

## Self-Directed Supports Waiver Overview

### Background

The Department developed a self-directed supports (SDS) waiver application to be submitted to the Centers for Medicare and Medicaid Services (CMS) on September 4, 2007. CMS directed Wisconsin to provide adequate choice in a managed care environment in order for Wisconsin to expand Family Care, and advised us to develop this SDS waiver as the choice option. This waiver will provide consumers with the option to fully direct their services outside of Family Care.

### Overview

The Department has taken guidance from the Self-Directed Supports waiver, Mi Via, recently approved by CMS and implemented in New Mexico. Consistent with Mi Via, the Department has laid out a framework for a self-directed supports waiver program in Wisconsin. This framework provides a basis for development of the waiver program that builds on Wisconsin's tradition of comprehensive waiver services and reflects input from Wisconsin stakeholders.

The framework that is included in our waiver application is described below. As we move to the implementation planning phase of the SDS Waiver Program, the details will be developed.

**Authority.** The self-directed services option in Wisconsin will be operated through the authority of home and community-based services waivers under Section 1915 (c) of the Social Security Act. Wisconsin is requesting two parallel waivers (one for frail elders and persons with physical disabilities and one for persons with developmental disabilities) to serve the target groups currently covered under the Family Care 1915 (c) waivers. Wisconsin has used the experience of SDS in Family Care as well as New Mexico and other states to develop a waiver that meets the expectations of CMS.

**Individuals who are expected to choose the SDS waiver.** The Family Care program includes a robust self-directed supports option and it is the Department's expectation that the large majority of individuals interested in self-direction will choose Family Care, mainly because the person can choose to only self-direct part of the services they need. People in the SDS waiver must self-direct all of their services. Because of this requirement, we expect that people who will choose this waiver will be those who fully understand the services they need and have sufficient experience with the system to be able to navigate without much assistance or who have highly involved guardians or family members who have this level of knowledge and experience.

**Implementation timing.** The SDS waiver is intended to provide an option to Family Care and, as such, implementation will be synchronized with Family Care expansion. When the SDS waiver is implemented, it will be available to people in current Family Care counties when they come to the ADRC and are found in need of publicly-funded long term care services, or to current Family Care members at the time of review or upon request to change from Family Care

to the SDS waiver. As Family Care expands to additional counties, the SDS waiver will also be available in those counties. When people are given the opportunity to enroll in Family Care either as they transition from the current waivers or as they are taken off the waitlist, they will be given the option of the SDS waiver. Implementation of the SDS waiver will require some ramp-up time for the contract agencies to develop capacity in those areas of the state where expansion is occurring, also supporting the need for a phased implementation.

**Scope of self-direction.** Participants in the SDS waiver will accept a fixed individual budget amount, developed from the results of their Long Term Care Functional Screen. This budget will be used to plan for and self-direct all of their waiver services. They will also be able to use their Medicaid card for other Medicaid covered services. This will allow for maximum flexibility for a participant to coordinate services and supports. It also assumes significant involvement and responsibility for self-direction on the part of the participant and/or his or her representative. Persons who are not prepared to assume the level of self-direction in this waiver will still be able to self-direct services on a selective basis based on their preferences within Family Care.

**Waiver size.** The federal government requires that the state indicate the maximum number of people to be served in the waiver. Based on our experience of people choosing to self-direct a few of their services in Family Care, and based on the SDS waiver experience in other states, the Department estimates that the maximum number of people served in the first year of the waiver will be 750 people. In the second year this will increase to 1000, and in the third year to 1500. This estimated number is high enough that it will provide access to participation to any interested individual and in effect, will result in no binding “cap” on enrollment.

**Cost of the waiver.** The SDS waiver is designed so that it will cost the State no more than the cost of serving comparable individuals in Family Care. Funding for the services and administration of the SDS waiver will come from the Family Care budget, so no additional funding will be required to operate this waiver.

**Covered services.** The SDS Waiver will include a service package based on Wisconsin’s current home and community-based waivers (HCBW). Persons participating in the SDS waiver will also be able to use their Medicaid card for other Medicaid covered services. Personal Care will remain a card service when the SDS Waiver Program begins. However, Family Care has proven cost effective in part because CMO’s have been able to substitute Supportive Home Care (a waiver service) for the more expensive Personal Care card service. To allow people in the SDS waiver to manage their service dollars more efficiently, Wisconsin will pursue an option as part of implementation that would allow people in the SDS waiver to also self-direct their Personal Care. We are waiting for federal regulations that would define how people could self-direct Personal Care under the MA State Plan, so we can’t include this as an option when the waiver is initially submitted.

**Role of the Aging and Disability Resource Center.** Since self-directed supports are also available under Family Care, participants must be fully aware of the available choices and understand the implications of choosing one option over the other in order to make a meaningful decision. Aging and Disability Resource Centers (ADRCs) will play a critical role in informing participants of all available options through an objective enrollment counseling process. After the waiver request has been submitted to CMS, we will begin working with stakeholders to get

input on information on the SDS waiver to be included in the enrollment counseling process. ADRCs will also assume the responsibility for doing the long term care functional screens that will be used to determine the individual budget amount

**Independent Consulting Agency and Financial Services Agency.** DHFS will contract with two agencies to support the participants in the SDS waiver. The Independent Consultant Agency (ICA) will provide limited case management services, assist the participant in developing the service plan, provide limited ongoing contacts with the participant to monitor implementation of the service plan, and review monthly expenditure reports to assure appropriate use of the authorized budget, following up with the participant as needed. The Financial Services Agency will assure that providers meet appropriate requirements, process claims, do required data reporting to the Department, and provide monthly expenditure reports to the ICA and the participant.

### **SDS Waiver – A Participant View**

The elements of the framework provided above describe pieces of the SDS waiver, but do not provide a picture of how it will look to potential participants. The following narrative provides some general information about the steps in the process.

**Choosing SDS.** The first opportunity for a participant to choose the SDS waiver will occur:

- 1) when an existing waiver participant is at the point of “rolling over” to Family Care from the current waivers (COP/CIP);
- 2) when a person on a wait list is given the offer of services;
- 3) when an individual in a Family Care county with no previous contact with the system is found in need of publicly-funded long term care services;
- 4) when an individual is enrolled in Family Care and is interested in moving from Family Care to the SDS waiver.

Individuals who are not currently on a home and community based waiver will begin their contact with the Aging and Disability Resource Center (ADRC). At the ADRC, following options counseling and eligibility determination:

- An Information and Assistance (I & A) Specialist will help the person think through the publicly funded long-term care options to identify the right choice. This step is called enrollment consultation. The I & A Specialist will provide information to help the individual to decide whether to enroll in a managed care long-term care program, which includes SDS, or accept fee-for-service Medicaid and manage his/her own care in the SDS waiver.
- If the individual is interested in the SDS waiver option, the ADRC will then help him or her understand what the SDS waiver would mean and the next steps in the process should the person choose SDS.

**Budget calculation.** The budget calculation for SDS will be made using the information collected on the Long Term Care Functional Screen (LTCFS). A profile of the individual will be developed based on the needs identified in the LTCFS and that profile will be used to determine the projected cost of services and supports for that individual if he or she were enrolled in Family Care—not the capitation rate paid to the managed care organization (MCO) based on the average

of individual costs. Only services that are included in the SDS waiver will be included in this calculation. The prospective participant will know this budget amount when deciding whether to participate in Family Care or the SDS waiver.

**Consultation.** Each person who chooses to participate in the SDS waiver will meet with an independent consultant initially to receive an in-depth orientation about the SDS waiver. After the person develops his or her care plan, the consultant will review the individual's proposed care plan to ensure that it is consistent with the waiver-allowable services and addresses health and safety. The consultant will also ensure that necessary paper work is completed and will refer the participant to sources of assistance as needed.

**Care plan development.** The individual, and any person or persons providing assistance with self-direction, will develop a care plan that describes the types of supports and services he or she needs. The SDS independent consultant can provide input into this process upon request, but the primary responsibility will lie with the participant.

**Self-direction.** The participant will solicit and hire workers, train workers as necessary and make arrangements to purchase needed services and supports from vendors. The participant will review and approve timesheets and other documentation and submit them to the Financial Services Agency for payment.

**Financial Services Agency (FSA).** The FSA will assure that providers meet appropriate requirements, process claims for supports and services authorized in the care plan and approved for payment by the participant, and do required reporting.