

# Community Choices Waiver (CCW) Participant Directed Services Back-up Plan Instructions

## What is the purpose of this form?

This form is used to document your Back-Up Plan to ensure that the Participant receives ongoing services in the event of an emergency or when an enrolled Direct Services Worker (DSW) is unavailable or does not show up to provide services.

The requirement for back-up coverage can be fulfilled by another ACES\$ **Enrolled DSW** or a **Natural Support Person**. A Natural Support Person may be a family member, friend, or neighbor that agrees to provide the supportive services identified on the Participant Profile (PDO-3). A Natural Support Person serving as a back-up to the primary DSW understands and agrees that their services will be provided without payment from the Community Choices Waiver (CCW) program as they do not meet the program requirements of having a background screening and/or CPR and 1<sup>st</sup> Aid certification.

The Participant and/or Authorized Representative (aka Employer of Record) should discuss these expectations as well as the availability of the Back-Up Coverage Provider with the Case Manager prior to completing this form to ensure that the Back-Up Plan meets the requirements established by the CCW program.

## How do I complete this form?

- Fill in the Participant's name and/or the Authorized Representative (aka Employer of Record)
- Check off a box to indicate the type of Back-Up Coverage Provider (Enrolled DSW or Natural Support Person) then fill in the Back-Up Coverage Provider's information

## Who needs to sign?

- After reading the Attestation statement, the Participant and/or the Authorized Representative (aka Employer of Record) as well as the Case Manager must sign and date the Back-Up Plan.