

**Self-Directed Supports in
Family Care, Family Care Partnership,
and PACE:**

**A Best Practice Manual for
Interdisciplinary Team Staff**



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Purpose of This Manual

The Department of Health Services (DHS) developed this manual in collaboration with managed care organizations (MCOs) as a best practice guide for interdisciplinary team (IDT) staff providing support to members who choose the self-directed supports (SDS) option in the Family Care, Family Care Partnership, and Program of All-Inclusive Care for the Elderly (PACE) managed care programs. (Throughout this manual, references to Family Care include the Family Care, Family Care Partnership, and PACE managed care programs.)

The goals of the manual are to assist IDT staff in understanding SDS within the Family Care framework and provide IDT staff with best practice strategies to ensure member health and safety while supporting the member's interest in self-direction.

This manual uses a "better practice" approach to clarify services and supports that members can self-direct, which include all home and community-based services (except residential and care management services). This manual also provides examples, core functions of IDT staff, and suggested tools. The manual does not supersede the current DHS and MCO contract.

MCOs may use this manual in conjunction with their comprehensive IDT staff training plan or as a standalone resource for IDT staff.

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Introduction

Family Care is a comprehensive and flexible long-term care (LTC) service delivery system that strives to foster the independence and quality of each member's¹ life while recognizing the need for support. Family Care is a publicly funded, Medicaid managed, LTC program for frail elders and adults with physical or intellectual/developmental disabilities. Partnership and PACE are publicly funded through both Medicaid and Medicare and, in addition to LTC services, include primary and acute health care services.

A fundamental principle of Family Care is promotion of member self-determination and independence to the greatest degree possible. To this end, members are supported to self-direct their services. In Family Care, the member is part of an IDT consisting of a nurse and a social service coordinator (the Partnership IDT also includes a nurse practitioner). The IDT works to identify and develop community, paid, and unpaid natural supports with the member in order to optimize community involvement and quality of life. The expectation is for members, families, and friends to determine their roles in supporting identified LTC outcomes.

When members enroll in Family Care, they have the right to be informed about the source of the funding for the program. In this way, members can fully participate in the program and can make cost-effective decisions regarding their services. This gives members maximum opportunity to participate in coordinating their services and supports. It also enables members to take on significant involvement and responsibility of their care plans and LTC outcomes.

The Difference Between Self-Determination and Self-Direction

The concept of self-determination is based on a belief that frail elders and people with disabilities are the experts on their needs. They have the same right to participation, range of options, degree of freedom, control,

Key Tenets of SDS in Family Care

- Members can choose to self-direct all of their services with a few exceptions (see [page 15](#)). The services must meet one or more of their LTC outcomes as listed on their member-centered plan (MCP).
- The services and way in which a member chooses to self-direct is individualized.
- No one is too disabled or too old to self-direct.
- Members can choose to start small by directing one service and then expand their authority to direct more services and supports over time.
- Legal decision makers (i.e., court-ordered guardians and agents acting under an activated power of attorney) can choose to self-direct some services that meet one or more of the member's LTC outcomes as listed on the MCP on behalf of the member.
- Self-direction in Family Care is not the same as IRIS in which all services must be self-directed.

¹ References to members always imply the inclusion of legal decision makers.

and self-determination in everyday life as all citizens. Members are in control of their lives. The IDT staff assessment and service delivery should enable members to control their services, to freely choose among competing service providers, and to live with dignity in the community. Self-determination is woven throughout Wisconsin's LTC programs, including Family Care. This happens in a variety of ways, from members being the central part of the IDT, to all members being able to exercise control over the direct care workers who come into their homes. Wisconsin's LTC programs do not say, "This is what we can offer you," but rather, "We will help you identify your LTC outcomes and support you to achieve them."

Self-direction in Family Care allows members to expand their self-determination by having even greater control. For example, members have the ability to employ whom they choose to provide their services and when services will be provided. Supporting members as well as paid and unpaid caregivers is important. The Family Care benefit package found in the DHS and MCO contract includes services to support consumer education and training to learn self-advocacy skills as well as training to improve the ability of unpaid caregivers and paid direct support staff to carry out therapeutic interventions. MCOs provide access to these resources and explain the budget based on the supports and services the IDT and member discuss through the resource allocation decision (RAD) process. The result of the RAD process is a care plan with the supports and services that the IDT staff and member identified as appropriate to meet the identified need. The SDS budget is based on the amount the MCO would have spent if it purchased those services. The member can then use that budget amount to pay workers who are hired to provide specific services to meet the member's needs.

Use of SDS to Achieve Member Goals

The following are three success stories about members who benefited from self-directing their LTC services. These stories illustrate the positive difference it can make for members and their families when members have more control and choice over who, what, when, where, and how services and supports are provided to them.

A Dream to Return Home

Etta moved into a nursing home following a hospitalization. She expected to return to her apartment where her family had provided the support she needed in order to live independently.

During her stay in the nursing home, Etta remained hopeful and continued paying rent on her apartment; it gave her the motivation she needed to make progress in her rehabilitation.

However, Etta's family decided they would not be able to provide enough support for Etta if she moved back to her home. As a result, Etta had to consider giving up her apartment to stay in the nursing home permanently. She was despondent at the thought of



losing her independence. When she enrolled in Family Care, Etta's care management staff understood how important this was to her and considered the services and supports that would allow her to live at home. Etta hoped her daughter would provide the care she needed but did not want to add more stress to her daughter's life as she was already working and taking care of her own family.

Using the SDS option, Etta hired her daughter to provide the help needed in order to live at home. This arrangement allowed Etta's needs to be met while enabling her daughter to get the rewards and satisfaction of helping her mother. Etta's optimism returned and with the necessary supports in place, her LTC outcome of living at home became a reality.

Opportunity Rediscovered

Jayme, an active young man, worked on helicopters, played minor league baseball, and partied with his friends. However, his life changed dramatically following a car accident that resulted in a spinal cord injury. At first, he tried living on his own with in-home support services; however, finding and keeping reliable help was frustrating. He decided to move back to his hometown and into an accessible apartment near his family. During this time, Jayme also met his wife-to-be.



After enrolling in Family Care, Jayme chose to use the SDS option for many of his LTC service needs. Prior to using SDS, he had to structure his life around the schedules of his home care workers. Often it was difficult for him to work toward his personal goals and do the things that were important to him. Using SDS, Jayme

can now plan the support he needs around his life and commitments. He manages well with SDS; and his wife, sister, mother, and a few friends provide both his paid and unpaid supports.

Jayme remains an active person; he is pursuing his Master's degree and working at ministry camps. He also leads a Bible study group; does motivational speaking for National Guard units, schools, and churches; and has an active social life. Jayme told his care manager, "I feel like I am never going to be left out in the dark. I have a say in the way I am taken care of, and I am able to work toward reaching my goals. It's so good to know that there's a program like this."

While Jayme is grateful for all the benefits available for people with disabilities, he emphasizes the importance of being one's own advocate. His desired vocational outcome is to become a religious counselor for people with disabilities. Due to his experiences, Jayme was inspired to help others rediscover the potential of their own lives.

Non-Traditional Jobs Sometimes Require NonTraditional Supports

Jeff always dreamed of having a home-based business. He started working on his business plan with a local supported employment service provider. Over the course of a year, Jeff's workers changed several times. MCO staff struggled to understand their role in planning and supporting Jeff's business venture. Eventually, Jeff decided to create a support plan that included hiring and directing some of his home care staff as well as hiring an independent support broker or community connector for support in carrying out his home-based business. This effort resulted in Jeff being able to have the flexibility he needed for both his personal assistance needs and on-the-job support to run a successful business from his home.



SDS in Family Care

In Family Care, members can elect to self-direct any waiver service listed in the Benefit Package Service Definitions Addendum of the DHS and MCO contract (available at www.dhs.wisconsin.gov/familycare/mcos/contract.htm), except for residential care services and care management services, if the IDT identifies the services as consistent with the member's outcomes. For home and community-based waiver services, members get to choose the level they want to participate in SDS and how much support they want from their IDT staff. This includes a care manager and a nurse who can provide health education, act as a liaison with the primary care system, and troubleshoot health issues as they arise. Typically members and their assigned IDT staff are able to work together, but there could be a time a member may feel a change in either the care manager or nurse would be beneficial.

MCOs should encourage members to communicate concerns to the IDT staff. IDT staff should provide education, both initially and ongoing, to members on what to do if there is a concern regarding the services or supports they receive or if there is additional support the member would like to have. MCOs should let members know who they can contact, such as a member rights specialist or an advocate, to discuss their concerns if they do not feel comfortable requesting additional or new services or supports from the IDT staff.

Providing education on the choices that are available to members is an important function of the IDT staff. When members choose SDS, they have choice and control about **who** provides their services (whether it consists of an individual(s) or agency), **how** their caregivers carry out services (specific tasks, methods, preferences), and **when** they receive services.

"Since the member has been able to use the SDS option, she is more in control of her care. She is happier, and we, as her IDT staff, have not heard from her about any problems. Before SDS, there were weekly phone calls with new problems. SDS is a great option for this member."

~ MCO Care Manager

Members have the option to hire a support broker (a service included in the Family Care benefit package, which is available at www.dhs.wisconsin.gov/publications/p0/p00570.pdf). A support broker is an individual who assists a member in planning, securing, and directing self-directed supports. The services of a support broker are paid for from the member's SDS budget. Support brokers are subject to criminal background checks and must be independent of any other waiver service provider. A support broker must be knowledgeable of the local service delivery system and the community-integrated services and resources available locally. A support broker must also be knowledgeable of the typical types of needs that people in the member's target group have. The member and IDT staff are responsible for ensuring that the support broker the member selected has the appropriate knowledge.

Members can choose to hire and/or manage their own staff using a fiscal agent or co-employer (also known as Agency With Choice, AWC) from a financial management services (FMS) provider or receive staffing support from a provider agency.



The budget for each member is based on the specific services identified during the assessment process with the IDT staff. The budget is based on the amount the MCO would have spent if it coordinated the member's services within the MCO's network providers. Using SDS, members are responsible for hiring and training staff to perform the services agreed upon through the RAD process and entered on the member's care plan, including the appropriate and legal use of the funds allocated for the services and goods the member receives. Member education in this area is very important. IDT staff are responsible for the following:

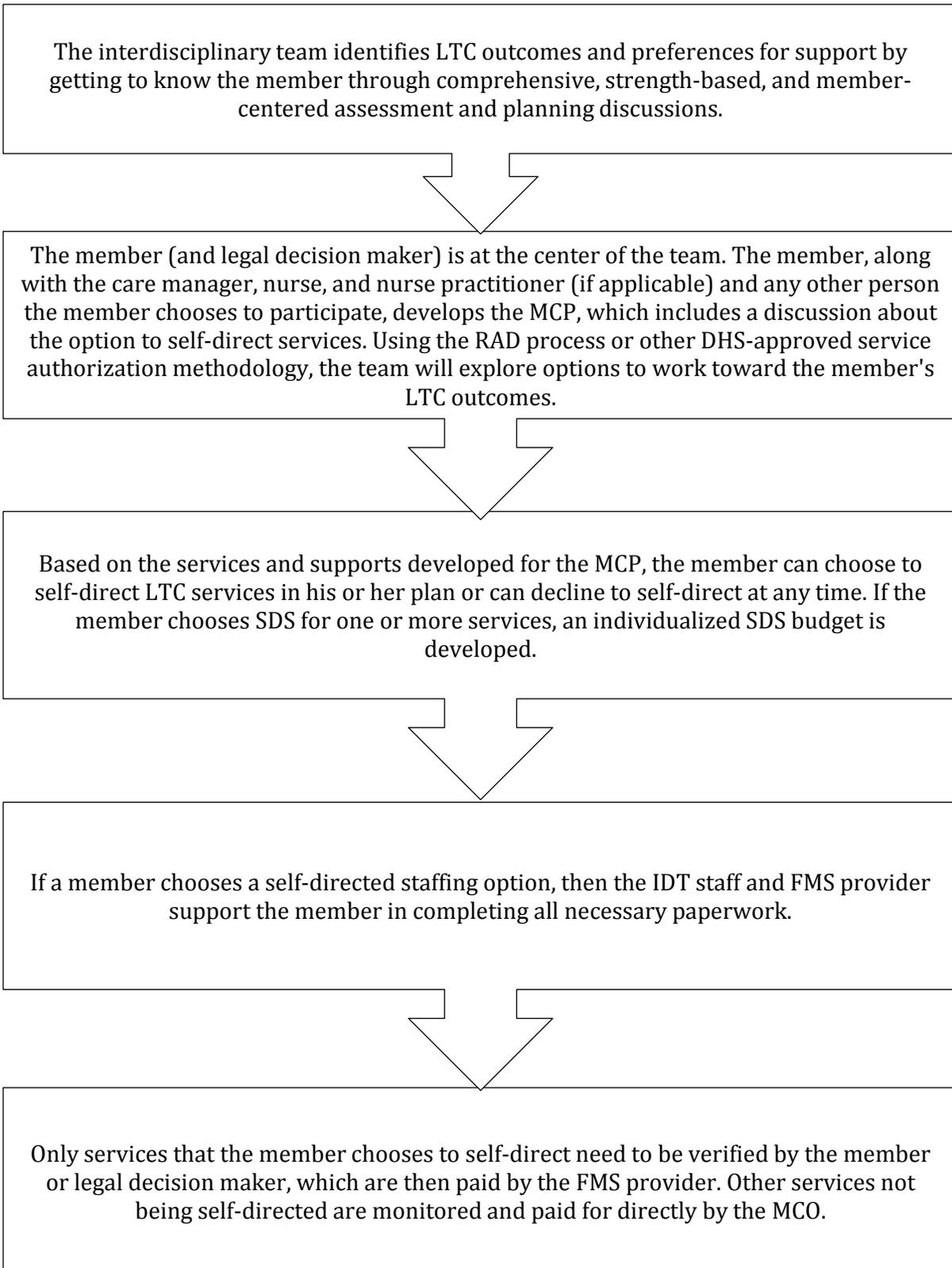
- Educating members on their responsibility to be good stewards of the public funds they will be managing.
- Validating that employees are qualified to perform services.
- Providing ongoing evaluation and monitoring to ensure services provided are meeting the health and safety needs of members.

Some members choose to pay family members or legal guardians to provide services. This has many advantages. However, there is a need for additional discernment in the assessment and RAD process because family members cannot be paid for tasks that are a normal part of day-to-day family activities that are typically assumed to be the responsibility of family members, whether they reside with or separate from the member. DHS established its Guidelines for Paying Family Caregivers, which is based on DHS and MCO contract requirements, that includes guidance regarding day-to-day family activities. These guidelines can be found online at www.dhs.wisconsin.gov/familycare/mcos/communication/ta14-01.pdf.

MCO Implementation Process

Despite the variations among MCOs, each process or system builds on the foundation of certain key components as outlined in the diagram on the following page.

Key Components for MCO Process



Guiding Principles of SDS

DHS has a set of guiding principles for IDT staff to follow when offering SDS and assisting members with their SDS planning. The guiding principles emphasize empowerment and self-determination. The principles include the following:

- Supporting members who want to manage their own services.
- Making it possible for members to live in their own home or with family where they can live as independently as possible.
- Explain and explore a variety of service options available so that members can make an informed choice of the option that best meets their needs.
- Involving members and their legal decision maker, if applicable, when making decisions about services.
- Encouraging members to report the quality of their care to their IDT staff.
- Protecting safety and rights.
- Designing care coordination and service management to address individual preferences.

The Benefits and Challenges of the SDS Option

Choosing to self-direct is not an “all or nothing” approach. Family Care offers a range, or continuum, of SDS options to its members. Members need clear and accurate information about their SDS options. Members can make informed decisions about their supports and services with adequate time and assistance to explore their options and preferences.

Implementing SDS offers benefits to both the individual member and to the organization as a whole. For members, the benefits are unique to each individual; for the MCO, it can result in the overall satisfaction of its membership and potential cost-savings. Implementing SDS also presents certain challenges. These challenges are unique to each individual; some examples of member challenges may include finding back-up workers, staying within budget, and managing time sheets. MCO staff will be compelled to relinquish some control over how services and supports are provided and who provides them, while ensuring health, safety, and positive outcomes.

Benefits

SDS gives members tools to be more in charge of their lives—they get to “call the shots” so to speak. By creating opportunities for members to be an employer of record and or supervise and manage the workers or care providers they hire, members are more autonomous and less dependent on agencies. This also enables members to have greater flexibility in when and how they receive their services, which traditional service agencies may not be able to accommodate.

Members often note more continuity, reliability, privacy, and dignity when they choose their service providers rather than having the choice made by agency staff who may not know them very well. In many cases, an employee or provider already has an established relationship with the member. Members and their IDT staff can explore more creative ways to meet their needs and work toward their LTC outcomes.

MCOs may also reap the benefits through potential cost savings. Using SDS often reduces reliance on agencies that include administrative costs in the MCO’s rates.

Challenges

SDS requires a different way of thinking about the ways in which organizations, providers, and professional staff work with and support people who are receiving services. For SDS to be effective, it requires organizations (the IDT staff) that normally authorize services to delegate more of the control of resources to members. It is important MCO board members and MCO leadership understand the significance of members and families accepting the responsibility of SDS and its benefits. In turn, it is necessary to create appropriate policies and processes to support SDS implementation.

IDT Staff Discussion With Members About the SDS Option

In addition to offering the SDS option at the time of enrollment, during the comprehensive assessment, and on an annual basis, IDT staff can talk with members about SDS at any time. A member or his or her legal decision maker and/or family member may inquire about the SDS option during a phone call or face-to-face visit. IDT staff can bring up SDS as an option while using the RAD process when SDS seems to be a more effective way to meet the member's LTC outcomes and needs. IDT staff should respond whenever the member wishes to learn more about the SDS option. In addition, anyone on the IDT can bring up the option of SDS when SDS seems appropriate.

Reasons a Member Might Choose the SDS Option

A member may choose the SDS option for any of the following reasons:

- The member wishes to have more control over his or her services or life.
- The member's legal decision maker has been caring for the member for many years and the member or legal decision maker decides that the legal decision maker understands the member best and has the most experience to provide care versus using an outside agency.
- The member needs more flexibility in scheduling services.
- The member has strong preferences for who provides his or her services or how services are provided.
- More creative use of supports and services is needed due to limited providers or community resources or for unique member situations.
- The member is dissatisfied with a traditional service provider.

Setting the Stage for a Productive Discussion

It is important for IDT staff to create a positive and innovative approach so the member understands that SDS might be an option to consider. By nurturing that positive and innovative approach, while also taking into consideration potential for conflict of interest and caregiver strain, the benefits to the member of increased responsibility, empowerment, choice, and control will result in a more successful SDS experience. **The IDT staff's role is to help the member make an informed decision.** The more IDT staff know

Tip: In order for the team to have a productive conversation with a member about SDS, just remember one word: SELF.

Supportive

Enthusiastic

Linked to resources and knowledge

Factual

about the variety, creativity, and flexibility that SDS can offer, the better IDT staff are able to support members in making choices.

It is also important to reassure members that choosing to use the SDS option does not mean they will be all on their own. IDT staff and anyone else the member would like to have involved, including the FMS provider who is either a fiscal agent or co-employer, can help the member be successful. Some members may choose to start slowly with SDS and, as they gain more experience, increase the amount of responsibility they take on or use SDS for other services and supports. An individualized approach for each member is an important aspect of SDS within managed care. Members can decide at any time to have all services coordinated by the IDT staff if they no longer wish to self-direct.

The Role of Community and Natural Supports in SDS

Benefits of Natural and Community Supports

Developing the MCP is the starting point for helping a member take control of his or her life. Ongoing assessment is essential to evaluate current supports and to identify opportunities for expanding control. Each member's situation will be unique as will his or her supports. A dynamic care plan will vary from person to person. The advantages of using natural supports, such as family, friends, churches, schools, local businesses, or volunteers, can be far-reaching. The DHS and MCO contract defines natural support as individuals who are available to provide unpaid, voluntary assistance to the member in lieu of 1915(c) waiver and/or state plan home and community-based services. Natural supports are typically individuals from the member's social network (for example, family, friends, or neighbors). These relationships are often based on trust, kindness, and caring, and, because of that, these supports are often reliable and flexible in meeting the member's needs. Calling on natural supports may also help the member develop other social relationships and participate in community activities.

An initial step for members using SDS is to consider each member's personal strengths and preferences and to identify the natural supports and community resources available. Many members may already be relying on their natural supports to some extent, so it is important to understand the ways in which those supports are effective, and to determine whether IDT staff can assist to ensure these supports remain in place. The IDT staff should assist the member in developing creative approaches that will involve friends, family, or other community resources. IDT staff should also consider ways to create opportunities for peer-to-peer relationships.

Challenges With Employing Natural and Community Supports

IDT staff should encourage and enable the member's friends, family members, and others to continue to voluntarily provide support to the member just as they had been prior to the person's enrollment in Family Care. However, it is important to be alert to potential problems when using community or natural supports.

Key Considerations When Hiring Family or Legal Decision Makers

The Guidelines for Paying Family Caregivers, available at www.dhs.wisconsin.gov/familycare/mcos/communication/ta14-01.pdf, describe the considerations for using family members, guardians, or powers of attorney for health care as paid SDS caregivers. The guidelines address the potential concerns of hiring family by defining parameters for reasonable and appropriate expectations. IDT staff can use these guidelines to have a meaningful discussion with the member and his or her family before making a decision to hire a relative. The guidelines provide a structure for IDT staff to ensure the arrangement is in the best interest of the member.

The DHS and MCO contract does not have specific requirements for guardians as paid caregivers. The IDT is required to use the RAD to determine the most appropriate provider. IDT staff should address the potential for a conflict of interest prior to authorizing FMS services that would include a fiscal agent or co-employer supporting SDS. Section IV of the Guidelines for Paying Family Caregivers provides some criteria for addressing potential conflict of interest with a guardian or power of attorney. In addition, if there are concerns, then a risk agreement is one way for IDT staff to document issues and make the guardian or legal decision maker aware of the process used if a conflict occurs.

In some situations, the member's natural support network may be fragile due to the stress of caregiving, other family matters, work demands, financial problems, or the person's own health concerns. Family or friends may be sacrificing significant aspects of their own lives to provide care to the member. IDT staff can help avoid or solve these issues by identifying and addressing them in a timely manner. There are several strategies IDT staff can use to enable natural supports to remain in place, while providing paid supports for other needs.

If the member indicates he or she wants to use the SDS option and pay his or her natural supports, then the IDT staff should discuss with the member how relationship dynamics can change when a member takes on an employer or supervisor role with family members, friends, or others. It is important IDT staff understand the relationship between the member and current caregivers.

IDT staff can help the member identify ways to support his or her relationships with the friends or family members who may be employed as SDS workers. This may mean directly addressing concerns in the relationship, reducing the amount of care from a particular caregiver, or looking into recruiting new caregivers. Using the co-employment option allows the member to share employer responsibilities with the fiscal management service provider, which includes more support, such as staff training, orientation, disciplining, and recruiting. (See [Appendix 4](#) of this manual for a comparison between co-employer and fiscal agent.) This option allows the co-employer or FMS provider to resolve employment issues and may take the pressure off the member. The FMS provider can also give IDT staff reports on time cards and services performed by employed workers to ensure the member is receiving services according to the MCP.

Supporting Family Caregivers

Although family members, friends, and others who provide care are often the foundation of supports in the MCP, they can sometimes be relied on too heavily. The stress of caregiving can lead to physical or emotional illness and a decline in the quality of the care that family members provide. Overload can also result in emotional or physical abuse of the member.

If there is concern about caregiver stress or burnout, IDT staff should find ways to support those who provide considerable assistance to the member, regardless of whether the caregivers are paid. If there is a need for relief, respite may be an option. The IDT staff may also offer the family member recommendations for counseling services or peer support groups or evaluate the need for education or training to develop or improve skills that allow family caregivers to feel more confident in taking care of the member at home. IDT staff may discuss other options for the member to receive needed care. IDT staff can address the health and safety of members and prevent an undesirable situation through these techniques.

Contract Requirements Specific to SDS

The DHS and MCO contract, available at www.dhs.wisconsin.gov/familycare/mcos/contract.htm, has specific language regarding SDS. IDT staff must inform members of their right to self-direct home and community-based waiver services at the point of enrollment, during the comprehensive assessment, during each RAD process that results in authorization of a service, and annually thereafter. IDT staff are to provide members with a clear explanation of SDS and the choices available under SDS and inform members that participation in SDS is voluntary. The member or legal decision maker, if applicable, signs the MCP to indicate that IDT staff offered the member the option to self-direct some or all of his or her services. The choice of SDS is very important and, therefore, DHS has its contracted external quality review organization review individual member files to ensure MCOs offered members the option to self-direct.

Some of the contract highlights of the specific SDS responsibilities that MCOs must meet are:

- Assurance that members do not use SDS funds to purchase residential services that are included as part of a bundled residential services rate in a residential facility, as defined in the scope of service agreement between the MCO and the residential facility.
- Expansion of the variety of allowable choices and supports available within SDS.
- Collaboration with DHS to develop systems to evaluate the quality of SDS.
- Development and implementation of DHS-approved MCO policies and procedures describing conditions under which the MCO may restrict a member's level of self-direction.
- Identification of areas within the comprehensive assessment that indicate members may need assistance or support to participate in SDS to the extent they desire. (See protocols for use by IDT staff to identify vulnerable or high risk members in the DHS and MCO contract and in the Managed Care Organization Training and Documentation Standards for Supportive Home Care (P-01602) available at www.dhs.wisconsin.gov/publications/p01602.pdf).
- Identification of potential health and safety issues related to SDS and specific action plans to address these. (See safeguard measures to assure the health and safety of vulnerable or high risk members in the DHS and MCO contract.)

Essential Information for Members

IDT staff may find it helpful to use MCO-related materials, including handouts or brochures, to help explain the SDS option and its benefits. To help members make an informed choice, IDT staff should ensure members understand the following:

- MCOs can restrict the SDS option in certain situations according to the DHS-approved MCO policy for SDS restriction.
 - According to the DHS and MCO contract, **the criteria listed below can be grounds for restricting the use of SDS.** (IDT staff need to ensure members know these potential restrictions and safety features of SDS in Family Care.)
 - The member’s or another person’s health and safety are threatened.
 - The member’s expenditures are inconsistent with the established plan and budget.
 - The interests of another person, who is an SDS worker, conflict with those of the member and are determined to be taking precedence over the member’s LTC outcomes and preferences.
 - There is reason to believe that funds have been used for illegal purposes.
 - The MCO and DHS identify a situation as having negative consequences.
 - Discuss the member’s right to appeal the decision to limit SDS and how to address identified conflicts or concerns, and work toward restoration of SDS.
- Members may self-direct home and community-based waiver services, except for residential care and care management services. (A full listing of home and community-based waiver services is at www.dhs.wisconsin.gov/publications/p0/p00570.pdf. For definitions of all waiver service see Addendum VIII of the DHS and MCO contract.)
- Members may **not** self-direct the following services:
 - Medicare primary care services and clinic and lab services
 - Care management services provided by the MCO
 - Bundled residential services (a bundled service includes any service that is part of the residential rate such as transportation or personal care)
 - Medicaid state plan LTC services
 - Medicaid state plan acute and primary care services
- The steps involved in the initiation of SDS:
 - Provide the member with an overview of the steps necessary to set up SDS. This includes expected timeframes for start-up, the length of authorization of services, and the SDS budget.
 - Ensure the member knows the MCO’s process and related policies, particularly as they relate to bill paying; requests for changes in the care plan, provider, or caregivers; and changes in the need for support.
- The steps involved in setting the SDS budget:
 - Inform the member about the process the MCO uses to develop the member’s SDS budget. The process established will vary in each MCO, and staff should refer to the SDS policy and procedure for their MCO.
 - The member should receive a copy of his or her budget in order to know the amount of funding the budget allocates for SDS services and the tasks for which the member is responsible.
 - Discuss that members are responsible for caregiver and employee timesheets and times worked. It is important members understand the responsibility they are accepting since they are part of a LTC Medicaid program.

- The ways in which members choose to hire and employ SDS service providers, also called SDS workers or employees, will determine the SDS support option they use. (See [Appendix 4](#) of this manual for a comparison of who is responsible for employer-related tasks.) IDT staff should:
 - Assist the member in determining how much responsibility he or she wants to assume. Talking about the member’s interests and strengths, as well as any limitations, is useful in this process.
 - Let the member know that one option can be chosen now and another option chosen later.
 - Make sure the member knows that the FMS provider can answer questions related to taxes, workers compensation insurance, and timesheets.
- There are two general employment FMS options that members who wish to use SDS should understand:
 - Employing staff using a fiscal/employer agent (F/EA) provider. Members who choose the F/EA option are the legal employers for their employees, but the F/EA assists with payroll and taxes. The member, or his or her designated representative, typically takes responsibility for finding, screening, and hiring employees with the help of FMS. The member, or his or her representative are responsible for ensuring employees complete timesheets accurately and on time. If changes occur with employees or if needs change, the member or representative must let IDT staff know. IDT staff need to talk with the member about whether the SDS plan or services that determine the SDS budget should be adjusted based on the member’s individual needs. While the MCO is not responsible for the SDS worker, IDT staff are responsible for the health and safety of the member. See [Appendix 4](#) for a comparison of employer-related tasks and who is responsible.
 - Managing staff through a co-employment agency. When using the co-employment agency option, the agency is considered the employer, and members, or their representatives, manage and supervise the employee.
- Members may also purchase goods or services from a provider agency (fiscal conduit). In this option, once the IDT approves a service in the member’s budget, a member may purchase a good or service from a professional company, such as lawn care, housecleaning, or other approved items. Since there is no employer-employee relationship, the FMS provider functions as a fiscal conduit. The company directly invoices the FMS provider to pay for the services or goods.

Roles and Responsibilities in SDS IDT staff serve a critical role in creating awareness around the MCO’s policies on financial fraud and abuse as it relates to the member and the SDS worker. It is the responsibility of IDT staff to educate the member and SDS workers on their responsibilities and the processes to follow to report an allegation of fraud or financial abuse.

Core Functions of IDT Staff in SDS

As part of the planning for SDS, IDT staff must discuss the ways in which IDT staff will support its implementation with each member. IDT staff remain responsible to assure the health and safety of members, even when members choose to self-direct. The specific IDT staff who has primary responsibility for these areas will depend on the member’s circumstances. IDT staff can negotiate the roles and responsibilities for specific tasks among team members.

Key Areas of Responsibility

1. Assist members to develop skills and foster growth.

- IDT staff should check in soon after the member starts SDS to determine if the current arrangement is working and answer any questions the member may have.
- Reference the Managed Care Organization Training and Documentation Standards for Supportive Home Care, available at www.dhs.wisconsin.gov/publications/p01602.pdf, regarding requirements related to supportive home care (SHC) services when using SDS.
- Consider use of consumer education and training services designed to help develop self-advocacy skills, support self-determination, exercise civil rights, and develop skills needed to exercise control and responsibility over other support services.
- Help members connect with peers who self-direct to promote self-advocacy and empowerment.
- Identify areas in which members would like more responsibility and independence.
- Provide tools, interview questions, and checklists (e.g., questions to ask and avoid when recruiting or training new employees).

2. Monitor budgets.

- IDT staff and the member typically receive a monthly report from the FMS provider to help monitor use of funds. The services provided should be those approved in the member's care plan and within the allocated budget.
- MCOs should have a process for reviewing budget expenditures reported by an FMS provider.
- IDT staff need to talk with members about whether their SDS plan or budget should change if the budget is significantly underspent or overspent.

3. Develop a backup or emergency plan.

- Because loss of services may put a member at risk, IDT staff should ensure members develop and document backup plans. It is especially important that plans address situations when a worker cannot get to the member. All team members and employees should be aware of the backup plan. Items to consider in developing a plan:
 - Create a plan for current direct support workers to fill in for each other when needed.
 - Recruit and identify one or two "substitute" support staff who can pick up hours when backup is needed. This includes staff who have been assessed or trained to meet the member's needs and who are willing and available to pick up hours as needed. The plan will include contact information and specific cares that staff are able to provide through SDS. IDT staff should consider use of agency providers, if SDS providers are not available.
 - Identify natural (unpaid) supports the member can rely on at a moment's notice, such as a neighbor, friend, family member, or coworker.
 - Negotiate and secure a backup service arrangement with a service provider agency.
- The member should discuss with his or her workers a plan for emergencies, particularly if the staff is working in the member's residence. This should include having local emergency service phone numbers (e.g., fire and poison hotline) in an accessible location, as well as the emergency contact information for the member, such as the member's guardian, family members, and care manager.

4. Monitor the health and safety of the member and quality of services.

- Assess whether services are meeting the member's needs and take action if they are not.
 - Watch for situations where the member says all is going well, but there are red flags or evidence to the contrary.
 - Seek guidance from internal staff with expertise to support next steps, which may require a risk agreement. Consult the MCO's supervisor or program integrity plan officer if there are signs of fraud or abuse.
 - Make appropriate referrals to adult protective services or an elder abuse agency when necessary.
- If the SDS option is not working, notify supervisors and internal supports to assist in determining how to address concerns as well as consulting internal MCO policies regarding restricting and restoring the SDS option.
- Talk with members, separate from caregivers, to make sure they are able to voice concerns regarding their safety or concerns regarding care. For members who do not speak, you may want to monitor body language, weight, overall appearance, and condition as this may provide clues as to the overall care or well-being.
- If a member is hospitalized, temporarily placed in a nursing home, or leaves town, ensure employees are not paid for providing services during that time period (with the exception of some services such as lawn care).
- Ensure each member has a health and wellness plan that is followed. The health and wellness plan can be with primary care physicians, oral health care providers, and other specialists as needed. For example, if the member is diabetic, determine if regular hemoglobin A1C blood draws have been scheduled and if the member attends appointments with his or her physician. Or, if the member takes medication, determine if someone is monitoring medication usage.
- Identify vulnerable or high risk SDS members and implement appropriate monitoring, safeguards, and follow-up measures to assure the member's health and safety per the DHS and MCO contract.

Financial Management Services, Hiring Staff, and Creating Budget Allocations

Introduction

The SDS option in Family Care provides members with budget authority to purchase some of their LTC supports. Members have a flexible budget to purchase a range of direct care supports, goods, and services to meet their needs and LTC outcomes. Flexibility is a key characteristic of budget authority.

Budget authority gives the member, or representative, decision-making authority and management responsibility for funds in the budget. Members will:

- Participate in establishing and managing the member-based budget.
- Be able to shift funds between authorized member-directed services included in the MCP with IDT staff prior knowledge.
- Within established ranges, negotiate wages for qualified workers. These ranges must be consistent with federal and state labor and industry standards.
- Purchase member-directed goods and services that IDT staff authorized and documented in the MCP.

The Centers for Medicare & Medicaid Services (CMS) requires states that offer SDS to have a system of supports in place to assist individuals with managing their services or, in the case of Family Care, their MCP. These supports include:

- Information and assistance from IDT staff to help develop and revise the MCP and budgets, identify resources available in the community, and provide other related consultation.
- An FMS provider to help manage employer payroll for direct care staff and to process and pay invoices for approved goods and services.

IDT staff and the FMS provider support Family Care members who self-direct. IDT staff must gather the appropriate information to assist members in choosing the best FMS provider for each member's needs. IDT staff give members an overview of the SDS support options available. The FMS provider usually provides specific information and assistance related to these options and assists members in selecting the appropriate SDS support option. The FMS provider acts as an intermediary for employing and paying staff. Options may vary based on the FMS providers an MCO has under contract and the member's preference. Creating budgets and hiring staff are key components of self-direction.

IDT staff **must be** knowledgeable about the MCO's contracted FMS providers and the available SDS support options so members can make informed decisions.

The ways in which members choose to hire and employ SDS service providers, also called workers or employees, will determine the SDS support option they use. Members can choose between two general models to self-direct their services. The following section discusses budgets and the role of the FMS provider in assisting with hiring staff and paying for goods and services.

- Supply the member with access to timesheets and instructions on completing and submitting them, including clearly communicating the pay period schedule and a schedule for timesheet deadlines.
- Report instances of suspected fraud to the MCO.
- Closely monitor the member's expenses and regularly communicate with the member about the amount remaining in the budget. Notify the member at established intervals regarding expenditures (e.g., when 50 and 75 percent of the budget has been used). Report to both the member and the MCO when the member has spent 90 percent of his or her budget.
- Conduct required background checks.

FMS Provider Training Duties Under the FE/A Option

If the responsibility is included in the FMS contract with the MCO, either solely or jointly with the member, ensure compliance with the training requirements in the Managed Care Organization Training and Documentation Standards for Supportive Home Care, available at www.dhs.wisconsin.gov/publications/p01602.pdf.

FMS Provider Training Duties Under Co-employment Agency Option

Jointly determine with the member, or their representative, the appropriate division of responsibility for assessing workers' training needs and providing or obtaining that training. Ensure compliance with the training requirements in the Managed Care Organization Training and Documentation Standards for Supportive Home Care.

MCO IDT Staff Duties Under Both Options

The following are MCO IDT staff duties under both options:

- Give the FMS provider a copy of the approved budget and authorized expenses.
- Notify the FMS provider about changes to a member's budget in advance of the changes.
- Support the member, as needed, to set wages and schedule in order to help him or her remain within budget.
- Recognize that the member becomes the employer when self-directing. IDT staff should not dictate the wages and schedule or otherwise direct the work of the workers. That is the responsibility of the member or the member's representative.
- Understand the role of the FMS provider. (**Note:** The MCO must not administer financial management services.)
- Report instances of suspected fraud to the Office of the Inspector General at 877-865-3432 or www.reportfraud.wisconsin.gov.
- Educate the member and SDS worker on their responsibility to prevent and detect fraud (e.g., no signing off on falsified timesheets).

SDS Support and FMS Options²

Option 1: Using an F/EA provider

In this situation, the member is the legal employer of staff. The F/EA provider will have the member complete federal and state tax forms and will obtain an Employer Identification

² See Appendix 4 for an overview of member responsibilities under the F/EA option and co-employment agency option.

Number for the member. The member will sign a form that allows the F/EA provider to file taxes for him or her as an employer. The employees the member hires must complete the usual IRS forms, such as a W-4 and an I-9, to ensure that the employees provide proof of citizenship.

Members are responsible for recruiting, hiring,³ training, and dismissing their workers. Some of the responsibilities of the member as employer include:

- Setting workers' schedules and rates of pay within appropriate limits and following wage and hour laws.
- Deciding how to train and supervise workers.
- Choosing and managing the tasks assigned to workers.
- Signing employee time cards and submitting them to the F/EA as authorization for payment for services rendered. **Note:** Submitting a signed timesheet for payment when no services were provided is fraud and can be prosecuted by law.
- Reporting suspected misconduct or misappropriation of funds. Refer to the misconduct definitions available at www.dhs.wisconsin.gov/publications/p00976.pdf for more information.
- Paying for holidays or time off (e.g., vacation or sick time) when this is approved in the member's budget.

Option 2: Managing staff using a co-employment agency

In this situation, the member manages workers without being the employer. The co-employment agency is the legal employer,⁴ and the member shares some of the employer responsibilities. The co-employment agency handles all of the paperwork requirements. As the legal employer, the co-employment agency is obligated to provide workers' compensation and liability for all employees. In this situation, the member:

- Helps to set the rate of pay, schedules, and trains workers.
- Assists with recruitment and recommendation of workers to hire.
- Supervises workers or dismisses them, when necessary. The agency officially terminates employment.
- Signs timesheets to authorize payment for services rendered. **Note:** A signed timesheet for payment when no services were provided is fraud and can be prosecuted by law.
- Reports suspected fraud or financial abuse.

Complying With State and Federal Employment Laws When Self-Directing Workers

Members who self-direct workers are required to follow state and federal employment laws. State and federal employment laws refer to both tax requirements—payroll withholding for state and federal taxes and unemployment taxes, payment of workers' compensation and insurance premiums, and timely filing of taxes—and state and federal wage and hour requirements.

³ If there is not an employer-employee relationship between the member and provider, the fiscal agent functions as a fiscal conduit.

⁴ If there is not an employer-employee relationship between the co-employment agency and provider, the co-employment agency functions as a fiscal conduit.

When a co-employment agency is involved (i.e., the member is the managing employer rather than the legal employer), the co-employment agency will ensure all employment laws are followed.

When the member is the legal employer, the F/EA is responsible for ensuring state and federal tax requirements are satisfied. It is the MCO's responsibility (either through the IDT or through the contracted F/EA) to educate the member about state and federal wage and hour requirements and to ensure the member's service budget is adequate in complying with those requirements.

Recruiting and Hiring Employees

Members have budget authority for certain services in the LTC benefit package when using the SDS option. Members can choose whom they want to hire for these services and the level of oversight they want depending on the SDS option selected. To support members in finding qualified employees or service providers, IDT staff need to consider the following:

1. Employee recruitment

Sometimes members do not have a specific person they want to hire. It may be helpful to have a general conversation with the member about whether friends, acquaintances, or neighbors could be a potential employee. When members have not already identified someone to hire, they will need to have a mechanism for recruiting potential employees. A family member, friend, or personal contact and IDT staff may need to help the member find ways to recruit potential employees.

Many members do not have experience as an employer or supervisor, so they will need support in learning how to do this. Members will be most successful in finding qualified, reliable staff to meet their support needs when actively supported in the process. This recruitment capacity may be part of the FMS contract with the MCO.

The following community resources may be able to help with recruitment:

- Respite services agencies
- Faith-based organizations (e.g., churches, synagogues, or mosques)
- Caregiver support groups
- Nurses, including parish nurses
- Homecare agencies, assisted living facilities, and nursing homes
- Senior centers
- Nursing schools and technical colleges that provide nursing degrees
- Physicians

Members may wish to put up flyers on local community information boards at the local library, laundromats, grocery stores, restaurants, churches, and community centers, as well as nursing schools, technical schools, or community colleges. Other options include internet or local newspaper ads, college employment services, and use of personal contact cards.

IDT staff may **not**:

- Hire a worker. (**Note:** While IDT staff may be present during the interview, it is not appropriate for IDT staff to ask interview questions.)
- Terminate, discipline, or reprimand a worker.

Some agencies can help with recruitment. The MCO can incorporate the costs to recruit staff into the member's budget.

Emphasize to the member that potential employees must have good references and complete and pass a criminal background check. IDT staff or others who care for the member can help the member create an effective screening process by developing interview questions, writing a job description, and creating an advertisement or flyer.

2. Employment qualifications

As with any job, applicants must meet certain qualifications in order to perform the duties of the job and to comply with state and federal wage and hour laws:

- The person must consent to, and pass, a criminal background check. If the worker will have direct interaction with the member, then the person must also have a caregiver background check.
- The person must meet age requirements. Certain regulations must be followed when hiring a person under the age of 18. For example, minors can work only a limited number of hours within a week and only at certain times.
- Some services require the person to have a license or certification. For example, it may be necessary for a member to hire a licensed registered nurse for specific tasks.
- The person must be able to perform the needed tasks. For example, a person may need to be physically able to lift or transfer items.
- If the member needs skilled medical care (e.g., g-tube feedings, ostomy care, or wound care), then the worker must acquire the necessary training either by the member or through another qualified entity.
- Consider the type of services in the benefit package that may strengthen the support paid and unpaid caregivers provide. This includes, but is not limited to, training services for unpaid caregivers, consultative clinical and therapeutic services for caregivers, as well as consumer education and training services for the member.
- If workers will be providing transportation services, then they must have a valid driver's license and automobile insurance. The FMS provider should review the motor vehicle record of the potential employee to ensure there is no history of driving offenses that could be a potential safety concern. This task needs to be part of the contract between the MCO and the FMS provider.

3. Background checks and restrictions governing eligibility for employment

If a member elects to self-direct his or her services, the member's co-employment agency or F/EA is responsible for conducting background checks in conformity with Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12. Individuals who would be defined as caregivers under Wis. Stat. § 50.065 and Wis. Admin. Code § DHS 12.03, even though they are employed by the member rather than an entity as defined under that authority, are subject to this background check.

Most people will pass the background check; however, some potential employees may have a history of offenses that the employer and FMS provider will need to consider before proceeding. The MCO maintains the ability to not pay or contract with any provider if the MCO deems it is unsafe based on the findings of past criminal convictions stated in the caregiver background check. The MCO must take all appropriate steps the MCO deems necessary to ensure the health and safety of its members.

4. Employee wages

Under the F/EA or co-employment agency options, the member determines the wage to offer an employee. Wages should be appropriate for the job being performed, meaning that the wages should be similar to the wages others receive for performing the same or similar duties.

The following are some key factors to consider when determining a wage:

- The type of work or support the person will perform.
- The amount of pay the person would receive if he or she were hired through an agency.
- The amount of training or experience the person has.
- The level of complexity involved in providing the services to the member. For example, helping a member with complex health conditions, or with significant behavior issues, is more complex than doing simple chores.

Individual MCOs may provide suggested wage parameters based on the type of support the member needs. A resource that compares wages based on occupation and geographic area is available at <http://worknet.wisconsin.gov>.

It is important to distinguish between a wage and a rate. Often, people use these terms without distinction, which can create some confusion. “Wage” refers to actual wages an employee receives for providing the service—there is often an hourly, per diem, or flat fee to perform a specific task. “Rate” is the overall cost, which includes the wage, payroll taxes, workers’ compensation insurance premiums, benefits (if applicable), administrative and overhead costs, or other fees depending on the FMS provider. It is important to understand this distinction to avoid issues with potential employees or with members in establishing wages.

Budget Allocations

A basic part of self-determination is control over an allocation of funding for LTC services. CMS uses the term “budget authority” to describe a model that provides participants with a flexible budget to purchase a range of goods and services to meet their LTC needs. CMS also requires that the funding available to participants be determined based on an individualized assessment of member needs and a care plan developed to meet those needs. If a member requests to use services differently than originally intended (for example, requests to limit supportive home care hours for cleaning to transportation), discuss the need and re-evaluate if changes should be made. The care plan can be updated to reflect the member’s need and services to support the needs.

In Family Care, the comprehensive assessment and member-centered planning process determine the supports and services members need to meet their outcomes, including LTC, health, and functional outcomes. Members only have budget authority over the services and supports they choose to self-direct. IDT staff must use a consistent decision-making process, such as the RAD process, to authorize those services (both the type of service and amount). Members experience flexibility in their care plan when their needs or outcomes change or when they choose to self-direct additional allowable services using the member-centered planning process.

The SDS option is based on two assumptions:

- In general, supporting LTC outcomes using SDS should cost no more than supporting those same LTC outcomes without SDS (for example, using a traditional contracted service provider).
- SDS offers members increased opportunity for creativity, flexibility, and authority, while the MCO retains responsibility for working with members to assure health, safety, and welfare.

MCO Process in Developing SDS Budgets

Each MCO determines the process to follow when developing individual SDS budgets. It is important to allow for flexibility in wage setting and to account for the administrative costs when using either the F/EA or co-employer option. MCOs use one of two primary methods⁵ to establish allocations:



1. Zero-based budgeting

The zero-based budgeting process uses established employee wages, the amount of services needed (i.e., the number of hours, units, or per diem), and the cost of goods or services to be purchased through an FMS provider, such as durable medical equipment, assistive technology, or home modification. The MCO adds additional costs to the wage baseline for expenses, such as federal and state taxes, unemployment taxes, workers' compensation insurance costs, and the FMS provider's fees. The MCO establishes a budget that accounts for all of these costs for a specific time period, such as one month, six months, or a year.

2. An overall rate

The overall rate approach typically starts with an established rate determined by the MCO for the cost of the particular service or good. Some MCOs use an average rate based on the rate they pay their contracted providers for similar services or on the Medicaid fee-for-service rate. Using the established rate, the MCO creates the member's overall budget. Within that budget, the member has some flexibility to determine wages. MCOs can accomplish this by deducting the additional costs (e.g., taxes, workers' compensation, and administrative fees) to get to a wage range the member uses as a guide to set employee wages and benefits.

Monitoring SDS Budgets and Spending

Members must receive ongoing information about their expenditures and budget in order to effectively manage SDS. FMS providers typically send monthly expense reports to the member and the member's IDT staff. Monthly reports should include:

- Total budget authorization and budget period (such as annual)

⁵ See examples of each method in [Appendix 5](#).

- Expenses for the month being reported
- Subtotal of all expenses to date
- Funds remaining for use

MCOs should expect contracted FMS providers to alert the MCO's SDS coordinator and IDT staff immediately when hours or costs exceed the authorization. Each MCO should develop its own process with contracted FMS providers to support IDT staff in monitoring member budgets.

Budget Modifications

The MCO may need to modify the member's SDS budget when there are changes to the member's situation, condition, or needs, or when there is an employee change. For example, if the member needs less hours of a service, then the MCO will need to adjust the budget amount to reflect the decrease in hours. Alternatively, if the member requests a budget increase to provide an employee with a cost of living increase, then the budget will be affected by the wage increase. MCOs update budgets according to the specific circumstances of the member. IDT staff must approve budget changes with the member's input.

Quality Management

The Role of IDT Staff in Quality Management

Each MCO has a quality assurance and performance improvement program that describes the MCO process to monitor and measure quality. MCOs should include SDS in their quality program in order to monitor, ensure, and improve the quality of services. Quality management includes quality assurances and quality improvement activities that occur at the individual (member) and organizational level. This section provides an overview of best practices to ensure that members receive high-quality services using SDS.

Importance of Evaluating the Quality of SDS

Evaluating the quality of SDS services enables MCOs and DHS to demonstrate that this option can significantly improve the quality of people's lives while providing cost-effective services. Quality assessment and improvement efforts should provide MCOs with a way to ensure that the IDT integrates the core values of self-determination and self-direction into the SDS option.

These core values of self-determination include:

- Choice and control in services and supports for life planning
- Dignity, respect, and the right to take reasonable risks
- Fostering meaningful relationships
- Contribution to and inclusion in the community
- Financial responsibility

For more information about the core values, refer to the DHS website at www.dhs.wisconsin.gov/sds/corevalues.htm.

Ensuring quality in Family Care focuses on both the member's perspective (quality of life) and the capacity of each MCO's system (policies, processes, and organizational structure) to support program operations and meet state and federal requirements. The quality of SDS, and of Family Care in general, is based on the MCO's ability to support its members in meeting their health and safety needs and to work toward achieving members' LTC outcomes.

MCOs must have systems in place to monitor the implementation of the SDS option at both the member and system levels in order to identify and address areas for improvement. This includes examination of members' experiences with their introduction to SDS, the processes the MCO uses to offer members the SDS option, and the MCO's assessment and budget setting process.

Strategies for Ensuring Quality at the Member Level

The IDT staff role is to ensure and monitor quality at the individual member level. It is essential to keep the core values of self-determination and self-direction in mind when working with members using SDS.

The SDS portion of the MCP requires special attention in order to be successful because the member has both more responsibility and more risk for the services. Members choose the SDS option for a variety of reasons, and IDT staff must understand those reasons. IDT staff also

need to monitor member budgets and SDS service utilization to ensure funding resources are used appropriately.

Key Considerations for IDT Staff to Evaluate While Working With SDS

The following list provides some items for IDT staff to consider in evaluating whether the SDS option is working for members. Although not an all-inclusive list, it provides a foundation IDT staff could use during visits and planning meetings with members.

The following are key questions IDT staff may want to ask members or legal decision makers:

- Do you feel “in charge” the way you want to be?
- Do you know how to train your employee?
- Do you require training if you are the legal decision maker and providing care for the member?
- Did you get enough information about the SDS option to be able to make informed choices?
- Do you feel able to choose or decide whom you want to provide your supports and services?
- Do you get your supports and services at the times you want?
- Do you have any concerns or issues with your workers or employees?
 - Do they treat you (including your home) with respect?
 - Are they reliable? Competent? Trustworthy?

The following are key observations IDT staff may want to make during each visit for vulnerable or high-risk members:

- Are there indications that caregiver stress is occurring? If so, how will the IDT (including the member) address this?
- What condition is the member in when entering the home?
- What do your five senses tell you about the home, member, caregiver, and availability of food and supplies?
- Are caregivers, including those who are part of the backup plan, capable, willing, and trained as documented in the comprehensive assessment and MCP?
- Do the member’s complex needs require additional visits by IDT staff in order to ensure services and supports are working?

The following are key areas of work IDT staff should review to assure quality:

- The comprehensive assessment includes:
 - Exploration of caregiver ability and willingness to provide care.
 - Evaluation of risk (including conflict of interest) if a sole caregiver is providing the care.
 - Verification that the member’s back-up plan is complete and includes details regarding who is able and trained to provide care as well as contact information and care to be performed.
- The MCP includes rationale regarding the frequency of visits provided by IDT staff and who is primary for the oversight.
- Case notes include evaluation of SDS services with increased contact and frequency of visits for vulnerable or high-risk members.
- The RAD documentation includes:
 - Discussion with the member or legal decision maker.
 - Exploration of the options to address the member’s need.

- How risk, such as conflict of interest, or caregiver strain is addressed.
- Caregiver strain should be an ongoing assessment that includes a synthesis of the potential risks. IDT staff should consider offering respite and evaluating how often support is used.
- Legal decision maker paperwork is on file when the decision maker is someone other than the member.

The following are key questions IDT staff may want to consider:

- Is the member's expectation regarding workers or employees reasonable?
- If family, friends, or a legal decision maker provides services, are they able to do so while maintaining their relationship with the member?
- In implementing SDS, are there any risks IDT staff need to address?
 - Are IDT staff supporting the member's right to take reasonable risks (also known as dignity of risk)?
 - Do IDT staff have documentation (e.g., a risk agreement) of the risks involved and an agreed upon plan to address the potential consequences of the risk?
 - Did IDT staff revisit the risk plan to make sure it is still appropriate?
- Does the member have an adequate back-up plan, especially when receiving critical services for care?
- Is the member carrying out his or her responsibilities, such as completing timesheets, providing training to workers, being clear about expectations, treating workers with respect, and keeping within the allocated budget?
- Is the member communicating with IDT staff or the FMS provider when changes occur or issues arise?

Given each item above, IDT staff should always consider the following:

- How do we know health and safety is assured? What is the evidence?
- Is the number of visits or contacts made sufficient in order to evaluate the quality of services provided through SDS? IDT staff must establish a schedule of contacts based upon the complexity of the member's needs and risks in the member's life.
- If any barriers or concerns are identified, then who is addressing these issues?
- Most importantly, are the services and supports meeting expectations and supporting the member to achieve his or her LTC outcomes? If not, why or what support or service needs to change on the MCP?

To track progress and lessons learned, IDT staff should consider documenting the above items in the member's record, assessments, and the MCP, as appropriate. In addition, IDT staff should consider sharing success stories or concerns with the MCO's SDS coordinator, supervisor, or other staff in order to keep track of individual stories, identify any patterns with members and providers, and address concerns promptly.

Appendix 1: Reference Materials

- DHS and MCO contract (www.dhs.wisconsin.gov/familycare/mcos/contract.htm):
 - Article I., Definition of Vulnerable/High Risk Member
 - Article V., Care Management—Section C. Assessment and Member-Centered Planning, Section E. Providing, Arranging, Coordinating and Monitoring Services, and Section J. Member Safety and Risk
 - Article VI., Self Directed Supports
 - Addendum VIII., Benefit Package Service Definitions
- Guidelines for Paying Family Caregivers (www.dhs.wisconsin.gov/familycare/mcos/communication/ta14-01.pdf)
- Managed Care Organization Training and Documentation Standards for Supportive Home Care (www.dhs.wisconsin.gov/publications/p01602.pdf)
- Wisconsin Admin. Code ch. DHS 12 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12)
- Caregiver Challenges publications:
 - Do You Suspect Your Older Family Member is Being Abused or Harmed? (www.dhs.wisconsin.gov/publications/p2/p20224.pdf)
 - Caregiving For a Husband or Partner Who is or Has Been Controlling or Hurtful (www.dhs.wisconsin.gov/publications/p2/p20224a.pdf)
 - Survivor of Past Abuse (www.dhs.wisconsin.gov/publications/p2/p20224b.pdf)
 - Frequently Asked Questions For Caregivers Who Are Currently In or Have Experienced Controlling Relationships or Abuse (www.dhs.wisconsin.gov/publications/p2/p20224c.pdf)
- Wisconsin Admin. Code ch. DHS 13 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/13)

Appendix 2: Tools and Resources for IDT Staff

- A risk agreement should be used to address concerns regarding a member’s situation once the entire team (including the member) agrees that risk is present. The agreement is an instrument to ensure informed decision-making occurs. It outlines the interventions discussed with the member and what the member is willing to do or what action the MCO may take and under what circumstances.
- The RAD process should be used to discuss options available to support members and facilitate team decision-making. This process can help to address requests, identify potential or possible conflict of interest, or to find alternative options for members to implement SDS. Refer to the DHS and MCO Resource Allocation Decision (RAD) and Notice of Action (NOA) Guideline, available at www.dhs.wisconsin.gov/familycare/mcos/communication/ta13-02.pdf, for more information.
- MCO policy on restricting levels of self-management provides the criteria to take action if there is evidence of abuse or fraud.
- IDT staff should educate the member on resources, such as elder adults/adults-at-risk agencies (EA/AAR) and adult protective services (APS). The member should be informed about how to contact protective services with concerns about abuse or neglect. As always, IDT staff should make a referral to EA/AAR or APS if abuse or neglect is suspected. For members in need of services provided by EA/AAR or APS, the MCO must involve the entity in the following capacities:
 - The MCO should, as appropriate, invite an EA/AAR or APS staff person to participate in the member-centered planning process, including plan development and updates, comprehensive assessments, and reassessments.
 - The MCO should invite an EA/AAR or APS staff person to participate on the interdisciplinary team.
- Family Care ombudsman programs are resources available to advocate for members or help them understand their rights. MCOs should be sure members understand how to contact an ombudsman:
 - Disability Rights Wisconsin (members ages 18–59):
Toll-free (Madison): 800-928-8778
Toll-free (Milwaukee): 800-708-3034
Toll-free (Rice Lake): 800-338-3724
TTY: 888-758-6049
 - Board on Aging and Long Term Care (members age 60 or older):
Toll-free: 800-815-0015
- Each SDS plan must contain appropriate links to primary care and other providers in order to sustain the health of the member.
- Back-up care plans provide members with a safety net for times when regular care arrangements fall through. Back-up care plans do not replace normal care arrangements but supplement them as needed.
- The member should be informed to contact the MCO or the Office of the Inspector General if he or she suspects any financial fraud or abuse. As always, IDT staff should make a referral to the MCO compliance officer (or program integrity officer) if financial fraud or abuse is



suspected. The MCO compliance officer will follow the DHS fraud allegation reporting process.

- IDT staff should also be familiar with and inform members that they may also contact the Office of the Inspector General directly (although contacting the MCO first is preferred).
 - Reporting hotline: 877-865-3432
 - Online reporting: www.reportfraud.wisconsin.gov
- MCO policy on restricting levels of self-management provides the criteria to take action when there is evidence of **financial** abuse or fraud.
- As the complexity of a member's needs increase and the resources of caregivers providing meaningful support to the member decrease, it is important for IDT staff to assess caregiver strain. Each MCO has its own caregiver tool or assessment. It is crucial IDT staff explain to caregivers that the strain assessment is not a judgment on their ability, drive, or dedication to the member, but rather a tool to help understand ways to best support those who care for the member and to sustain caregivers' ability over time. Many times caregivers put their own needs after the needs of the member. Appreciation and sustainability of the caregiver's role is the primary reason for assessing caregiver strain and addressing the findings in the assessment.
- MCOs should educate the member or legal decision maker regarding what conflict of interest is and IDT staff should talk with the member about how to address the conflict prior to authorizing services.

Appendix 3: Warning Flags for Potential Abuse, Neglect, or Fraud



Others raise concerns that indicate abuse.



There is evidence of poor care or care not being provided, or authorized services do not appear to be provided.



Employees show up to work intoxicated or under the influence of drugs.



The member consistently goes over or under budget or fails to use respite services.



Employee timesheets have excessive hours.



Employees are not doing the tasks they were hired to do.



An employee, legal decision maker, or relative consistently speaks on behalf of the member, and their communication appears to be inconsistent with the wishes or assessed needs of the member who is unable to communicate his or her needs.



An employee asks for an increase in hours or change in services that the member has never expressed.



The member feels or appears to feel obligated to hire family or friends due to their financial issues although he or she would not have done this in the past.



The member is unwilling to provide input and appears apprehensive to say what the need is.

Appendix 4: Comparing the Options

The following table compares employment-related tasks for the F/EA and co-employment agency.

Employment-related task	Who is responsible under F/EA option?	Who is responsible under the co-employer option?
Writing a job description, screening applications, interviewing, and hiring providers	Member (The member is the employer of record and managing employer.)	Member and the co-employment agency (The co-employment agency is the employer of record; the member is the managing employer. ⁶ The member can recommend staff to hire, but the co-employment agency hires and employs.)
Completing background checks	Fiscal agent	Co-employment agency
Deciding wage amount for provider	Member (The fiscal agent ensures that the member's decisions meet state and federal requirements.)	Member (The co-employment agency ensures that the member's decisions meet state and federal requirements.)
Deciding on benefits such as health, dental, vacation, holiday, and sick time	Member	Member and the co-employment agency
Training and orientation for provider	Member	Member and the co-employment agency
Supervising and evaluating work performance of provider	Member	Member and the co-employment agency
Providing disciplinary action and firing, if necessary	Member	Member and the co-employment agency (The co-employment agency officially terminates the employment.)
Setting up emergency back-up coverage	Member	Member and the co-employment agency
Signing off on SDS worker timecards	Member and the provider	Member and the provider
Submitting SDS worker timesheets	Member and the provider	Member and the provider
Issuing pay checks	Fiscal agent	Co-employment agency
Payroll deductions	Fiscal agent	Co-employment agency

⁶ If there is not an employer-employee relationship between the co-employment agency and provider, the co-employment agency functions as a fiscal conduit.

Appendix 5: Developing SDS Budgets

The following is an example of zero-based budgeting:

Marge hires her own staff to provide supportive home care services for 15 hours per week at a wage of \$10 per hour.		
To calculate a monthly and annual SDS budget for Marge:		
15 hrs./week of supportive home care @ \$10.00/hour: 15hr x \$10 x 4.33 wks./mo.		\$649.50
Monthly payroll taxes on wages (FICA, SUTA, FUTA) is 11.85%		\$76.97
FMS provider monthly management fee		\$65.00
Workers' compensation insurance premium (\$220 annual fee + \$280 for 1 part-time equivalent position/12 mos.)		\$41.67
	Monthly Subtotal	\$833.14
	Annual Budget	\$9,997.63

The following is an example of establishing an overall rate:

Joyce wants to hire her own staff to provide SHC. She wants to know what her budget will be and how much she can pay her employee. Her annual SDS budget is as follows:		
To calculate the annual SDS budget for Joyce:		
IDT staff authorized 21 hours/week of SHC (21 hrs./wk. x 52 wks. = 1,092 hours)		
The standard rate for SHC is \$15.00/hr. x 1,092 hours =		
	Total annual budget	\$16,380
To calculate additional costs:		
FMS provider one-time setup fee		\$65.00
FMS provider charges for monthly management: \$65 x 12 mos.		\$780.00
Workers' compensation insurance premium (1 full-time employee)		\$507.00
	Total fees	\$1,352.00
\$16,380 (annual budget) - \$1,352 (fees) = \$15,028 available for wages		
Payroll taxes add 11% to gross payroll (\$15,028 x 11% = \$1,653.08)		
Subtract max tax cost from remaining budget (\$15,028 - \$1,653.08 = \$13,375)		
Remaining budget of \$13,375 divided by 1,092 hours = \$12.25 max hourly wage to stay within annual budget.		