

# Independence is the goal. We'll help you get there.

*PAS is your partner for financial  
management services and employer  
agent services.*



Personal  
Accounting  
Services, Inc.

Part of the AssuranceSD family



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# Introduction

Established in 1999, Personal Accounting Services (PAS) serves as a trusted Financial Management Services (FMS) partner. With over 150 years of combined expertise in accounting, payroll, and supporting individuals with disabilities, we are dedicated to helping families on their self-direction journey.

As an FMS Agency, we support individuals and families to take control of their care, offering guidance every step of the way.

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# Our Mission

Our mission is to support our neighbors who are aging or have disabilities to live their best lives by self-directing when, how, and where they receive their services.

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# Our Values

## **EMPATHETIC**

Everyone is working through their own sets of challenges. We recognize that words and actions have consequences, and we strive to maintain an environment where members and colleagues feel understood and supported.

## **AMBITIOUS**

We never accept the status quo. The best member experiences are created by questioning, pushing, and testing assumptions.

## **ACCOUNTABLE**

We demand the best from ourselves and our teammates. We will never compromise on quality, expectations, and experience.

## **EMPOWERED**

We give people the support and resources they need to act for themselves to live their best lives and do their best work.

## **ETHICAL**

We take action and make decisions that never compromise the strength of our moral compass.

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# Understanding Self Direction

Self-direction supports people of any age or ability stay independent by choosing how, when, and who provides their care. Unlike traditional services, you hire your own workers. Over a million Americans use self-direction, often funded by Medicaid.

## *Why Choose Self-Direction?*

Self-Direction gives you control over your care. In many situations, you can hire your family or friends if preferred.

## *Your Responsibilities*

You are responsible for hiring, training, scheduling, and managing your workers.

## *Key Support Roles*

- FMS: Handles payments, paperwork, and taxes for your workers.
- Support Broker/Case Worker: Assists with eligibility, service planning, and safety checks.
- Representative: A trusted, unpaid person who can assist with employer tasks like hiring, training, scheduling, and managing workers.

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# Principles of Self-Determination

## **FREEDOM**

Decide how to live one's life.

## **AUTHORITY**

Control of available resources, including people and budgets. Authority varies by individual and program, with some limits on changes without approval.

## **SUPPORT**

Organize resources to enhance the life of an individual, based on their unique need, goals, and desired outcomes.

## **RESPONSIBILITY**

Use public funds wisely and manage your budget, ensuring services stay within authorized limits.

## **CONFIRMATION**

Self-advocates play a vital role in system changes, requiring their partnership.

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# The Role of the FMS Provider

The FMS role is to support individuals in managing their services without handling payroll. Self-advocates and families have control through hiring, training, supervising, and, if necessary, terminating their own staff.

PAS provides FMS through programs like MI Choice Waiver, Children's Waiver/Choice Voucher System, and MI Health Link. These self-directed programs offer choice and control, providing individuals the ability to decide.



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# The Role of the FMS with Vendors

1. Maintain accurate financial records and documentation in accordance with accounting principles.
2. Ensure payment of employment taxes.
3. Manage payroll forms, reports, and statements.
4. Comply with all federal and state payroll tax laws and filing requirements.
5. Ensure timely payment of wages, taxes, and vendor invoices.
6. File federal and state forms on a monthly, quarterly, and annual basis.
7. Notify the government and individual of any budget issues.
8. Provide monthly expenditure reports and financial statements for the governmental agency and individual.
9. Ensure an individual's records are available for financial and worker's compensation audits.
10. Comply with insurance requirements to safeguard transferred funds.
11. Bill all authorized expenses through the government agency.

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# The Role of the Individual, Family and Legal Representative.

*With support from a Care Manager or Coordinator, the family or individual must*

- If needed, designate a representative to manage schedules, documentation, timesheets, and other employer duties.
- Participate in program orientation.
- Sign the Program, Medicaid Provider, and Employer/Employee Agreements.
- Interview and hire staff.
- Determine staff salaries (within approved rates) and training needs.
- Schedule staff according to authorized hours.
  - Avoid scheduling any employee for more than 40 hours per week, even across multiple employers.
  - Work weeks consist of Sunday through Saturday.
- Verify EVV punches and submit them to the FMS.
- Complete all necessary paperwork.
- Establish a Back-Up Plan that addresses budget and services hours as well as identifies back-up supports, should the primary supports not be available.

## IMPORTANT

As the employer, you must schedule employees only for the hours authorized in your service plan or assessment. Their time records should match the Medicaid-covered hours. Per the Department of Labor, employers must pay employees for all hours worked, including overtime and taxes.

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# Steps to Becoming an Employer

1. Register and attend orientation for the employer or representative.
2. Interview with the individual and family.
3. Train on Employer and Fiscal Agent responsibilities.
4. Complete Household Employer tax forms and obtain signatures.
5. Submit all required program forms and documents.

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# Steps for Hiring a New Employee

Each prospective employee must be interviewed by the employer and credentialed by the FMS. The employee must complete all required employment documents. If the employee is not present at the employer's enrollment meeting, they must schedule an appointment to review application forms and procedures.

## *Direct Hire*

### **REQUIRED FORMS AND SCREENING**

The State of Michigan Department of Health and Human Services (DHHS), along with state and federal laws, requires each employee have the following forms on file with the employer:

- Interview with Potential Employer
- Employer-Employee Agreement
- Employment Application
- Employment Orientation
- I-9 Form: Employment Immigration Eligibility

## IDENTIFICATION EXAMPLES:

- Michigan Driver's License
- Copy of Passport
- Copy of Social Security Card
- Criminal record checks that may include:
  - ICHAT or 52-State Record Check
  - Office of Inspector General (OIG)
  - System for Award Management (SAM)
  - Sex Offender
  - Registry Clearance
- Job References
- Federal and State withholding tax forms
- Training certificates identified by funding agency, if applicable

Each funding agency's requirements may vary. The employee agreement will specify the required training, which may include:

- CPR/First Aid/AED (American Heart Association or Red Cross), if applicable
- Universal Precautions/Bloodborne Pathogens/Infection Control, if applicable
- Fraud and Abuse, if applicable
- Emergency Preparedness, if applicable

An employee cannot begin work until all documents are completed, submitted, processed, and approved.

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# Employee Personnel Record

To maintain complete and accurate personnel records, employees must report any changes in personal status to the FMS, including:

- Address or phone number changes
- Changes affecting tax withholding or legal name
- Changes to emergency contact information

## *Employee Access to File*

To view your personnel file, submit a written request to PAS with your name, social security number, dates of employment, and employer's name. Files can be reviewed during business hours, and photocopies may incur a fee.

## *Employee Eligibility Start Date*

Employees can begin work once all employment documents, screenings, and training are completed and a credentialing notice is received. For questions, contact the Onboarding Department.

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# Participant Authorized Service Hours

Each individual receives a Plan of Service or Assessment through a Medicaid funding agency. This plan outlines the specific number of support hours authorized for the participant.

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## Attendance System

PAS uses the CareWhen Attendance System, which is HIPAA and EVV compliant. Participants and employees receive login information, instructions, and guidelines.

### *The system records the following six elements*

- Type of service performed
- Individual receiving services
- Date of the service
- Location of service
- Individual providing the service
- Time the service begins and ends

## ***CareWhen supports clocking methods via***

- Mobile app
- Telephone
- Computer or tablet

The mobile app allows easy clock-in/clock-out, task recording, and visit notes (completed at the end of the shift). The telephone system records tasks, but progress notes must be submitted separately via the Visit Progress Note Report. The computer or tablet offers the same functionality as the mobile app. The following forms are used with the CareWhen Attendance System:

### ***Employer Pay Authorization (EPA)***

Completed after reviewing the employee's hours for a pay period. This form must be signed by the participant/employer or legal representative and the employee.

### ***Attendance Incident Report (AIR)***

Used when an incident occurs that requires modifying clock-in or clock-out times.

### ***Visit Progress Note***

Completed daily when using the telephone system to clock in or out, recording tasks and progress notes for each visit.



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# Overtime Guidelines

If your service authorization exceeds 40 hours per week, additional employees must be hired. Employees cannot work more than 40 hours across multiple Household Employers under the same funding agency.

As the employer, you are responsible for creating employee schedules and ensuring overtime is not scheduled or worked.

Overtime pay is regulated by the Federal and Michigan Departments of Labor. Support staff are not considered companions, so if you schedule an employee to work over 40 hours per week, you must pay them time and a half. This also applies if the employee works for another employer under the same funding agency.

Consult your Support Coordinator or Care Manager to prevent overtime costs by hiring additional staff or a Staffing Agent.

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# Identifying Fraud

Research by Applied Self-Direction shows that fraud in self-directed programs is rare, with an estimated rate as low as 0.02%. Most concerns arise from misunderstandings, or not intentional wrongdoing. Generally, participants in self-directed programs are responsible stewards of public funds.

## *What is Fraud and Abuse?*

### **FRAUD**

Intentional deception or misrepresentation to take money from Medicaid long-term care programs.

### **ABUSE**

Actions by providers, caregivers, or vendors that result in unnecessary program costs.

## *Common Types of Fraud and Abuse*

### **BILLING FOR SERVICES NOT PROVIDED**

Billing for services when the individual didn't receive them.

### **BILLING FOR HOURS NOT WORKED**

Timesheets showing hours that were not actually worked.

## **SERVICES DURING INSTITUTIONAL STAYS**

Billing for services provided when the participant is in a hospital, nursing home, or other institutional setting.

## **FALSIFYING SIGNATURES OR HOURS**

1. Staff signing timesheets or invoices for both themselves and the participant.
2. Adding extra hours after the participant has signed the timesheet.
3. Continuing to submit hours after termination without notifying the FMS.

## **DOUBLE BILLING**

Occurs when a direct care staff member submits hours for the same time and day for two different participants who live in separate locations.

## **KICKBACKS - TWO COMMON SCENARIOS**

1. A participant hires a direct care worker and asks for a portion of their paycheck.
2. A provider/vendor agrees to give a participant a portion of their reimbursement for services.

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# How to Report Suspected Medicare Fraud

Call: 1-800-MEDICARE (1-800-633-4227)

Report online to the Office of the Inspector General

Call the Office of the Inspector General at:

1-800-HHS-TIPS (1-800-447-8477)

or TTY at 1-800-377-4950

## *Before reporting, have the following information:*

- Provider's name and any ID number
- Service or item in question
- Date the service/item was provided
- Payment amount approved by Medicare
- Date on your Medicare Summary Notice (MSN)
- Your name and Medicare number
- Reason you believe Medicare should not have paid for the service/item

## ***Michigan Medicaid Fraud***

- Call 855-MI-FRAUD (855.643.7283)
- Submit an online complaint - Link to: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/report-medicaid-fraud-and-abuse>
- Send a letter to the Inspector General - Link to: <https://www.michigan.gov/mdhhs/inside-mdhhs/office-of-inspector-general/contact-us>

## ***Contact your agency support coordinator or care manager:***

**Call: 734.729.3100**

**Write:**

**PAS**

**20500 Eureka Rd, Suite 112,**

**Taylor, MI 48180**

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# Accident/Incident Procedure

## *Life-Threatening Medical Emergencies*

- Call 911 or go to the nearest emergency room.
- Fax follow-up care information to 866.814.5595.

## *Non-Life-Threatening Injuries or Illnesses*

- Report the injury to PAS Workers Compensation Specialist at 734.729.3100 within one business day.
- Complete the Accident Report form and fax to 734.729.3101.

## *Reporting Accident/Incident to the Onboarding Department*

- Provide additional Accident Incident forms for documentation.
- Assist with reporting to Accident Fund Claim Express, call 866.206.5851, or fax 866.814.5595.
- Report the accident to the funding agency and PAS HR Department.
- Complete OSHA forms if necessary.
- Monitor insurance records regarding employee status, treatment, and restrictions.

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# Privacy Notice

This notice explains how PAS may use and disclose your personal and medical information, and how you can access this information.

## *Recipient Rights and HIPAA*

The Health Insurance Portability and Accountability Act (HIPAA) provides additional privacy rights beyond the Michigan Recipient Rights System. If you have questions, contact our Privacy Officer, Karen Dillon, at 734.729.3100, x1114.

## *Your Privacy Rights*

You have the following rights regarding your private information. Requests must be made in writing to the Privacy Officer. A fee may apply for copies of your records.

### *Right to Inspect and Copy:*

You may view or receive copies of your records.

### *Right to Amend:*

If you believe your information is incorrect, you may request a change. If denied, we will provide a written explanation.

## ***Right to Disclosure List***

You may request a list of disclosures made by us after April 14, 2003. This list includes private information shared for treatment, payment, or healthcare operations, but excludes information shared directly with you, your family, or with your written permission.

## ***Right to Request Restrictions***

You may request limits on how we share your private information, though we are not required to agree.

## ***Right to Request Confidential Communications***

You may request that we communicate with you in a specific way or place, such as contacting you at work instead of at home.

## ***Questions/Requests***

If you have questions or requests regarding this privacy notice, contact:

**Privacy Officer Karen Dillon**

20500 Eureka Rd, Suite 112, Taylor, MI 48180

**Phone:** 734.729.3100 x 1114

**Email:** kdillon@passelfdirection.com

## ***Filing a Complaint***

You may also file a complaint with the federal government:

**Secretary of Health and Human Services**

200 Independence Avenue, SW, Washington, DC 20201

**Phone:** 866.927.7748 | **TTY:** 866.788.4989

**Email:** ocrprivacy@hhs.gov



## ***You will not be penalized for filing a complaint.***

### Changes to This Privacy Notice

We may update this notice in the future. If changes are material, a new notice will be provided before your next service. You can request an additional copy of this notice at any time. We are required by law to follow the terms of the current notice.

### Protected Health Information

To provide services, we collect your private information, known as Protected Health Information (PHI) under HIPAA. PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition and related healthcare services.

## ***Routine Disclosures***

This section explains how we may share your private information for:

1. Treatment
2. Payment
3. Healthcare operations

## ***Treatment***

We may share your private information to coordinate your care with other providers. This may include:

- Your diagnosis
- Your treatment plan and goals
- Your progress toward those goals

## *Payment*

We may share your private information to ensure services are billed and paid for correctly. This may include:

- Your name, address, phone number, and date of birth
- Your insurance information, including medication authorizations
- Your diagnosis
- The date(s) you received treatment

## *Healthcare Operations*

We may share your private information to support our business operations, including:

- Reviewing the quality of your care
- Maintaining your clinical records
- Reminding you of scheduled appointments
- Fulfilling contract or licensure requirements

## ***Disclosures Which Require an Authorization***

We may share your private information with your prior authorization in the following instances:

- Coordination with another agency (e.g., Funding Agency, Nursing Home, Department of Human Services)
- Communication with an individual involved in your care (e.g., legal representative, family member, Agency-Support Coordinator, Care Manager)
- Collaboration with another professional

## ***Disclosures Required by Law***

We may also share your private information without authorization when required by law, including:

- Law enforcement purposes (e.g., subpoenas or court orders)
- Public health risks (e.g., communicable diseases)
- Averting serious threats to health or safety (e.g., harm to yourself or others, suspected abuse)
- Other emergencies (e.g., disaster relief or security threats)

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# Your Partner for Success

At PAS, our goal is to provide the support you need to successfully navigate your best life. For the best experience, always remember to follow program guidelines, submit accurate information, and stay within your service plan authorization or assessment.

## *Contact the Following Departments for Assistance:*

### **ONBOARDING DEPARTMENT**

- New participant onboarding
- New employee (caregiver) onboarding
- Employee application
- Employee information updates
- Employee eligibility
- Direct Deposit information

## **BILLING DEPARTMENT**

- Participant authorizations
- Employee hours
- Employer Pay Authorization (EPA)
- Attendance Incident Report (AIR)
- Visit Progress Note (VPN)

## **PAYROLL PROCESSING CENTER**

- Payroll
- Employment verification
- Garnishments or Friend of the Court payments

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# Important Contact Information

PAS

20500 Eureka Rd, Suite 112

Taylor, MI 48180

Phone: 734.729.3100 | Toll Free: 877.729.3181

Fax: 734.729.3101 | TDD: 734.729.3100

Web: [PASselfdirection.com](http://PASselfdirection.com)



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