**CDCS Shared Services Checklist**

**Eligibility:**

[ ] Case manager(s) agrees this is a safe staffing option, through consult w/ managing party and/or support planner.

1. What activities will be shared?
2. What activities will need to remain 1:1 for each individual? (Bathing, dressing, work on specific goals, etc. If these tasks are to be unpaid, must be PPOM, as staff must be paid for time worked.)

[ ] All participants open to waiver services. (Cannot use shared services between CDCS and CSG)

[ ] Participants requesting shared services use the same FMS provider.

**Shared Services Agreement:**

[ ] Completed the Shared Services Agreement, DHS 6633D, including the **FULL family staffing** schedule, including other HH members that may be receiving services (waiver/CDCS, CSG/PCA/nursing).

[ ] Obtained Participant/Managing Party’s signature

**Determining Wages for Shared Services:**

[ ] **PPOM/Spouse Maximum Wage (PCA rate):** Arewages appropriate UP TO the current “shared” PCA rates as follows?:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staffing Ratios** | **1:1** | **1:2** | **1:3** | **Enhanced Rate 1:1** | **Enhanced Rate 1:2** | **Enhanced Rate 1:3** |
| **Max Wage**  | $22.74 | $34.16 | $44.94 | $24.42 | $36.68 | $48.27 |

[ ] **Support staff**: Are wages calculated correctly? Shared services wage is typically determined by taking the 1:1 rate and multiplying that wage by 1.5 for 1:2, and multiplying by 2 for 1:3. (Minimum wage set by the SEIU is currently $19.00/hour. Depending on the FMS, you can split the hours at the full rate between the 2 plans or split the wage and put the full hours on both plans. **NOTE:** **If the requested wage exceeds the current PCA rate of $23.80, justification must be documented in the CDCS Plan.** (Eg. Experience, training education or longevity of staff. Difficulty of care, high medical needs, high behavioral needs, etc.)

**The CDCS Plan and/or Addendum (or on Form 6633D) includes:**

[ ] Personal Assistance Job Duties during shared services times AND if working in the home and/or community.

[ ] Documentation if there is additional training needed and if so, who will provide the training.

[ ] Statement of how this is meeting the assessed needs and preferences of participant. There should also be 1:1 time in the budget to work on goals/tasks that should not be done in a shared capacity

[ ] For participants who live in the same household, a family schedule needs to be included on the 6633D. within the plan, or attached as a separate document. Schedules for all participants should match.

[ ] Backup plan for when one of the shared participants is not present (e.g. due to illness, other activities, etc.)? There likely would be times when staff would be getting paid 1:1. Be sure to account for/reference this in the plan.

[ ] 6633D E-Doc was completed for all shared services participants and a signed copy given to the FMS.

**IMPORTANT NOTES AND BEST PRACTICES FOR MANAGING PARTIES**

* For multiples in the home and staff working across multiple programs, discuss options with FMS to avoid overtime.
* If other participant isn’t present, hours need to be 1:1 (services shared btwn 2) or 1:2 (services shared btwn 3)
* For participants in the HH NOT participating in shared care, they should have their own staff/supports in the home if support is needed.
* No overlapping hours, or time turned in during school activities
* If multiple case managers are involved, any significant budget or schedule changes must be presented to BOTH case managers for approval.
* **Important guidelines for PPOM:**
* No time reported for managing party/parental duties (e.g. scheduling medical appt, processing time sheets, making staff schedules, meal preparation unless part of goal working on)
* PPOM need to follow the schedule as closely as possible, submitting only for time they are working on shared activities. (Accounting for parental responsibility.) This means hours will likely be spread out throughout the day.