home. Or Describe Special Equipment to Prepare Meals.

303

Home Modifications to Improve Accessibility. Describe.

501

Other Expenses that are Related to Assisting You Bathe, Dress, Comb Hair, Brush Teeth, Toilet, Prepare a Meal, Take Care of the House, or Assist with Your Ability to Walk or Transfer. Describe.

401

Please use other side of this timesheet to describe purchases requested here that asks for descriptions.

Mail to: Independent Choices-Palco P.O. Box 13280 Maumelle, AR 72113 Toll-Free# 866-710-0456

Fax: 501-753-2616 Local# 501-604-9936 (Please do not both fax and mail the same timesheet.)



My
Cash Allowance



My Cash Allowance

My Payroll Schedule

INDEPENDENTCHOICES - PALCO

PAYROLL SCHEDULE

TIME PERIOD WORKED	TIMESHEET USED	DATE TO MAIL TIMESHEET	DATE CHECK WILL BE MAILED
JANUARY 1ST - 15TH	1ST TO 15TH	JANUARY 16TH	JANUARY 23RD
JANUARY 16TH - 31ST	16TH TO EOM*	FEBRUARY 1ST	FEBRUARY 8TH
FEBRUARY 1ST - 15TH	1ST TO 15TH	FEBRUARY 16TH	FEBRUARY 23RD
FEBRUARY 16TH - 28TH	16TH TO EOM*	MARCH 1ST	MARCH 8TH
MARCH 1ST - 15TH	1ST TO 15TH	MARCH 16TH	MARCH 23RD
MARCH 16TH - 31ST	16TH TO EOM*	APRIL 1ST	APRIL 8TH
APRIL 1ST - 15TH	1ST TO 15TH	APRIL 16TH	APRIL 23RD
APRIL 16TH - 30TH	16TH TO EOM*	MAY 1ST	MAY 8TH
MAY 1ST - 15TH	1ST TO 15TH	MAY 16TH	MAY 23RD
MAY 16TH - 31ST	16TH TO EOM*	JUNE 1ST	JUNE 8TH
JUNE 1ST - 15TH	1ST TO 15TH	JUNE 16TH	JUNE 23RD
JUNE 16TH - 30TH	16TH TO EOM*	JULY 1ST	JULY 8TH
JULY 1ST - 15TH	1ST TO 15TH	JULY 16TH	JULY 23RD
JULY 16TH - 31ST	16TH TO EOM*	AUGUST 1ST	AUGUST 8TH
AUGUST 1ST - 15TH	1ST TO 15TH	AUGUST 16TH	AUGUST 23RD
AUGUST 16TH - 31ST	16TH TO EOM*	SEPTEMBER 1ST	SEPTEMBER 8TH
SEPTEMBER 1ST - 15TH	1ST TO 15TH	SEPTEMBER 16TH	SEPTEMBER 23RD
SEPTEMBER 16TH - 30TH	16TH TO EOM*	OCTOBER 1ST	OCTOBER 8TH
OCTOBER 1ST - 15TH	1ST TO 15TH	OCTOBER 16TH	OCTOBER 23RD
OCTOBER 16TH - 31ST	16TH TO EOM*	NOVEMBER 1ST	NOVEMBER 8TH
NOVEMBER 1ST - 15TH	1ST TO 15TH	NOVEMBER 16TH	NOVEMBER 23RD
NOVEMBER 16TH - 30TH	16TH TO EOM*	DECEMBER 1ST	DECEMBER 8TH
DECEMBER 1ST - 15TH	1ST TO 15TH	DECEMBER 16TH	DECEMBER 23RD
DECEMBER 16TH - 31ST	16TH TO EOM*	JANUARY 1ST	JANUARY 8TH

* EOM = End of Month

Payroll for 1st—15th, Palco must have your timesheet by 4:30 on the 20th in order to send the check on the 23rd.

Payroll 16th to the end of the month, Palco must have your timesheet by 4:30 p.m. on the 5th in order to send your check on the 8th.

Please allow the Postal Service four days for delivery of checks before calling about checks.

My Personal Assistant

My Personal Assistant Choice

For many people with disabilities, the key to living independently is having a personal assistant. These are people who will help you with your daily living skills. As a participant in the IndependentChoices Program, you have employer authority, which means you are allowed to hire the personal assistant of your choice and the program will pay for their hours of service to you as indicated on your Cash Expenditure Plan. You will be classified by the Arkansas Labor Board as the “employer of record” - the Boss.

As the boss you may hire friends, neighbors, relatives or anyone you choose to be your personal assistant who can provide your personal assistance services. The only people you **cannot** hire is your legal guardian, your spouse, your decision-making partner or your communications manager.

A Personal Assistant should:

- Be a US citizen or legal alien with approval to work in the US
- Have a valid Social Security Number
- Be 18 years of age or older
- Be able to communicate successfully with you or your decision-making partner or communications manager
- Sign a Work Agreement with you or your decision-making partner
- Provide personal and professional references upon request
- Submit to a criminal background check and a Health Services card from the Division of Health, if requested

It's important to hire and train the right personal assistant that will meet your needs and support you. The wrong Personal Assistant can become a costly burden and can even be detrimental to your health and safety.

Recruiting: If you don't already have someone who can be your personal assistant, this section of My IndependentChoices Handbook is to help you find a personal assistant. This section gives you tools on how to recruit, interview and hire a personal assistant.

If you have questions or need advice on selecting a personal assistant, contact your counselor at 1-888-682-0044. Your Counselor can give you training and advice on directing your care, including recruiting, interviewing, hiring, supervising, and evaluating and terminating your personal assistant.



My
Personal Assistant



My Personal Assistant



My Needs and Preferences for A Personal Assistant

The first step in hiring a personal assistant involves gathering information about your needs and preferences. Here are some questions to consider before you begin looking for someone to hire:

- **How Often?** Full-time or part-time help?
- **When?** What time of day do you need assistance the most? Only morning or evening hours or consistently throughout the day?
- **Weekdays or weekends?** What days of the week do you need your personal assistant?
- **Live-in?** Do you prefer to have a live-in personal assistant? Will your funding source pay for a live-in personal assistant or would you consider exchanging room and board in your home for assistance not paid for by Medicaid?
- **Gender?** Do you prefer a male or female personal assistant? Does it matter?
- **Other personal?** Is the age or gender of the personal assistant important? How about strength (ability to lift, turn, etc.)?
- **Transportation?** Does your Personal Assistant need to provide his/her own transportation or live on or near a bus line? Do they need a driver's license and a good driving record so they can drive for you? Is the car covered with an insurance policy?
- **Duties?** Do you want the Personal Assistant to perform only physical care tasks? Do you also need other chores performed such as cooking and household cleaning? Will you need different personal assistants for different tasks?
- **Compensation?** Will your allowance allow payment above minimum wages?

My Finding A Personal Assistant

After you have determined what your needs are and what you expect your personal assistant to do for you, it's time to find and hire someone who is right for you. If you don't already have someone in mind sometimes the best way to find a personal assistant is through word of mouth. Tell everyone you have contact with that you are looking to hire a personal assistant. People to tell may include:

- Your relatives
- Your friends and neighbors
- Your church, clubs or organizations you belong to
- Your doctor
- Your pharmacist



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My Advertising for a Personal Assistant

If you can't find someone through the people you know, you may need to formally advertise the position. Advertising is getting the word out to as many people and organizations that you can think of. Some examples include:

- **Local Colleges:** Students in training programs such as physical therapy have a special interest in rehabilitation. They may be looking for some practical experience that relates to their schoolwork. College students are often available in the early morning hours and in the evening hours when you may need personal assistance services. The college student will often accept a lower wage. They may be willing to trade services for room and board if you need a live-in personal assistant. The negative side with students is there is more turnover since they are only available while they are in school.
- **Local hospitals, nursing homes and medical clinics:** Individuals with medical training or who work in a medical facility, such as LPNs, lab technicians, or nursing assistants have the interest to provide good medical care. Their work schedules may be flexible enough to fit your schedule.
- **Charity organizations such as the Salvation Army**
- **Organizations for people with disabilities**
- **Employment agencies**
- **Direct Service Workers:** Go to www.dswregistry.ar.gov or call 1-866-801-3435 to access a list of individuals who are interested in being a personal assistant in your area. Please note that these individuals have not been screened, but have just expressed an interest in being a personal assistant.
- **Local or college newspapers**

Here are some advertising samples to give you ideas of what to include in your ad:

WANTED—Dependable person to work as a personal assistant to a person with a disability. 6-9 pm M-F. Salary \$7.25/hour. Call Delores at 555-2222.
WANTED— Quadriplegic seeking personal assistant

WEEKLY SALARY FOR PART-TIME WORK— Assist student with disability with activities of daily living and driving. M, W & F. Available now! Call Marlis at 555-1111

WANTED— Female to work full-time as a personal assistant for a person with a physical disability; some housekeeping and cooking required. \$300/week. Call Debby at 555-3333.



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My Screening Applicants

When someone calls you, you need to check out some basic information before setting up an interview. Screening candidates over the phone gives you an idea of the person before you let them in your home and it gives the applicant more information about the job.

Here are the things to cover on the phone (take notes!):

- Ask for their name, address, phone number and mode of transportation.
- Give a short description of the job duties.
- Ask about awkward situations such as bowel/bladder care or lifting or other special requirements.
- Tell them the time/schedule they would be working.
- Tell the person you will get back in contact with them, if you decide to interview them. Tell them to expect a call within a week if they are going to be interviewed.
- Thank them for calling.

My Interviewing

After screening your pool of applicants, you need to set up appointments to do interviews. Even if you have skipped advertising and screening, we recommend interviewing any applicant, even family. If you have never conducted an interview, the following is a list of things you should do.

- Schedule the interview in a public place.
- Take notes during the interview.
- Introduce yourself and provide an overview of the job.
- Give them a copy of the job description and discuss the job in detail, being specific about bowel care, shower or other areas.
- Ask the applicant about their transportation.
- Discuss hours, rate of pay, time off; also, let the candidate know about the way they would be paid through IndependentChoices.
- Ask them to complete the application, review it and make sure it is filled out correctly.
- Ask them to tell you a little about themselves and why they think they want to do this job.
- Tell all applicants you are checking references and criminal backgrounds (if you are). Hand them the forms and ask them to fill them out.

Tell them you will call them no later than a week if they are selected and thank them for their time.



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My Checking References

When you call the reference, introduce yourself and tell them that you are considering hiring the person.

- Ask how long they have known the applicant.
- Is the applicant responsible and honest?
- Is the applicant on time?
- What are the applicant's strengths and what are the applicant's weaknesses?
- Would they recommend this person to be a personal assistant?

My Making the Choice

It's decision time. Compare the applicants and ask yourself which one fits your needs best. Then call the one you choose to come in and fill out the Employee Packet of forms.

My Becoming a Personnel Director

When you hire a personal assistant, you become a Personnel Director. You have responsibilities for clearly communicating your expectations, rewarding appropriate behavior, helping your employee change unacceptable behavior and terminating your employee, if necessary.

My Protecting Myself

Regardless of how nice a person may appear, it is important to start some habits to protect yourself and your property. An honest person should understand your security measures; they should have nothing to hide. The following is a list of things to protect you.

Always track your:

- Money
- Medication
- Mileage
- Food
- Telephone calls

Always:

- Lock your jewelry and other valuables
- Do not let your personal assistant have access to your finances
- Ask for receipts on purchases
- Set rules regarding food and telephone

If you suspect something is happening, pay more attention to the situation. Contact your counselor to discuss your concerns.



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My Training My Personal Assistant

Most of the problems that occur between employers and employees are due to not enough training. It is important that you do not make any assumptions about your personal assistant. You do not want to end up hurt or in the hospital because you assumed your new personal assistant knew how to do something!

Explain to your personal assistant your routine in detail. It may be necessary to write it down (create a training manual) before you start with your personal assistant.

Patience: It usually takes a couple of weeks to establish your routine with a new personal assistant. Be flexible and patient when providing information and instruction.

Emergencies: In your training you should cover emergency procedures. Discuss both routine emergencies, such as cuts and burns requiring first aid, and emergencies specifically related to your disability. For all emergencies, your Personal Assistant should know the location of your telephone and emergency lists of your doctor, ambulance service, hospital preference, Fire Department, Pharmacy and your closest relative or friends.

Communication: If things are not being done to your satisfaction, talk about it as soon as it occurs. If you don't identify the problems when you find them, your Personal Assistant may assume that they are doing work correctly or they may be taking advantage of you.

You may contact your IndependentChoices counselor and perhaps the two of you can problem solve together to resolve any personal assistant problem.



"Being able to hire a relative to help with bathing and dressing made me decide this was for me." Ms. Addie

My
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My Handling of Conflicts and Issues

Each person reacts to conflict in different ways. Some are passive. They are scared to make waves and speak up for their needs. Others are very aggressive. They may lash out at someone over the least little issue.

Both of these approaches can be understandable in different people's situations. Maybe you are scared to speak up because you feel it will only make things worse. Maybe you have had many problems with previous personal assistants and now you are frustrated and you get angry because you don't feel you can find a personal assistant for you.

Being Assertive: The best approach is being assertive. Being assertive is being polite but insistent on what you want. Being assertive takes practice.

First you must realize you cannot control anyone else's responses to a situation. You only have control of your own actions.

Choose your battles wisely: Sometimes you can ignore a personal assistant's comments or actions because they have nothing to do with your care. However, if your Personal Assistant is not doing something that the two of you agreed upon in your contract then you need to say so every time. If it continues, you need to document it. Make time for a formal discussion about the situation and bring out the contract both of you signed. Make sure you document that you had these discussions.

After repeated attempts to correct the problem and with little or no change in behavior, you should consider terminating the personal assistant and hiring someone else.

Is your Personal Assistant a help or a hindrance?: If your Personal Assistant is hindering your life, then they are defeating the purpose of having them. You need to get someone who can help you live more independently.

If you know that you are being neglected and your personal assistance services needs are going unmet and you don't know of anyone else you'd like to hire, you can call your counselor at 1-888-682-0044. You may decide that a referral back to agency services is in your best interest. Your Counselor can coordinate this request to your choice of agency providers in your area.

If you feel you are in imminent danger and your health or safety is at risk, call Adult Protective Services toll-free at 1-800-482-8049.



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My Terminating My Personal Assistant

Terminating an employee is rarely a pleasant experience. Never threaten to fire your personal assistant in order to improve work performance. If you decide to terminate them there should be no reconsideration at that point. If you back down or do it as a threat or punishment, you will lose the personal assistant's respect and your control over them.

Steps to Terminating a Personal Assistant

- Set a date for the termination
- Have someone else present – a family member, friend or counselor
- Have the documentation and contract out at the time
- Make a list of anything the person may have such as keys to your home and ask for their immediate return
- Have your backup personal assistant ready to go before the termination
- Let your personal assistant know this arrangement is not working out as you hoped and that their services are no longer needed
- Refer to the discussions and the contract, if they want an explanation – do not get into an argument
- Ask them to leave immediately and call the police if they become angry or offensive



"Hiring my daughter makes me feel independent. I know she is always there. She knows what I like and what I don't like."
Ms. Millie

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My Continuing Participation

My Counselor's Monitoring

Your IndependentChoices (IC) Counselor will monitor the services you receive in order to ensure that your participation in the IC program does not compromise your health and well being. Monitoring may involve monthly phone contacts during the first six months, quarterly contacts thereafter (unless a need for continued monthly monitoring exists), conducting surveys and face-to-face visits. You will be monitored for satisfaction to quality of life and for any change in condition or environment that may mean a reassessment needs to be done.



My Handling of Changes and Closures

If at any time your case becomes inactive, the cash allowance will stop. Examples of changes resulting in closure of the case include:

- Loss of Medicaid eligibility
- Admission to a nursing home
- Moving out of state
- Death
- Voluntary disenrollment
- Temporary absences from the home unless authorized by your physician
- Physician will not authorize personal care

Involuntary disenrollment reasons include:

- Compromising your health, safety and well being
- No responsible Decision-Making Partner available to direct the care
- Misuse of cash allowance
- Failure to keep the IndependentChoices program informed of changes in address or phone number resulting in our inability to perform necessary reassessments and required monitoring
- Not having a personal assistant.

Your first notification of loss of Medicaid eligibility may not come from the IC program but may come from the Arkansas Department of Human Services. It is important to always open your mail from the Arkansas Department of Human Services or the IC program. If you lose your eligibility for Medicaid services you will also lose your eligibility for the IC program. If this should occur, you will be responsible for paying the wages of your personal assistant if your personal assistant continues to work for you after you have lost Medicaid eligibility.



My Continuing Participation

My Changing My Personal Assistant

When you terminate your personal assistant or your personal assistant quits, you must send in the form DAAS-IC-09, Participant's Change Reporting Form, to your counselor. Your Backup Personal Assistant should be available to provide services to you and be paid, if the backup has completed paperwork to be a paid personal assistant, while you are looking for a new personal assistant.

When you add a new personal assistant, you must have them complete the forms in a new Employee Packet. Request a new Employee Packet from Palco. Return the forms as quickly as possible so that your personal assistant can get paid.

My Changing My Decision-Making Partner or Communications Manager

Whenever you want or need to add, change or remove a decision-making partner or communications manager, you will need to contact your counselor and obtain the appropriate forms to complete. Depending on the action you need to complete will determine what forms to complete. The forms may include:

- DAAS-IC-04—Participant Self-Assessment
- DAAS-IC-05A—Designation of Decision-Making Partner
- DAAS-IC-05B—Designation of Communications Manager

Any new Decision-Making Partner, or if you plan to remove your Decision-Making Partner and begin to direct your own care, must complete a new Participant Responsibilities and Agreements Form (DAAS-IC-02).

Your Counselor will be able to guide you on the correct forms and procedures.

My Reassessments

Reassessments are performed according to Medicaid guidelines. At a minimum the reassessments will occur annually unless there is a change in your medical condition or you lose informal supports. If you participate in IndependentChoices (IC) and ElderChoices (EC), the number of hours you receive is dependent upon the assessment by the EC nurse. Only your EC Nurse can authorize an increase or decrease in the amount of personal assistance services you receive through the IC program.

Your physician will not authorize your IC services if you have not seen him

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My Continuing Participation

My Reassessments (continued)

or her within 60 days of the physician's authorization for personal assistance services.

The IndependentChoices (IC) Nurse will perform an assessment to determine the number of hours of personal assistance services needed. The IC Nurse will inquire what significant changes have occurred since your last assessment. Changes that warrant an interim reassessment would be major changes in your medical condition or environment that affect your activities of daily living. Examples of changes are:

- You no longer are able to transfer or walk
- You are now bed bound and cannot turn yourself independently
- You swallow with difficulty
- You may be prone to choking
- A primary informal caregiver (someone who assists you without payment) no longer lives in your home or is no longer able to provide informal supports once available to you.
- You have had a change in environment and now live alone.

Sometimes after a hospitalization or surgery you may believe you need more personal assistance services but many times Medicare may provide additional services to you after a hospitalization.

Please know that IC always wants to meet your need for personal assistance services while neither under-serving nor over-serving you. All factors are considered when establishing your level of need. Some of these considerations are:

- Other in-home services you receive
- Friends and family members who make themselves available to help you on a daily basis
- Whether you reside alone or are a part of a household.

Remember without your physician's authorization for personal assistance services you will not be able to continue participating in the IC program. Please accept your responsibility to see your physician at least 60 days prior to the expiration of your authorization for services.

You must keep a working telephone and keep the IC program informed if you change your phone number. It is better if you have a phone with an answering machine or voicemail so that your Counselor or Nurse can inform you of important information. Your Nurse will call you to make

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My Continuing Participation

My Reassessments (continued)

an appointment to do the reassessment. When these appointments are scheduled or if your Nurse has to stop by your home unannounced because he or she could not call you, it is extremely important to allow the nurse to perform the reassessment. If the Nurse cannot perform the reassessment and get the needed authorization for services, the IndependentChoices (IC) program has no other option but to remove you from the program. When this occurs you will be required to apply again for the IC program and because of the demand for this program the wait could be weeks or months. If this should happen, your Counselor will call or mail a letter to inform you of other options you have to continue receiving personal assistance services.

My Appeal Rights

You have the right to appeal a decision with which you disagree. Filing an appeal gives you the opportunity to have a decision reviewed. In the Department of Human Services (DHS) where the decision is appealed depends on the type of decision and the office from which the decision was made.

If you disagree with the number of hours of personal assistance services your IC nurse recommends when your assessment is completed, you may ask your nurse for a review by calling 1-888-682-0044. If after the review has been completed, you continue to be dissatisfied with your Plan of Care, then you may request a hearing.

Where you file your appeal is dependent on what decision you are appealing. For example:

- A recommendation of personal assistance services hours exceeding 14.75 requires approval from Utilization Review (UR). If UR decides your condition does not require as many hours of personal assistance services as had been recommended by your IC Nurse, you would file an appeal with UR as indicated on the letter you are sent denying benefits.
- Loss of Medicaid eligibility would be appealed to the Office of Appeals and Hearings.

It is very important that you watch the timeframes in which you can file an appeal. Letters mailed to you from DHS should all be opened immediately. The date that the letter was issued to you becomes the beginning date of the time during which you can file an appeal. If you file an appeal after the time has expired, your appeal will not be accepted. Appeal forms on which

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My Continuing Participation

My Appeal Rights (continued)

you can file your appeal with IC are included in your Participant Communications Forms Packet. Appeal forms for a review with the Office of Appeals and Hearings are available in your local county office.

Some of the reasons for filing a request for administrative review are:

- **Loss of Medicaid:** If the Department of Human Services (DHS) County Office decides you are not eligible to receive Medicaid, you have a right to appeal this in writing. The appeal must be made within 30 days of the date of the notice you are sent. The DHS County Office making the decision will help you with your appeal or you can write to *Appeals and Hearing, P.O. Box 1437, Slot N401, Little Rock, AR 72203*. If your loss of Medicaid is a result of your loss of Supplemental Security Income (SSI) you will need to file an appeal through the address shown on the letter you have received from Social Security.
- **Involuntary removal from IndependentChoices:** If for any reason you are notified in writing that you may not continue receiving the monthly cash allowance you will have 30 days to file an appeal of this decision. You must appeal in **writing** to *DAAS, IndependentChoices Program, P.O. Box 1437, Slot S530, Little Rock, AR 72203*. If you lose your appeal, you may file for an Administrative Hearing through the DHS County Office or Appeals and Hearings at the address listed above within 30 days of the date of the decision. **Note:** If your Nurse or your Physician determines you are not eligible for personal assistance services, this is not appealable.
- **Denial of request for extension of hours by Utilization Review:** If the number of hours of personal assistance services recommended for you exceeds 14.75, your Plan of Care is sent to Utilization Review for approval of the additional hours. If the request is denied by Utilization Review, you will be sent a letter. To appeal this decision you must follow directions that are listed on the letter. You have 30 days from the date of the letter to appeal the decision.
- **Problems or disagreements with your counselor or fiscal agent:** If you have a problem with your counselor, nurse or bookkeeper, please call the IndependentChoices toll-free number at 1-888-682-0044. Someone in the office will work with you to try to help you resolve your problem.

All appeals with IndependentChoices will be heard telephonically. You will be notified of the outcome of your appeal.



