

December 9, 2014

HOW DOES IT WORK

- 1) Client is eligible for Long Term Services and Supports—it has already been determined that client needs human assistance with activities of daily living.
- 2) Client has needs assessment by state approved case management entity to determine what and how much they need.
- 3) If the needs include long term home health, personal care, or homemaker or a combination of these services the client can choose between traditional agency care or consumer-direction.
- 4) If they choose consumer-direction they choose between IHSS and CDASS. They also must have documentation from the primary care physician regarding their capability to manage their health care and if they are not capable an authorized representative must be obtained.
- 5) If they choose IHSS there is a referral to an IHSS agency that works on a care plan. The client with help as needed hires their help and manages it.
- 6) If the client chooses CDASS the client or the authorized representative is assessed by the case manager to determine the specific amount of hours of skilled and unskilled care they need each week. The rate for skilled care is 10.75% less than the blended rate for an hour of C.N.A. care and for unskilled care is 10.75% less than the hourly rate for personal care and homemaker. (INSERT RATES).
- 7) The reduction of 10.75% is to cover overhead cost for fiscal management services and training.
- 8) The client has their annual dollar amount and also is given a monthly amount.
- 9) The client or authorized representative must attend a training and pass a test.

- 10) The client will need to choose a FMS (this is a choice as of 1/1/15—until now there has been one fiscal agent).
- 11) The client must submit a written plan with a budget outlining who is working when for what rates, what the client will do about backup, etc.
- 12) The client or AR then finds employees and submits them for hiring by the FMS.
- 13) Once hired the client must supervise workers, train workers, manage the schedule, and submit time sheets twice a month to FMS. When a worker leaves the client must hire replacement workers.
- 14) The client is responsible for communicating to workers things that employers must communicate to employees such as information about the individual mandate.
- 15) The client is responsible to report certain conditions or events to the case manager.
- 16) The case manager reviews the client every 6 months, with at least one annual face to face visit. If there is cause for concern the case manager can and will visit more frequently.
- 17) If there are problems, such as client not keeping to their budget or going to the ER or doctor with problems that could be prevented the case manager requires that the client either get more training or get an authorized representative. If the client cannot correct the problem they are required to get onto a problem with more support. It is very rare that this happens.

The client does not get the cash, the state contracts with a fiscal management service company or FMS and that company does the payroll taxes, social security and all of the employment filings. They work like a company like paychex. As of 2015 clients even have a choice between 3 FMS companies. The Department also contracts with a training and customer service entity to provide training to teach clients how to be employers. The hourly rate for clients on CDASS is 10.75% less than the

rate for personal care or homemaker. It is also 10.75% less than the blended rate for one hour of certified nurse aide care. Hours of care that are at nursing level of care are billed at 10.75% less than the C.N.A. level. The reduction of 10.75% covers the department administrative costs.