



# EXPLORING ROLES

The goal of SDS is to strengthen the recipient's capacity for self-care and self-sufficiency through the ability to choose their supports and services. It is important to know the differences between your responsibilities and those of the Case Manager and Acumen Fiscal Agent.



## R E S P O N S I B I L I T I E S

### Fiscal Agent

- Assist in managing finances and paperwork
- Retain the funds, track expenditures, and monitor the budget
- Process employee background checks
- Verify that employees are "Good to Go"
- Process time sheets
- Process payroll, taxes, and insurance and make payments to staff
- Process payments for authorized supports and supplies
- Reimburse vendors for the Goods and Services purchased as outlined in the budget
- Make sure the payroll records are maintained and correct
- Maintain SDS budget records
- Provide an electronic visit verification system (EVV) to document staff work hours

### Employer of Record

- Complete the Self-Directed Services training (Acumen Presentations)
- Sign SDS Agreement with DDS
- Participate in the development of the IP to identify needs and preferences
- Develop and follow the approved SDS budget and notify case manager if changes occur
- Follow federal and state employment laws with help from the fiscal agent
- Hire, supervise and, if necessary, fire employees
- Submit information for a criminal background check on employees
- Verify that employees have completed required training
- Follow DDS and OHCA policy and regulations
- Complete the Provider Progress Report and submit to the case manager quarterly
- Comply with DDS staff requests for home visits
- Manage paperwork related to employees and purchases
- Keep required records
- Pay for services that exceed the approved budget amount or are not identified and approved in the plan of care

### DDS Case Manager

- Explain the choices, options, rights, risks, and responsibilities when the EOR self-directs
- Assist the recipient in developing the individual plan, the budget, an emergency back-up plan, and a quality assurance plan as well as making changes if needed
- Submit the plan of care to authorize services and make changes as needed
- Submit requests for Goods and Services for approval
- Review and document progress, including the Provider Progress Report received from the EOR
- Monitor Medicaid eligibility and notify the EOR when action is needed
- Review incident reports and follow-up on issues, as needed
- Participate in the fair hearing process
- Assist with problem resolution and capacity assessments