Welcome to Part A of Module 3 in the series of four training modules for Services Facilitators in Virginia. Completion of all four modules and successful completion of the corresponding learning assessments will satisfy the DMAS training requirements to provide consumer-directed Services Facilitation in Virginia.

Again, please note that this training is meant to serve as a supplement to information that you are responsible to obtain and understand through regular review of the applicable regulations and provider manuals.
Module 3 is dedicated to topics that are a part of EOR Training that you, as the Services Facilitator, will provide to the EOR. It covers step number 4 in this flow chart—the initial EOR Training—and also step number 8, EOR Training as needed after the initial training. EOR training is required to be provided by Services Facilitators to prepare EORs for their role as employers.
In Part A, we will cover the basics of Employer of Record Training, and Steps 1 and 2 of the 5 steps involved in EOR training:

• Consumer-Directed Services Roles; and

• The importance of the CD services plan.

Steps 3 through 5 will be covered in Module 3, Part B.
Much of the material we will cover can be found in the DMAS Employer of Record Manual. This is the Manual that DMAS requires you to give the EOR at the initial (comprehensive) visit. Click the icon on the slide to download the Manual.

We will also briefly review Your Guide to Directing Your Own Supports in Virginia—a guidebook that was prepared by people who use CD services. The Guide can be found in the Module 3 training materials or online at personcenteredpractices.org.
First, let’s look at the basics: the “who, when, where and why” of EOR training, documentation, and billing. We’ll also review some material first presented in Module 1 regarding the services that can be consumer-directed and the role of the fiscal/employer agent (F/EA) in CD services.
There are two types of training required to be provided by a Services Facilitator: initial EOR Training (which in the past was referred to as “Employer Management Training,” “Consumer Training” or “Individual Training”); and ongoing EOR training, previously called “Management Training.” While the substance of both types of training is basically the same, there are differences in billing procedures, and the timing of the initial training varies among the Medicaid programs. We will point out these differences in the next few slides.

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<th>Types of EOR Training</th>
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<td><strong>Initial EOR Training</strong></td>
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<tr>
<td>• Employer Management Training</td>
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Who Receives EOR Training

Employer of Record (EOR)

- Individual using services
  or
- Someone who acts on the individual’s behalf

The person being trained is the Employer of Record (EOR): either the individual who is using the services or a designated person acting on behalf of the individual. The training may also be provided to other family members and caregivers, however, Services Facilitators are NOT permitted to train consumer-directed attendants--that is the sole responsibility of the EOR.
As we mentioned in Module 2, the initial EOR Training can be provided at the initial (comprehensive) visit. If it is not provided at that time, it must be provided within seven days of receipt of service authorization in the DD and ID Waivers, or within seven days of the completion of the initial comprehensive visit in the EDCD Waiver and EPSDT Program.
After the required initial training has been completed, the Services Facilitator must also provide additional face-to-face training at the request of the EOR or family member. The fiscal/employer agent may also call you if they identify a need for more training of the EOR.

A maximum of four hours of ongoing training is permitted in any six-month period, and documentation is needed to justify additional training for billing purposes.
While most EORs will likely want to receive the initial training in their home, some may want to do it elsewhere. Alternate locations preferred by the EOR should be honored if at all feasible for the Services Facilitator.
Ongoing training may also be provided at any location, except that in the EDCD Waiver and the EPSDT Program, it must be provided during an on-site visit.
With the choice to be the EOR, there come many important responsibilities. . .

. . .including recruiting, hiring, training, scheduling, managing, monitoring, supervising, evaluating, and dismissing attendants who will be providing consumer-directed services. This is why the Services Facilitator’s role in training the EOR in his or her role as employer is so critical to the services the individual uses.

It is also important to remember that CD attendants cannot be hired prior to completion of the initial EOR training.
All training must be documented, and remember that documentation is required for all reimbursement.

In the DD and EDCD Waivers and EPSDT Program, training must be documented on the DMAS-99 form (the Community-Based Care Recipient Assessment Report) in the notes section.
You must also use the DMAS-488, the *Consumer-Directed Individual Comprehensive Training Form*, to ensure that the training content meets the minimum acceptable requirements. You must check each subject on the form after it has been covered with the EOR and secure the required signatures and dates. The training checklist must be maintained in the individual’s file and available for DMAS’ review.

A copy of the DMAS-99 form and the DMAS-488 form can be accessed for use through the Virginia Medicaid Web Portal or by clicking the link in the slide and entering the form number. A copy of the *Consumer-Directed Individual Comprehensive Training Form* can also be found in the EOR Manual.
For initial EOR training, the Services Facilitator must document the reasons for the initial training and bill for the training as one unit.

Ongoing training must be documented and billed in one-hour training units.

You can bill for no more than four 1-hour training units in a six month period.

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<th>Billing for Training</th>
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<td><strong>Initial Training</strong></td>
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<tr>
<td>• Document: reasons for training</td>
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<td>• Bill: as one unit</td>
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Remember, you can bill for training only after it has been completed. It is extremely important to confirm DMAS rates prior to billing. Waiver rates can be found on the DMAS website on the Waiver Services and Rates page or by clicking the link on the slide. Scroll to “SFY Waiver Rates.” Note that EPSDT rates are the same as the EDCD Waiver rates.

Currently, the Code number for initial training is S5109, and the Code number for ongoing training is S5116. Both require use of the CMS-1500 form. For additional assistance or questions regarding billing or available claims submission information, DMAS has a Provider Helpline that can be reached at: 1-800-552-8627 or 804-786-6273.
The Services Facilitator can also bill DMAS for ongoing EOR training to recoup the costs of certain required services. These include:

- Tuberculosis screening for attendants (in all programs);
- Cardiopulmonary resuscitation certification (DD, EDCD, EPSDT);
- Annual flu immunizations (DD, EDCD, EPSDT);
- RN Consultation (ID);

The billing, on behalf of the individual, is completed in hourly training units. The Services Facilitator must maintain documentation of these costs in the individual's file.
Now that we know the basics, we’re ready to turn our attention to the substance of the EOR Training. There are five major steps to use in training the EOR. The first of these is to assure that the EOR has a good understanding of his or her role and the roles others play in CD services: you as the Services Facilitator, attendants, and the fiscal/employer agent (F/EA). You have already mentioned these roles when you conducted the initial comprehensive visit. The initial training, however, is a good time to cover them again and answer any questions the EOR may have about them.
First, explain the EOR’s roles. Stress that the EOR has many responsibilities for attendants, including:

- Advertising;
- Hiring and dismissing;
- Training;
- Scheduling;
- Supervising;
- Evaluating performance; and
- Certifying attendant time sheets.

We will cover all of these and more in a few minutes.
Next, be sure the EOR has a clear understanding of the basic role of any attendant who may provide personal care, respite or companion: to assist the individual by providing services and performing the activities specified in the CD service plan.

• The plan has to be followed, so these services and activities must be consistent with the plan.

• The attendant performs the activities always in a manner that protects the individual’s health and safety.

• The EOR and the attendant can mutually decide on a schedule for these services and activities.

• Lastly, all services and activities must be provided in accordance with the policies and standards of the service, including the minimum qualifications for employment as an attendant.
As you have already learned, your four basic roles as a Services Facilitator are:

Assessing an individual’s needs, particularly as related to CD services;

Assisting in development of the individual’s service plan for CD services;

Providing training on how to be an effective employer; and

Completing ongoing services reviews and monitoring activities as required by DMAS.

Services Facilitators are NEVER responsible for hiring or dismissing attendants.

Be sure the EOR understands your role fully.
Lastly, the EOR also needs to know and fully understand the important role that the F/EA plays in CD services. The F/EA:

• Manages the enrollment process for individuals using CD services;

• Processes hiring paperwork for each attendant employed by the EOR;

• Processes the consumer-directed payroll;

• Processes appropriate withholding, including federal and state taxes;

• Deducts patient pay when the individual has a patient pay obligation; and

• Completes criminal background and CPS Registry checks.

For more intensive training on F/EA responsibilities, please refer to the website listed for the F/EA in the Module 1 training materials.
The second major training topic addresses information the EOR needs to know about how important the individual’s consumer-directed service plan is.
Contents of the CD Service Plan

- What the service plan contains (types of services to be furnished, amount, frequency, duration, and type of provider to furnish)

- What CD attendant support needs are and when they should be provided

- EOR’s role in monitoring appropriateness of, and how changes are made to, the service plan

- Importance of emergency back up plan

Start here by reviewing both the overall service plan and the CD service plan with the EOR. The plan contains the types of services to be furnished, the amount, frequency, and duration of each service, and the type of provider to furnish each service. Together, decide what the individual needs CD attendant support for, and when the support is needed.

Explain the EOR’s role in monitoring the appropriateness of the service plan and how changes to the service plan over time are handled.

Stress the importance of the mandated emergency CD service back-up plan, making sure the EOR understands that:

- The plan is a requirement of the Medicaid service. **Without it, the individual cannot participate in the service or in CD services**;

- The Services Facilitator or the individual’s case manager may not be the back-up support;

- The back-up plan is a part of the CD service plan and should be located with the CD service plan; and

- Having a list of substitute attendants in the back-up plan allows the EOR to ensure that continuity of care is maintained in the event that the attendant cannot provide care for the individual.
The individual's service plan may contain both consumer- and agency-directed services. Be sure the EOR knows that the only services that can be consumer-directed in Virginia are personal care, respite care, and companion care.
The EOR you are training needs to know and fully understand the services definitions for each CD service.

Personal care, available in all three waivers and the EPSDT Program, provides assistance with daily needs such as dressing, bathing, eating, housekeeping, shopping, and self-administration of medication.

Personal care may also be used to support activities of daily living at work and other places in the community.
Respite care is available in all three waivers, but only if the individual has an unpaid primary caregiver on an ongoing basis. In the ID Waiver, the unpaid primary caregiver must be living in the individual’s home.

Respite provides assistance and routine supports to individuals that give the unpaid primary caregiver (for example, a family member) some time to do things that they need to do for themselves or other members of the family. Thus, it relieves the primary caregiver’s physical burden and emotional stress of providing continuous support and care. A respite employee assists the individual at home and in the community with things the family or unpaid primary caregiver normally helps with.

Respite is personal care specifically designed to provide temporary, substitute assistance and support and is provided on a short-term basis because of the emergency absence, or need for routine or periodic relief, of the primary caregiver.

It is important for the Services Facilitator to check to make sure that respite hours are not substituting for personal care hours. It is also important for Services Facilitators to keep track of how respite is being billed.
And finally, companion care is available only to individuals 18 and over, and only in the DD and ID Waivers. Companions may assist with housekeeping, shopping, and community activities in the ID Waiver. In the DD Waiver, companions provide fellowship and protection. This support can provide individuals with opportunities to get to know people in their communities and to participate more fully in community activities that interest them.

A companion may not live in the individual’s home.

This is also the only CD service that is available to individuals who use congregate residential services (in other words, live in group homes) under the ID Waiver.

In summary, as a Services Facilitator, you will be providing EOR training so that the EOR will understand how to employ and manage attendants who provide one or more of these services.
Service authorization means that services are approved by DMAS or an agency designated by DMAS BEFORE they are performed by the attendant in accordance with the CD service plan. Although the EOR has no direct role in service authorizations, he or she needs to understand the importance of this process in the delivery of CD services.

As a Services Facilitator, you are responsible for submitting service authorizations in a timely manner as outlined in Appendix D in the appropriate provider manual.

Requests for services offered through the DD and EDCD Waivers and the EPSDT Program are approved by the DMAS service authorization contractor.

Requests for services offered through the ID Waiver are approved by DBHDS.

And very importantly: Authorization is needed BEFORE any services begin. As a Services Facilitator it is your responsibility to assure that service authorizations are submitted in a timely manner. The EOR needs to clearly understand that if an attendant is hired prior to authorization, the EOR is liable for paying the attendant until authorization is received. Work performed over or prior to the start date of the service authorized amount will not be paid by DMAS or the F/EA, and payment of any payroll and applicable taxes become the EOR’s responsibility.
Failure to submit for appropriate authorization will result in the attendant not being paid.
Congratulations! You have completed Part A of Module 3.

You have now completed Part A of Module 3 of the four-part online series for meeting the requirements for training as a Services Facilitator.

Please note that all of the web links provided in this module are contained in the accompanying training materials.

Please complete the assessment for Module 3, Part A and print or save your certificate of completion.

Thank you for your participation! You may now proceed to Module 3, Part B.