

Memorandum of Understanding for the Provision of Fiscal Intermediary Services

I, _____, authorize The Center For Family Support Self Directed Services
 (Self Direction participant's name- SD) (Name of Fiscal Intermediary Services agency - FI)

to provide me with Fiscal Intermediary Services. This agreement is based on an approved Self-Direction (SD) Budget and Service Plans. Some of the responsibilities noted below are more clearly defined in the attached SD Participant Checklist (attachment #1) and the FI Checklist (attachment #2) which are included as part of this agreement.

Responsibilities of the Fiscal Intermediary (FI) Services agency

I am providing you with a telephone number that you may call at any time with questions about the services I am providing to you. Messages left on the answering machine will be returned within 24 hours.

FI Contact Name	Function	Telephone
Jennipher Paniagua	Fiscal Intermediary Program Manager	516-292-3000 ext 402 jsolis@cfsny.org

I will provide you with a copy of our Employee Handbook.

I will provide advice on advertising for and interviewing potential staff.

I will train or help you train new self-hire staff in accordance with OPWDD requirements and the provisions of your SD Service Plans and Budget. If it should become necessary for self-hired staff to be terminated, I will provide guidance in following the appropriate Labor Law procedures and assist you as needed.

I am the employer of record. You, the SD participant, are the supervising and managing employer. I will provide guidance to you with regard to Federal and State tax and labor laws as well as Internal Revenue Service regulations relating to employment of your self-hired staff. I will be completing all necessary employer functions related to background checks, payroll, taxes and withholdings for your self-hired staff. I will create and distribute, as necessary, wage and tax statements, and any other required forms to the appropriate staff.

I will review your staff time sheets for Medicaid documentation compliance, checking content and ensuring the time sheets are signed and dated by staff and countersigned by you or your designee. If the time sheet meets the Medicaid documentation standards, I will ensure that work hours included on the time sheet are paid in a timely manner. If the time sheet does not meet this Medicaid documentation standard, I will work with you to correct any discrepancy.

I will review the documentation for all of your self-directed services and supports to ensure that they are appropriately completed. If documentation is not properly completed or is missing a signature or date, I will contact you or your designee to discuss corrective action.

I will ensure payment is made in a timely manner for approved goods and services.

Memorandum of Understanding for the Provision of Fiscal Intermediary Services

After receiving and reviewing documentation, I will bill the correct governmental unit. **I understand that billing Medicaid for a service that was not provided may be considered Medicaid fraud.**

Each month, I will provide you with an Expenditure Report. The Expenditure Report will show you how much money you've spent to date on supports and services. The Expenditure Report will show you exactly how your money was spent for a specific month.

I will maintain copies of your ISP, SD Service Plans and Budget, and all additional documentation you provide me relating to the supports and services you are receiving.

I will investigate and report as required any incidents regarding your self-directed services.

I will not intervene in any dispute between you and your staff unless you are both present.

Responsibilities of the SD Participant (Participant)

It is my choice to participate in SD. Should there come a time when I choose not to participate or wish to change my FI, I will notify you, my MSC and DDRO SD Liaison with a written notice using the SD Termination Form designed for this purpose.

I will keep you apprised of any changes to my Medicaid status, my address, my phone number, and my e-mail address, if I have one.

I will contact you as soon as possible if I am not happy with the SD supports and services being provided.

I will follow your agency's policies in regards to hiring, training, paying and terminating my staff.

I will review each of my staff's Employee Time Sheet/Daily Service Record or Invoice/Service Record for Contracted/Vendor Services and make sure they are accurate. I will ensure that:

- each worker has entered accurate information about the service and supports he/she has provided on the appropriate date,
- each worker has initialed the dates on which they provided supports and services, and
- each worker has signed and dated his/her Employee Time Sheet/Daily Service Record or Invoice/Service Record for Contracted/Vendor Services.

If all the information is correct, I or my designee will sign and date the Employee Time Sheet/Daily Service Record or Invoice/Service Record for Contracted/Vendor Services and send the original to you by the ___ day following the pay period.

I will review the bills I get for the supports and services I receive as part of my SD Budget. I will make sure these bills are for services and supports that are authorized in my SD Budget and Service Plans. If the bills are correct, I or my designee will sign them and send them to you by the ___ day of the month following the service month.

Memorandum of Understanding for the Provision of Fiscal Intermediary Services

I further understand that submitting false information for a service that was not provided may be considered Medicaid fraud if my FI bills Medicaid based on that information.

The FI, SD participant and DDRO SD Liaison have read and agree to the responsibilities outlined in this MOU. In addition, the FI, SD participant and DDRO SD Liaison agree to meet with the Circle of Support to resolve any issues that may arise. Failure to comply with these responsibilities may result in termination of this agreement and all SD supports and services.

Signed: _____	Dated: _____
Fiscal Intermediary Services agency	
_____	Dated: _____
Self Direction Participant/Designee	
_____	Dated: _____
DDRO Self Direction Liaison	

RESPONSIBILITIES OF THE SELF DIRECTION (SD) PARTICIPANT

- Understand and participate in the development of their Individualized Service Plan (ISP) and their SD service plans. The participant, with his or her designee will review the SD service plans at least every 6 months in accordance with the ISP review. It is the participant/designee's responsibility to maintain a complete record of all SD documents.
- Ensuring that Support Broker Agreement is complete, up-to-date and sent to DDRO SD Liaison.
- Responsibly implement the SD Plan that has been approved, including reaching out to his or her Circle, MSC, FI and DDRO SD Liaison for assistance.
- Meet with the Circle of Support at least once every 90 days to review the SD Budget and obtain additional supports and services, if necessary.
- Work with the FI with regard to supports and services identified in the SD Budget. The FI will assist the Participant to advertise, interview, and hire staff. The Participant must comply with the FI's hiring practices, including the required criminal background checks.
- Responsibly manage the SD Budget. Review Monthly Expenditure Report provided by the FI and work with the Circle of Support to ensure monthly spending is within budget.
- Participant or their designee will train all SD staff hired or arrange for alternate training as needed. All staff must be trained in the necessary safeguards for the participant and in OPWDD's Incident Reporting protocol. The FI and DDRO may be alternate sources for trainings.
- Ensure that all required service documentation (including, but not limited to, staff time sheets, monthly summary notes, invoices, travel logs and any other documentation required by the SD Services) is signed and dated by the Participant or his/her designee, and by staff as needed, within 30 days following the service month, and transmitted to the FI as agreed upon in the Memorandum of Understanding. Timeliness is necessary for billing purposes and to ensure Medicaid compliance.
- Ensure that all appropriate parties are invited to your ISP review, including the FI, the Support Broker and members of your COS.
- Ensure that the Self-Direction service plans are reviewed during the ISP Review.
- In the event the Participant wishes to make changes to their Self-Direction services, upon consultation with the Support Broker, COS and DDRO SD Liaison, the Participant will complete the Self-Direction Budget Amendment form, copies of which must be maintained by the Participant, the MSC, the FI and the DDRO SD Liaison.
- Keep MSC regularly informed regarding the Participant's satisfaction with Self-Direction services and notify the MSC and the FI agency immediately if the participant experiences any "reportable incidents," such as abuse, neglect, or injury.
- Notify the DDRO and the FI if the Participant changes MSC.
- Tell the FI who the designee is, if necessary. Make sure they know who the designee if it changes.

Self-Direction Participant Signature

Date

Fiscal Intermediary Agent Signature

Date

FISCAL INTERMEDIARY AGENCY (FI) RESPONSIBILITIES

- Set up an individual financial account for each participant based on the approved SD Budget and service plans.
- Explain all fiscal procedures and required waiver documentation to the participant such as the hiring and training of staff. Provide the SD participant with copies of all written policies and procedures.
- Maintain documents for each SD participant including, but not limited to, a current signed ISP identifying the FI as the provider of service, current signed habilitation plans, service documentation, invoices, and time sheets.
- Ensure staff time sheets and invoices have been approved and signed by the participant or designee, as necessary, and that requested payments are consistent with the participant's approved SD Budget and habilitation plans.
- Prior to billing the appropriate government entity (eMedNY or OPWDD), review service documentation to ensure that requirements for billing have been achieved.
- If the FI suspects that documents have been falsified, staff should follow the FI agency's false claims reporting procedures. Technical assistance is available from the OPWDD Bureau of Compliance Management.
- Distribute a Monthly Expenditure Report to the participant or his/her designee of record, the support broker and any other party designated by the participant or OPWDD.
- Work with the SD participant to ensure that any advertisements for self-hired staff comply with equal opportunity employment standards.
- Ensure that all self-hires and contracted staff, when required by OPWDD regulations, are fingerprinted and receive a criminal background check prior to being hired. The results of the criminal background check must be maintained on file with the FI.
- Ensure that appropriate incident management procedures are followed. See The Part 624 Handbook and Part 624 Handbook FAQs, page 10, at http://www.opwdd.ny.gov/opwdd_resources/incident_management/documents/maual_part624_handbookFAQs
- Ensure that all staff has received training in incident reporting prior to the start of employment and provide or arrange for any further required staff training as authorized by the SD Budget and service plans. Training may be offered through the FI or any other approved source.
- Ensure that paychecks to employees are provided in a timely manner and, when applicable, ensure that fringe benefits are provided.
- Ensure that all staff paid through the FI receives appropriate wage and tax statements.
- Maintain required Medicaid documentation for a period of six years.

Financial Management Services Agent Signature

Date

SD Participant Signature

Date