



Friends,

Thank you for choosing The Arc of Ohio's Family Choice Program (FCP).

After listening to the concerns of families across the state, The Arc of Ohio created the FCP in order to bridge the gap in Homemaker/Personal Care (HPC) services that some individuals and families are experiencing through the Level 1, IO and SELF Waivers.

The FCP is based on the philosophy of self-determination. It empowers people with disabilities to enhance the quality of their lives by providing them the opportunity for choice and control over their services and supports as well as acknowledging that they are the best judges of their own needs and how those needs should be met.

The result of this philosophy is a self-directed service that allows the individual, or their chosen family representative, to supervise their support workers as a Support Coordinator with the authority to control the services they receive, recruit their support workers, as well as determine how and when services will be provided.

The Arc of Ohio will support the individual, or their chosen family representative, by being the employer of record for their support workers. In addition, The Arc of Ohio will be responsible for certification, payroll taxes, workers' compensation and other employer responsibilities. This new collaboration will allow individuals to receive HPC services from independent providers, through FCP, while the provider is waiting for final approval of their certification or to keep that staff through the Family Choice Program.

We are very excited to provide this service to individuals and families throughout Ohio who are looking for a more self-directed program which is controlled by the individuals and their families.

The new role included in this service is that of a Support Coordinator. This role will be filled either by the individual receiving services or their chosen family representative and will have multiple responsibilities, including recruiting service support workers, training them and scheduling their hours along with other responsibilities which are outlined within this enrollment packet. Please take some time to review the responsibilities to ensure the individual or their family representative are comfortable with the job duties of a Support Coordinator.

In this enrollment packet, you will find the FCP Enrollment Form, Support Coordinator Agreement and FCP Required Documents which includes authorization of services in the ISP. Please return all required documents via email, US Mail or fax.

Again, thank you for choosing The Arc of Ohio's FCP and please let us know if you have any questions or need any assistance with the enrollment process.

<u>Email</u>	<u>US Mail</u>	<u>Fax</u>
FCP@TheArcofOhio.org	Family Choice Program % The Arc of Ohio 1335 Dublin Rd. Suite 100-A Columbus, OH 43215	The Arc of Ohio Subject: FCP Enrollment (614) 487-4725



Family Choice Program Enrollment Form

FCP Enrollee Information

Enrollee Name:		DOB:	SS#:
Address:		City, State, Zip:	
Primary Phone #:	Other Phone #:		Email:
Residence (Circle One): With Family With Roommates Alone Other:			
Funding Source (Circle One): Level 1 IO SELF Other		12 Digit Medicaid #:	
Primary Contact Name (if not the enrollee):			Relationship:
Primary Phone #:	Other Phone #:		Email:
Do You have an Assigned Guardian? Yes No		If Yes, Guardian Name:	
Primary Phone #:	Other Phone #:		Email:
County of Residence:		SSA Name:	
Primary Phone #:	Other Phone #:		Email:

Enrollee will be Support Coordinator: Yes No	<i>If No, Continue with FCP Support Coordinator Information</i>
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FCP Support Coordinator Information

Support Coordinator Name:		DOB:	SS#:
Address:		City, State, Zip:	
Primary Phone #:	Email:		Relationship:



Family Choice Program Support Coordinator Agreement

Support Coordinator Duties:

Recruit, select and hire support service worker(s). The hiring process will be done in conjunction with The Arc of Ohio, as the employer of record.

Train, supervise and review performance of support service worker(s).

Ensure support service workers complete appropriate forms at the time the support or service is delivered to ensure outcomes, services and supports are met.

Determine duties and work schedule of support service worker(s).

Discipline and/or retrain the service worker(s) in-home, as necessary.

Ensure training is completed that relates to outcomes, services and supports as listed in the Individual's Support Plan.

Monitor spending of approved waiver budget.

Monitor time worked by service worker.

Terminate services from support service worker(s), when necessary, in conjunction with The Arc of Ohio.

Maintain record confidentiality and security, according to HIPAA regulations.

Ensure an emergency backup system is in place by recruiting and training of emergency backup support workers.

Ensure all worker injuries are reported to The Arc of Ohio on the appropriate forms and in the appropriate timeframes.

Abide by DODD, local county board of developmental disabilities and The Arc of Ohio incident reporting procedures (UI/MUI).

Communicate concerns or satisfaction with The Arc of Ohio regarding the individual's services, when appropriate.

As the Support Coordinator, you are not eligible to provide paid services through The Arc of Ohio.

Enrollee or Guardian: By signing below, I acknowledge that I have selected the Support Coordinator signing below to perform the duties listed above.

Support Coordinator: By signing below, I acknowledge that I have read the above duties and agree that I am willing and able to complete all duties as described. I will contact The Arc of Ohio if at any time I am unable to complete the duties of Support Coordinator and I also consent to The Arc of Ohio utilizing the Automated Registry Check System (ARCS) for background information.

Enrollee or Guardian Signature:	Date:
Support Coordinator Signature:	Date:



Family Choice Program Required Documents

The following documents must be received for FCP enrollment to be completed:

- FCP Enrollment Form
- FCP Support Coordinator Agreement
- Individual Service Plan (ISP)
- ISP Addendum Authorizing The Arc of Ohio to Provide HPC Services
- Self-Medication Assessment (if individual takes medications)

Send all enrollment and other documentation to The Arc of Ohio

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