

Appendix E: Participant Direction of Services

Applicability (from Application Section 3, Components of the Waiver Request):

- Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested (select one):

- Yes. The state requests that this waiver be considered for Independence Plus designation.**
- No. Independence Plus designation is not requested.**

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E-1: Overview (1 of 13)

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

HCBA Waiver participants and/or their legal representative have the opportunity to select and dismiss licensed and unlicensed care providers who, under the direction of the participant or legal representative, provide waiver services as described in Appendix C of this application. The ability for the participant to select, dismiss, and direct the services of their individual waiver providers supports the participant's:

- Freedom of choice in the provider of waiver services;
- Flexibility in scheduling the services to meet the participant's medically necessary care needs;
- Continuity of care; and
- Ability to direct the services that meet the participant's medically necessary care needs.

The CMT provides information on participant direction to the participant and/or legal representative at the face-to-face or via telehealth conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services, intake assessment, and reassessment visits. During the visit or telehealth session, the CMT explains the roles and responsibilities of the participant or legal representative, the participant's current primary care physician, DHCS, the Waiver Agency, and the providers of waiver services.

Upon request, the Waiver Agency will provide the participant, legal representative, and potential waiver provider(s) with the written requirements and process for providers to:

- Enroll as a waiver provider;
- Provide waiver services; and
- Submit documentation for payment of services rendered.

Participants or legal representatives selecting WPCS and/or paramedical services can select an unlicensed adult who is not the spouse, or legally responsible adult, parent, stepparent, or foster parent of the participant, and who is enrolled with the county's DSS IHSS program as a Personal Care Service (PCS) provider.

Participants or legal representatives may select individual licensed providers to provide the following waiver services:

- Case Management (in areas of the state where there are no Waiver Agencies)
- Habilitation Services
- Community Transition Services
- Continuous Nursing Services
- Private Duty Nursing
- Transitional Case Management
- Family Training
- Respite Care

The following licensed providers are eligible to enroll as individuals providing waiver services:

- Registered Nurse
- Licensed Vocational Nurse

Participants or legal representatives can obtain lists of unlicensed providers from their county's IHSS program. Lists of licensed providers are provided from the Waiver Agency or DHCS. Participants may also select any qualified, licensed or unlicensed, provider who is not yet enrolled as a provider, conditioned on their enrollment in Medi-Cal. Upon selecting an unlicensed or licensed provider not currently enrolled as a waiver provider, the Waiver Agency or DHCS will advise the potential provider of the Medi-Cal and/or IHSS or enrollment processes, and the roles, responsibilities, and requirements to become a waiver provider. In order for a provider of HCBA Waiver services to be compensated through the HCBA Waiver for providing waiver services, that provider must have satisfied all state Medi-Cal and federal Medicaid provider enrollment requirements at the time the service was delivered.

Prior to rendering care, unlicensed providers must demonstrate their ability to meet the care needs of the participant as described on the participant's POT. It is the responsibility of the participant or legal representative to determine if the unlicensed provider has the knowledge, skills, and abilities to meet the care needs of the participant. Upon request from the participant or legal representative, the unlicensed provider will receive training on providing appropriate services to meet the needs of the participant. This training can come from the participant, the participant's legal representative, the participant's current primary care physician, or the medical team. The medical team may include clinical staff from the participant's current primary care physician's office, other specialists, the Waiver Agency, and/or other licensed providers rendering waiver services. The CMT will document that the unlicensed provider has the knowledge, skills, and

abilities to meet the care needs of the participant.

Prior to rendering care, licensed providers that have been selected by the participant or legal representative must submit to the Waiver Agency, or DHCS in areas where there is no Waiver Agency, the required documentation that is described in the SOP for the individual's provider type. The Waiver Agency or DHCS will document that the licensed provider has the experience to provide the care as described in the participant's POT.

At each home or synchronous telehealth reassessment visit, the CMT will interview the participant and/or legal representative about the unlicensed and/or licensed provider's knowledge, skills, and abilities pertaining to the provision of care described in the POT. This information will be documented in the CMR. Any identified issues with the unlicensed or licensed provider's delivery of waiver service(s) will be discussed with the participant or legal representative, and remediated to safeguard the participant's health and safety. The CMT will interview the participant or legal representative about the effectiveness of the remediation. In the event issues affect or may affect the health and safety of the participant, the CMT will complete an Event/Issue Report, contact the participant's current primary care physician, and the appropriate law enforcement or child/adult protective services, as applicable. The CMT must also notify DHCS of the problem and of actions that were taken, as soon as reasonably possible.

The CMT instructs the participant or legal representative to notify the Waiver Agency or DHCS if the participant is subject to abuse, neglect, and/or exploitation. The CMT also advises the participant or legal representative on how to report such incidents to the appropriate authority, such as, law enforcement, child or adult protective services and/or the individual's licensing board.

Prior to authorizing waiver services, the Waiver Agency notifies the participant's current primary care physician who reviews and authorizes the participant's home program that the participant or legal representative has selected an unlicensed and/or licensed provider who is enrolled to work under the direction of the participant or legal representative and is not an employee of an organization or agency.

The Waiver Agency and DHCS must be in receipt of a current POT prior to authorizing waiver services. The current POT must include descriptions of the waiver and non-waiver services the participant receives, who provides those services, and must be signed by the participant or legal representative, the participant's current primary care physician overseeing the participant's home program, and the CMT or HCBA Case Management Providers (Nurse and Social Worker) who prepared the POT. Authorization of all waiver services can only be made by the Waiver Agency, or by DHCS in areas where there is no Waiver Agency.

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E-1: Overview (2 of 13)

b. Participant Direction Opportunities. Specify the participant direction opportunities that are available in the waiver.

Select one:

- Participant: Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- Participant: Budget Authority.** As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- Both Authorities.** The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

c. Availability of Participant Direction by Type of Living Arrangement. *Check each that applies:*

- Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.**
- Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.**

The participant direction opportunities are available to persons in the following other living arrangements

Specify these living arrangements:

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d. Election of Participant Direction. Election of participant direction is subject to the following policy (*select one*):

- Waiver is designed to support only individuals who want to direct their services.
- The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.
- The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the state. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

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e. Information Furnished to Participant. Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

The CMT will provide information about participant direction opportunities to the participant or legal representative at the time of the initial face-to-face intake assessment, or telehealth session conducted in accordance with DHCS' telehealth policies for Medicaid State Plan services. The opportunity is also described in the Informing Notice.

If the participant or legal representative expresses interest in selecting an unlicensed provider to provide WPCS, respite, and/or paramedical services, the CMT provides the participant with a Waiver Personal Care Information Packet, which describes the roles and responsibilities of the participant, legal representative, the participant's current primary care physician, the CMTs, and the unlicensed provider.

The packet includes the following information:

- The requirement for two or more personal care providers when a participant is authorized to receive 360 hours or more a month of combined IHSS and WPCS, and paramedical services;
- Waiver services can only be authorized after the Waiver Agency or DHCS receives a current, complete, and signed POT;
- Participant or legal representative is responsible for scheduling the unlicensed provider's hours of service;
- Participant or legal representative is responsible for signing the unlicensed provider's timesheet to signify s/he has validated that the hours on the timesheet were provided; and
- Participant or legal representative is responsible for notifying the Waiver Agency or DHCS when providers are hired and dismissed.

If the participant or legal representative elects to receive case management services by a licensed provider in areas where there is no Waiver Agency, DHCS provides the participant or legal representative with an Individual Provider letter.

The letter explains:

- The roles and responsibilities of selecting an individual provider;
- The participant or legal representative are responsible for scheduling the hours of service;
- The provider can only provide the services as described in the participant's current primary care physician-signed POT; and
- The participant or legal representative is responsible for notifying DHCS when providers are hired and dismissed.

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f. Participant Direction by a Representative. Specify the state's policy concerning the direction of waiver services by a representative (*select one*):

- The state does not provide for the direction of waiver services by a representative.
- The state provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: (*check each that applies*):

- Waiver services may be directed by a legal representative of the participant.
- Waiver services may be directed by a non-legal representative freely chosen by an adult participant.
Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

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g. Participant-Directed Services. Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Waiver Service	Employer Authority	Budget Authority
Family/Caregiver Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Equipment Operating Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response (PERS) Installation and Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response Systems (PERS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Habilitation Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transitional Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Facility Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver Personal Care Services (WPCS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Transition Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paramedical Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Private Duty Nursing - Including Home Health Aide and Shared Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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h. Financial Management Services. Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

- Yes. Financial Management Services are furnished through a third party entity.** (Complete item E-1-i).

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

Governmental entities

Private entities

- No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.** Do not complete Item E-1-i.

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i. Provision of Financial Management Services. Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

Answers provided in Appendix E-1-h indicate that you do not need to complete this section.

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j. Information and Assistance in Support of Participant Direction. In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

- Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

Case Management services, furnished by way of Comprehensive Care Management in areas where a Waiver Agency is available, assists the participant in developing the POT, which is reviewed and signed by the participant's current primary care physician. The Waiver Agency or DHCS must have a participant's current primary care physician signed-POT prior to approval of waiver services.

- Waiver Service Coverage.**

Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Family/Caregiver Training	<input type="checkbox"/>
Medical Equipment Operating Expense	<input type="checkbox"/>
Personal Emergency Response (PERS) Installation and Testing	<input type="checkbox"/>
Personal Emergency Response Systems (PERS)	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>
Home Respite	<input type="checkbox"/>
Habilitation Services	<input checked="" type="checkbox"/>
Transitional Case Management	<input checked="" type="checkbox"/>
Facility Respite	<input type="checkbox"/>
Comprehensive Care Management	<input type="checkbox"/>
Waiver Personal Care Services (WPCS)	<input type="checkbox"/>
Community Transition Services	<input checked="" type="checkbox"/>
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	<input type="checkbox"/>
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	<input type="checkbox"/>
Case Management	<input type="checkbox"/>
Continuous Nursing and Supportive Services	<input type="checkbox"/>
Paramedical Service	<input checked="" type="checkbox"/>

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Assistive Technology	<input type="checkbox"/>
Private Duty Nursing - Including Home Health Aide and Shared Services	<input type="checkbox"/>

Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity.

Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:

In areas where a Waiver Agency is not available, DHCS provides information and assistance to the waiver participants or legal representative. The information is provided verbally during the initial face-to-face, or telehealth session conducted in accordance with DHCS’ telehealth policies for Medicaid State Plan services, assessment for waiver enrollment and at each reassessment visit. The information is also provided in writing in the Informing Notice. Upon enrollment in the waiver, the participant is assigned a DHCS MC.

The DHCS MC advises the participant or legal representative of their option to select participant-directed services and providers at each reassessment visit, and/or upon participant or legal representative request. Evidence of the participant being informed of the option is documented in the CMR, copies of the Informing Notice, and is filed in the participant’s case record.

At each participant’s reassessment visit, or telehealth session conducted in accordance with DHCS’ telehealth policies for Medicaid State Plan services, the DHCS MC interviews the participant or legal representative about the provider’s effectiveness and ability to provide the services as described in the POT. At each annual provider visit, the DHCS MC assesses the licensed provider’s documentation of the services provided and the participant’s response to the services that are being provided per the POT. Information from the interview on the provider’s ability to provide the care is documented in the CMR.

It is the responsibility of the participant or legal representative to assess the performance of the provider. The DHCS MC advises the participant or legal representative to inform DHCS of any issues or problems and to notify the appropriate enforcement agency, child or adult protective services, county IHSS office, and/or licensing board in the event of abuse, neglect, and/or exploitation. Only the participant or legal representative has the ability to select or dismiss an individual provider.

Upon DHCS hiring of qualified RN staff at the state, the State Controller’s Office issues pay warrants on a monthly basis as is the customary process for all State employees.

The performance of the DHCS RN that furnishes information and assistance is assessed by DHCS Supervisory review and approval of the IMS/CMR and MOHS completed after each initial assessment/reassessment, review of annual provider visits, telehealth sessions, and ongoing case notes.

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k. Independent Advocacy (select one).

- No. Arrangements have not been made for independent advocacy.**
- Yes. Independent advocacy is available to participants who direct their services.**

Describe the nature of this independent advocacy and how participants may access this advocacy:

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l. Voluntary Termination of Participant Direction. Describe how the state accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the state assures continuity of services and participant health and welfare during the transition from participant direction:

HCBA Waiver participants can elect to terminate participant direction services at any time. The participant or legal representative is advised to call the participant's assigned CMT if they wish to terminate services. The CMT will provide the participant or legal representative with a list of alternate waiver providers to select from and update the POT accordingly. Upon the participant's identification of an alternative provider the CMT will work with the existing provider and new provider in transitioning the waiver services to help prevent a break in waiver services. The POT must be reviewed and signed by the participant or legal representative, the participant's current primary care physician, the CMT, or other case management provider in areas of the State not Covered by a Waiver Agency, who prepared the POT.

If the participant or legal representative is unable to secure an alternative waiver provider, the CMT, or other case management provider in areas of the State not covered by a Waiver Agency, will offer to transition the participant to a licensed medical facility until a new waiver provider is secured.

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m. Involuntary Termination of Participant Direction. Specify the circumstances when the state will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

The Waiver Agency or DHCS may elect to terminate authorization of participant directed services for the following reasons:

- Lack of a participant’s current primary care physician-signed POT describing all the participant’s care services, provider(s) of services, and/or the frequency of the services;
- Participant or legal representative require services that are not included in the POT or beyond the scope of practice of the licensed provider; and
- Participant or legal representative are unable to keep providers as demonstrated by frequent voluntary termination of the services by the provider, and/or the participant’s or legal representative’s refusal to follow the provider enrollment process as described in the provider information packets.

Termination of waiver services will only occur after all attempts by the Waiver Agency or DHCS to train and inform the participant or legal representative about the roles, responsibilities, and requirements of participant directed services have been exhausted, or the participant or legal representative refuses to receive training on selecting and managing their providers.

The Waiver Agency or DHCS will provide the participant or legal representative with a NOA informing them of the decision to terminate participant directed services along with a written explanation of their appeal rights.

Safeguards to protect participant health and welfare, and continuity of services during the transition from participant directed services to provider managed services include documented coordination between DHCS, the CMT and the existing and/or new providers. Coordination of care will help maintain the quality of care and continuity of care provided to the participant. The development of an updated POT that identifies the waiver services as provider managed and the change in authorized services which must be reviewed and signed by the participant or legal representative, the participant’s current primary care physician, the CMT and the providers of waiver services.

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n. Goals for Participant Direction. In the following table, provide the state's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the state will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	8974	
Year 2	8974	
Year 3	10081	
Year 4	11215	
Year 5	12349	

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E-2: Opportunities for Participant Direction (1 of 6)

a. Participant - Employer Authority Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

i. Participant Employer Status. Specify the participant's employer status under the waiver. *Select one or both:*

- Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports

are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

DSS, DHCS, counties, and public authorities act as a common law employer for WPCS and paramedical service providers, as specified in statute. Unlicensed providers must enroll as an IHSS provider at the county's DSS office. Payment for WPCS and paramedical services is processed through DSS' CMIPS.

- Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. Participant Decision Making Authority. The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

- Recruit staff**
- Refer staff to agency for hiring (co-employer)**
- Select staff from worker registry**
- Hire staff common law employer**
- Verify staff qualifications**
- Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

- Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**

Specify the state's method to conduct background checks if it varies from Appendix C-2-a:

No variation from Appendix C-2-a.

- Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
- Determine staff wages and benefits subject to state limits**
- Schedule staff**
- Orient and instruct staff in duties**
- Supervise staff**
- Evaluate staff performance**
- Verify time worked by staff and approve time sheets**
- Discharge staff (common law employer)**
- Discharge staff from providing services (co-employer)**
- Other**

Specify:

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E-2: Opportunities for Participant-Direction (2 of 6)

b. Participant - Budget Authority Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

- Reallocate funds among services included in the budget**
- Determine the amount paid for services within the state's established limits**
- Substitute service providers**
- Schedule the provision of services**
- Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- Identify service providers and refer for provider enrollment**
- Authorize payment for waiver goods and services**
- Review and approve provider invoices for services rendered**
- Other**

Specify:

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E-2: Opportunities for Participant-Direction (3 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

ii. Participant-Directed Budget Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

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E-2: Opportunities for Participant-Direction (4 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

iii. Informing Participant of Budget Amount. Describe how the state informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

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E-2: Opportunities for Participant-Direction (5 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

iv. Participant Exercise of Budget Flexibility. *Select one:*

- Modifications to the participant directed budget must be preceded by a change in the service plan.**
- The participant has the authority to modify the services included in the participant directed budget without prior approval.**

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

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E-2: Opportunities for Participant-Direction (6 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

v. Expenditure Safeguards. Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards: