**APPENDIX A**

**GLOSSARY OF KEY TERMS**

**Activities of Daily Living (ADLs)** – are routine activities that people normally do every day without needing assistance. There are six basic ADLs: bathing, dressing, grooming, toilet hygiene, transferring and feeding oneself.

**Aging and Disability Resource Center (ADRC)** – is an entity established by the District of Columbia within the DC Office on Aging as part of its long-term care system to provide a coordinated system for (1) comprehensive information on a full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (2) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care design to meeting their specific needs and circumstances; and (3) consumers’ access to the range of publicly-supported long-term care programs for which they may be eligible, by serving a convenient point of entry for such programs.

**Authorized Representative** – For waiver participants enrolled in the *Services My Way* Program, an authorized representative is a person who acts as the waiver participant’s substitute decision maker, and can be a friend, family member or any other identified individual who willingly accepts responsibility for performing employer and budget management tasks that the waiver participant may be unable or unwilling to perform themselves. An authorized representative must show a personal commitment to the waiver participant and be willing to follow the waiver participant’s wishes and respect his/her preferences while using sound judgement to act in the waiver participant’s best interest. There are three types of authorized representatives: pre-determined (such as a legal guardian or other court appointed representative), voluntary and mandated (required by DHCF).

**Consumer Direction** - is a philosophy that emphasizes the ability of elders, persons with disabilities and their families to decide about their own needs and make choices about what home and community-based services best meet those needs. Sometimes the terms participant direction, self-direction and consumer direction are used interchangeably.

**District of Columbia Office on Aging (DCOA)** - is the designated State and Area Agency on Aging and operates the Aging and Disability Resource Center (ADRC), a one-stop shop for long-term care information, benefits and assistance for older adults, persons living with disabilities and caregivers. The Office funds a network of providers (Senior Service Network) consisting of 20 community-based nonprofit organizations operating 37
programs that provide a wide range of social and health services throughout the eight Wards of the city. The Office’s Lead Agencies, also part of the Senior Service Network, act as community satellites that continually strengthen its link to older Washingtonians. Although most services and programs are provided through the Network, the agency also provides direct services such as job training and placement and information and referral assistance ensuring seniors, people living with disabilities and caregivers have adequate supports and services to help them remain in the community for as long as possible.

**Department of Health Care Finance (DHCF)** – is the executive department responsible for administering the Medicaid program within the District of Columbia effective October 1, 2008, as set forth in the Department of Health Care Finance Establishment Act of 20107, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code §7-771.05(6) (2012 Repl.)).

**DHCF Authorization to Release Health Information Form** – authorizes the VF/EA FMS-Support Broker entity to release health-related information electronically or on paper to Omnicaid, the Medicaid Fiscal Agent for the District of Columbia, for the purposes of transmitting claims for approved personal-directed services (participant-directed community support services (PDCS) and individual-directed goods and services) the participant receives through the Services My Way Program.

**DHCF Authorized Representative Designation Form** – is completed when a participant decides to designate a person to be his/her authorized representative, including being the common law employer of the participant’s PDWs and assisting the participant in managing his/her PDS.

**DHCF Biweekly Progress Notes** – must be completed and submitted biweekly by the participant or his/her authorized representative with the PDWs’ timesheets. The form reports on the PDCS and individual-directed goods and services received and outcomes achieved.

**DHCF Emergency Back-up PDW Designation Form** – is completed by the participant or his/her authorized representative, to designate paid emergency backup PDWs to work for the participant when his/her regularly scheduled PDW does not report for work for any reason.

**DHCF Fraud Statement** – defines and provides examples of Medicaid fraud and abuse. By signing the form, the participant and his/her authorized representative, as appropriate, states that “I have read the DHCF Fraud and Abuse Statement, I understand it and agree to comply with it.”
**DHCF Justification of PDS Budget Modification Request Form** – is completed and attached to a completed PDS Budget form when a participant or his/her authorized representative, as appropriate, wish to modify the participant's PDS Budget.

**DHCF Participant Competency Certification Form** – this form is completed by a participant/representative-employer and signed by him/her and the participant’s participant-directed worker (PDW) to certify that the PDW hired meets DHCF qualifications and is competent to perform the tasks included in the participant’s person-centered ISP.

**DHCF Participant Consent Form** – is completed by the participant or his/her authorized representative, as appropriate.

**DHCF Participant-directed Worker (PDW) Agreement** – this agreement is completed and signed by the participant/representative-employer and the PDW. It states the requirements and responsibilities of a PDW and by signing the form the PDW acknowledges and agrees to the terms of his/her employment.

**DHCF Participant/Representative-Employer Agreement** – describes the role and responsibilities of the participant/representative-employer as the common law employer and using PDS and states that the participant/representative-employer agrees to the role and responsibilities and to abide by DHCF’s and VF/EA FMS-Support Broker entity’s requirements under the Services My Way Program. By signing the form the participant/representative-employer is stating that he/she has reviewed and understand his/her role and responsibilities, including being the common law employer of the participant’s PDWs, and agree to perform them and abide by DICF and VF/EA FMS-Support Broker entity requirements under the Program. A participant cannot receive PDS and the participant/representative-employer cannot hire PDWs until this form is signed and submitted to the VF/EA FMS-Support Broker entity.

**DHCF Participant-directed Worker (PDW) Information Change/Termination Form** – is completed by the participant/representative-employer if there is any change in the contact information for the participant’s PDW or if the participant’s PDW stops working for the participant/representative-employer for any reason. If a PDW stops working for the participant/representative-employer for any reason, he/she will need to submit this form to the VF/EA FMS-Support Broker entity within 48 hours of when the PDW stops working for the participant/representative-employer.

**DHCF Request for Individual-directed Goods and Services Vendor Payment Form** – is completed and submitted by the participant or his/her authorized representative, as appropriate, with the vendor’s invoice, to the VF/EA FMS-Support Broker entity when the participant purchases an approved individual-directed good or services and wants the vendor to be paid.
DHCF Voluntary Participant Termination Notice – is used to notify the VF/EA FMS entity, the participant’s support broker and the Services My Way Program Coordinator that the participant wishes to voluntarily dis-enroll from the Services My Way Program and stop using participant-directed services.

District of Columbia Form FR-500, Combined Business Tax Registration Application – registers the participant or his/her authorized representative, as appropriate, as the common law employer of the participant’s participant-directed workers for District income tax withholding and employment tax purposes.

District of Columbia Department of Employment Services (DOES) Power of Attorney Form – Allows the participant, or his/her authorized representative as the common law employer, to give the VF/EA FMS-Support Broker entity the authority to manage DC unemployment tax filings and payments for the participant/representative-employer and communicate with the Department of Employment Services (DOES) on the participant/representative-employer's behalf. The participant/representative-employer also has to confirm with DOES that he/she has selected the VF/EA FMS-Support Broker entity to be his/her third party agent. The VF/EA FMS-Support Broker entity will work with the participant/representative-employer to complete this task.

District of Columbia Office of Tax and Revenue (OTR) D-2848, Power of Attorney and Declaration of Representative Form – allows the participant/representative-employer or his/her authorized representative, as the common law employer of the participant’s participant-directed workers, to give the VF/EA FMS-Support Broker entity the authority to manage DC income tax withholding filings and payments for the participant’s PDWs and to communicate with the Office of Tax and Revenue on the participant/representative-employer's behalf.

Elderly and Persons with Physical Disabilities (EPD) Waiver – is a home and community-based waiver designed to provide elders and persons with physical disabilities with quality health care services in the comfort of their natural homes. People are enrolled in the EPD Waiver on a first-come, first-served basis and the EPD Waiver currently has a waiting list. These services add to the participant’s family and social supports. An elder or person with a physical disability must be an EPD waiver participant in order to enroll in the Services My Way Program and receive participant-directed services.

Financial Management Services (FMS) – are participant-directed supports that assist individuals with the payroll, bill payment and other fiscal-related tasks associated with participant-directed service programs. States are required to provide FMS when offering Medicaid beneficiaries participant-directed services. There are a number of models of FMS used by states. The Department of Health Care Finance is implementing the Vendor Fiscal/Employer Agent FMS (VF/EA FMS) model to carry out the Services My Way Program. Under this model the VF/EA FMS entity acts as the agent to the common law employer.
(waiver participant or his/her authorized representative) for all that is required for the purpose of preparing participant-directed workers’ payroll and related federal and state income tax withholding on behalf of the common law employer under Section 3504 of the IRS code and Revenue Procedure 70-6, as modified by Revenue Procedure 2014-39.

**Individual-directed Goods and Services** – are services, equipment or supplies not otherwise provided through the Medicaid EPD Waiver or through the Medicaid State Plan. They must address an identified need in a waiver participant’s person-centered individual service plan (ISP), including improving and maintaining waiver participants’ opportunities for full membership in the community and (1) decrease the need for other Medicaid services; and/or (2) promote inclusion in the community; and/or (3) increase the waiver participant’s safety in the home environment. Individual-directed goods and services are only available to EPD waiver participants enrolled in the Program.

**Instrumental Activities of Daily Living (IADLs)** – Instrumental activities of daily living are activities normally performed by a person without assistance related to living independently in the community. IADLs include: housework, preparing meals, taking medications as prescribed, managing money, shopping for groceries or clothing, using a telephone or other form of communication, and transportation within the community.

**IRS Form 2678, Employer/Payer Appointment of Agent** – allows the participant/representative-employer to designate the VF/EA FMS-Support Broker entity as the his/her employer agent for the purpose of managing PDW payroll and federal and District employment taxes on the participant/representative-employer’s behalf.

**IRS Form 8821, Tax Information Authorization** – allows the VF/EA FMS-Support Broker entity to communicate with the IRS on the participant/representative-employer’s behalf related to federal tax filing and payments related to the participant’s PDWs.

**IRS Form SS-4, Application for Employer Identification Number** – allows the VF/EA FMS-Support Broker entity to obtain a federal employer identification number for the participant/representative-employer who is to be the common law employer of the participant’s PDWs.

**Mandated Representative** – is a person that the participant, with assistance from his/her support broker, as needed, chooses and that DHCF requires the participant to have as his or her authorized representative. A mandated representative may be appointed when a participant has misspent funds or his/her function has deteriorated in such a way that the participant is no longer able to manage his/her individual budget. There may be other reasons that cause the DHCF to require the participant to have a mandated representative as a condition of continued participation in the *Services My Way* Program.
**Medicaid Enrollment Specialist** – works for the DC Office on Aging. Responsibilities include working with District of Columbia residents and their family members and caregivers, and stakeholders and other community professionals to resolve problems, provide and/or clarify information, make referrals and answer questions pertaining to both Medicaid and non-Medicaid issues. They are a person’s initial point of contact for enrolling in the Medicaid program, such as the EPD waiver and Adult Day Health Program, and for learning about the *Services My Way Program* and using participant-directed services.

**Participant Direction** – is a philosophy that emphasizes the ability of elders, persons with disabilities and their families to decide about their own needs and make choices about what home and community-based services best meet those needs. Sometimes the terms participant direction, self-direction and consumer direction are used interchangeably.

**Participant-directed Community Support (PDCS) Service** – is an EPD waiver service that is similar to personal care aide services (such as cueing or hands-on assistance with activities of daily living and instrumental activities of daily living) but is only available to waiver participants enrolled in the *Services My Way Program*. When using PDCS, the waiver participant or his/her authorized representative is the common law employer of the participant-directed workers (PDWs) who they hire to provide the participant’s PDCS.

**Participant-directed Services (PDS) Budget** – is the amount of available funding for each program participant to purchase participant-directed community supports (PDCS) and individual-directed goods and service. The program participant and his/her authorized representative, when appropriate, works with the program participant’s support broker to develop the participant’s PDS budget. The proposed PDS budget is then submitted to the *Services My Way Program* Coordinator for review and approval. Any requests for adjustments to the PDS budget, based on a change in the participant’s needs, are initiated by the participant and his/her support broker.

**Participant-directed Worker (PDW)** – is a worker who provides participant-directed community supports to waiver participants enrolled in the *Services My Way Program*.

**Person-centered Individual Service Plan (ISP)** – is a document developed by an individual and a facilitator (i.e., waiver case manager) that details the supports, activities and resources required and outcomes/goals to be achieved by/for the individual.
Pre-determined Representative - The participant has a legal guardian or other court appointed representative in place at the time of enrollment and that individual will serve as the designated representative on the individual’s behalf.

Remediation, Training and Termination Policy – has been developed for participants and authorized representatives who are identified as being non-compliant with their executed DHCF Participant/ Representative-Employer Agreement. The Policy identifies the steps DHCF may take to remediate any cases identified, including sending notification of the non-compliance to the participant/representative-employer, developing, implementing and monitoring the implementation of Plans of Correction, providing remedial skills training, designating an authorized representative or replacing an existing one, and voluntarily or involuntarily terminating the participant from the Services My Way and receiving PDS, as necessary.

Risk Mitigation Plan for PDS - is a developed by the participant/authorized representative with assistance from the waiver case manager as part of the participant’s person –centered ISP. The purpose of the Risk Mitigation Plan for PDS is to identify any potential risks for the participant in transitioning into the PDS program. The participant’s support broker assists him/her in monitoring the effectiveness of his/her Risk Mitigation Plan related to the use of PDS and identifying new potential risks and strategies to address them as they arise.

Self-direction – is a philosophy that emphasizes the ability of elders, persons with disabilities and their families to decide about their own needs and make choices about what home and community-based services best meet those needs. Sometimes the terms participant direction, self-direction and consumer direction are used interchangeably.

Services My Way Program – is the participant-directed service program implemented under the District's Medicaid §1915(c) Elderly and Persons with Physical Disabilities Waiver and administered by the District of Columbia's Department of Health Care Finance.

Services My Way Program Coordinator – is a staff person employed by the DC Department of Health Care Finance who is responsible for overseeing the administration of the Services My Way Program, the District's Medicaid-funded participant-directed service program.

Support Broker – for the purpose of the Services My Way Program, a Support Broker must meet the requirements of a case manager under the EPD Waiver and assists waiver participants enrolled in the Program, or their authorized representative and the participant/representative-employer, when appropriate, in (1) designating an authorized
representative, if needed and wanted; (2) developing, implementing, monitoring and the waiver participant’s PDS budget; (3) enrolling the participant/representative-employer and his/her participant-directed workers with the VF/EA FMS-Support Broker entity, (4) developing an Emergency Backup Plan related to PDS, reviewing its effectiveness and updating it, as necessary; (4) providing participant/representative-employers with orientation and training on the requirements of the Services My Way Program and using PDS, being a common law employer, developing strategies for resolving issues related to their PDS, and understanding general Medicaid and non-Medicaid rights and responsibilities; (4) monitoring the effectiveness of participants’ Risk Mitigation Plans for PDS, identifying additional potential risks related to using PDS, and assisting with the Plans updating, as necessary; and (5) monitoring waiver participants’, health and safety while using PDS including performing as a mandatory employer. States are required to provide information and assistance services (i.e., support broker services) as a support when offering participant-directed services to Medicaid beneficiaries.

**Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) - Support Broker Entity** – is the entity that is engaged by the District of Columbia Department of Health Care Finance to provide payroll, bill payment, other fiscal and support broker services to waiver participants enrolled in the Services My Way Program and their authorized representatives, when appropriate.

**Vendor Fiscal/Employer Agent (VF/EA) Financial Management Service (FMS) - Support Broker Entity, VF/EA FMS Division** – is a Division of the VF/EA FMS-Support Broker entity that performs as the agent to the common law employer (waiver participant or his/her authorized representative under Section 3504 of the IRS code and Revenue Procedure 70-6, as modified by Revenue Procedure 2014-39. The Entity provides payroll, bill payment and other fiscal services to the common law employer. Only waiver participants enrolled in the Services My Way Program and their authorized representative, when appropriate, acting as the common law employer of waiver participants participant-directed workers (PDWs) may use VF/EA FMS services.

**Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) - Support Broker Entity, Support Broker Division** – is the Division of the VF/EA FMS-Support Broker entity that oversees and provides support broker services to waiver participants enrolled in the Services My Way Program and their authorized representative.

**Voluntary Representative** – is when the participant requests that a representative serve on his/her behalf, or a support broker recommends that the participant designate a representative and the participant agrees. Representatives can include family member, friend or other person who is actively involved in the participant’s life, lives within 25
miles of the participant, is chosen by the participant and who shares the authority with the participant, for managing the participant’s PDS and the participant-directed workers (PDWs) who provide them. This authority must reflect the desires and preferences of the participant and may include being the common law employer of the participants' PDWs, when appropriate. The participant with assistance from his or her supports broker, as needed, selects his or her authorized representative.

**Waiver Case Manager** – is responsible for assessment, planning, linkage, monitoring and advocacy related to the particular needs of a Medicaid beneficiary enrolled in the §1915(c) Elderly and Persons with Physical Disabilities Waiver where the resources necessary may be external (e.g., housing and education) or internal (e.g., identifying and developing skills) including assisting the beneficiary to access and maintain all public benefits to which they may be entitled. The waiver case manager supports the beneficiary in developing a written comprehensive, person-centered individual service plan for Medicaid and non-Medicaid (including community resources) services that reflect the beneficiary’s goals, financial resources and assessed needs in the most integrated community setting appropriate to his/her needs and desires and provides ongoing monitoring of the beneficiary’s use of services and supports detailed in his/her person-centered ISP. Case managers do not replace family services and/or other community services, but augment the beneficiary's natural supports.