Instructions for completing the
Employer of Record Implementation Strategy for Home Based Supports and Services

1. Only the Employer of Record should complete the Employer of Record Implementation Strategy for Home Based Supports and Services [IL462-1240] form. If you need assistance, you can hire a Self-Direction Assistant to help you.

2. Please type or print all information. This Implementation Strategy does not replace the Home Based Support Service Agreement or Service Authorization.

3. Complete the top of the page by providing the
   a. Individual Name: Print or type the name of the person receiving DD Waiver services.
   b. Date of Plan: Please refer to the first page of the Personal Plan. Enter the last or latest signature date of the individual, guardian or the Independent Service Coordination (ISC) agency. If you are unsure of this date, please contact your ISC.

4. In the Table, work your way across completing one row at a time. When complete, move to the next row if necessary. If you are completing this electronically, you can add additional rows by clicking on the Add option in the very last column titled ADD/DELETE ROW. Likewise, you can delete a row by clicking on the DEL option. If you are completing this by hand, please use additional pages as necessary.
   a. Under "Outcomes": List only the outcomes that you will be responsible for overseeing or arranging, such as when services are being delivered by a family member or a Personal Support Worker you privately hired. This will also include outcomes by an agency that is not a DD Waiver provider (such as Special Recreation Association programs, private day programs, or professionals/therapists who do not accept Medicaid). The outcomes you list on this page will be taken directly from the Summary of Services & Support page of the Personal Plan and should not be changed or altered.
   b. In the next column, "Service & Support": Enter the service or support that you will be responsible for arranging and/or overseeing. The service or support you include on this Implementation Strategy must also be identified in the Personal Plan. The service or support may be put in place to support an outcome or it may stand alone (without an outcome).
   c. Under "Who will provide this service or support": Please indicate the name of the person, program, agency or company that you will work with to provide the identified service/support.
   d. In the next column, "How will this service or support be provided": Describe in detail what the person, program, agency or company will provide. Include the location.
   e. Finally, describe "How often and when will this service or support be provided": Enter the schedule for this service or support including the hours, days and/or months it will be provided and how long each episode or encounter should occur.

It is the responsibility of the Employer of Record to ensure that:
   • You keep this Implementation Strategy on hand and make it available to the Independent Service Coordination (ISC) agency and Division of Developmental Disability staff as requested. If you have hired a SDA, they may also need a copy.
   • This Strategy is updated each year (but can be updated more often if needed) as the Personal Plan is updated.
   • All paid services and supports outlined below are provided and/or billed according to your HBS Service Agreements and Service Authorizations.
   • Notify your ISC if it is necessary to make changes in your Personal Plan.
### Example of the Employer of Record Implementation Strategy:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Services &amp; Supports</th>
<th>Who will provide this service or support?</th>
<th>How will this service or support be provided?</th>
<th>How often and when will this service or support be provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John works at the grocery store in order to make money and buy new clothes.</td>
<td>Help with cashing his check and purchasing clothes</td>
<td>Dad</td>
<td>Help John keep track of electronic deposit/paycheck and keep track of checking account online. Make sure John goes to work as scheduled. Take John to the clothing store to purchase needed or wanted items.</td>
<td>Each pay period and shop 1 time a month or as he needs/wants to.</td>
</tr>
<tr>
<td>John participates in local events in his community so that he can meet new friends.</td>
<td>Jackson County Special Recreation Program</td>
<td>Joe (brother/Employer of Record) &amp; Personal Support Workers</td>
<td>Joe will hire a PSW who will take John to and bring him home from the Special Rec program on Wednesday and other days/times as events are scheduled.</td>
<td>Every Wednesday from 1pm-5pm &amp; other days/times as events are scheduled.</td>
</tr>
<tr>
<td>N/A</td>
<td>HBS- Personal Support Worker</td>
<td>Joe &amp; Personal Support Workers</td>
<td>Joe will hire PSWs to help John shower/groom and learn to do his laundry.</td>
<td>Mon., Tues., &amp; Fri. from 8am - 12pm.</td>
</tr>
</tbody>
</table>