CDCS Shared Services Checklist

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□ Case manager(s) agrees this is a safe staffing option, through consult w/ managing party.

- a. What activities will be shared?
- b. 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.

□Obtained Participant/Managing Party's signature

Determining Wages for Shared Services:

□ Support staff wages calculated correctly (suggested): Shared services wage is typically determined by taking the 1:1 rate and multiplying that wage by 1.5. Minimum wage set by the SEIU is currently \$13.25. 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. See following example:

- 1:1 rate is \$16/hr.
- 1:2 rate \$16/hr. x 1.5 = \$24 (Up to \$12/hr. (split wage) or \$24/hr. (split hours)
- 1:3 rate \$16 x 2 = \$32/hr. (split hours) or Up to \$10.67/hr. (split wage)

□ **PPOM** wages appropriate UP TO the maximum current licensed "shared" PCA rates as follows (10/2020):

Staff to Client Ratio	1:1	1:2	1:3
Max. Wage w/PTO	17.25/hr. (in each plan)	\$12.95/hr. (split wage) or \$25.90/hr. (split hours)	\$11.36/hr. (split wage) or \$34.08 (split hours)
Max. Wage if waive PTO (must qualify)	\$17.80/hr. (in each plan)	\$13.36/hr. (split wage) or \$26.72/hr. (split hours)	\$11.72/hr. (split wage) or \$35.16/hr. (split hours)

^{*}Some FMS's might have a different rate by .01 depending on how they calculated this.

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

\square Personal Assistance Job Duties during shared services times AND whether working in the home and/or community.
□ Frequency of using shared services (E.g. M-Fri for a couple of hours after school until parent(s) are home, taking siblings into the community twice a week for 3 hours). General schedule included on form 6633D.
\Box Documentation if there is additional training needed and if so, who will provide the training.
\Box 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 or within the plan. Schedules 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.

PLEASE NOTE: For multiples in the home and on CSG and CDCS, discuss options with FMS. These are technically different programs but may have same managing party. It will get flagged if over 40 hour/week of PPOM.