

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

**State of Wisconsin**

**1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print**

**i. Eligibility**

The State determines eligibility for Self-Directed Personal Assistance Services:

- A.  In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 24 of the Medicaid State Plan.
- B.  In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

**ii. Service Package**

The State elects to have the following included as Self-Directed Personal Assistance Services:

- A.  State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B.  Services included in the following section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

**iii. Payment Methodology**

- A.  The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) as that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.
- B.  The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

- A.  The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.
- B.  The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

v. Voluntary Disenrollment

The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

Participants may voluntarily disenroll from the self-directed personal assistance option at any time. It is the responsibility of the participant or his/her representative to inform the agency operating the program regarding the intent to disenroll. The independent consultant agency staff will explore the reasons for the disenrollment and offer assistance to mitigate any issues. If the participant prefers to disenroll, he/she can go directly to a personal care agency to arrange for services or can be referred to the Aging and Disability Resource Center for further assistance. The Aging and Disability Resource Centers (ADRCs) will assist these individuals to understand all of their service and funding options. The participant can elect to receive regular agency-based personal assistance services or enroll in managed care (the individual would also have to disenroll from IRIS waiver). Services will continue to be provided to the participant, if needed, during the transition to another personal care provider or program.

vi. Involuntary Disenrollment

- A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

The criteria for involuntary disenrollment of participants for self-directed personal assistance services include: 1) the participant's health and safety is jeopardized; 2) purchasing authority is mismanaged; 3) the enrollee refuses to report information necessary to adequately monitor the situation; or 4) the enrollee chooses to move to an ineligible living arrangement. The independent consultant agency will make reasonable efforts to assist the participant to address any issues that may lead to involuntary disenrollment (training or other assistance). If these efforts are unsuccessful, the agency operating the program makes the recommendation to the state Medicaid agency to disenroll the individual, but the state makes the final decision to disenroll. The Medicaid agency's role includes a conversation with the consumer and/or any legal representative and a review of the case file. The decision to restrict participation in self-directed personal assistance services can be appealed through the Fair Hearing process.

- B. The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

When action is taken to involuntarily disenroll a participant from self-directed personal assistance services, the independent consultant agency in collaboration with the ADRC assists the participant in accessing needed and appropriate agency-based personal assistance services or enrolling in a managed care organization. The independent consultant agency will ensure that there is no lapse in necessary funding and services for which the participant is eligible while the participant is transitioning to another program.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

Wisconsin will not impose additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

- A.  The State elects to provide self-directed personal assistance services on a statewide basis.
- B.  The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe:  
Self-directed personal assistance services will only be available to individuals participating in the IRIS waivers. Those waivers are being implemented in conjunction with expansion of Wisconsin's managed long-term care program, Family Care. Self-directed personal assistance services will be available to IRIS participants where the program currently exists and will become available in additional counties as Family Care and IRIS expand.
- C.  The State elects to provide self-directed personal assistance services to all eligible populations.
- D.  The State elects to provide self-directed personal assistance services to targeted populations. Please describe:  
Only persons participating in one of Wisconsin's self-directed 1915(c) waivers, known collectively as IRIS, will be eligible to enroll in self-directed personal assistance services under this state plan amendment. The IRIS waivers are being phased in as counties implement Family Care, Wisconsin's managed long-term care program. Once Family Care and IRIS are statewide, the self-directed personal assistance services program will be available to IRIS participants statewide.

- E.  The State elects to provide self-directed personal assistance services to an unlimited number of participants.
- F.  The State elects to provide self-directed personal assistance services to \_\_\_\_\_ (insert number of) participants, at any given time.

ix. Assurances

- A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.
- B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.
- C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
- i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
  - ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
  - iii. May require self-directed personal assistance services; or
  - iv. May be eligible for self-directed personal assistance services.
- D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.

- E. The State assures that individuals will be provided with a support system meeting the following criteria:
- i. Appropriately assesses and counsels individuals prior to enrollment;
  - ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
  - iii. Offers additional counseling, information, training, or assistance, including financial management services:
    1. At the request of the participant for any reason; or
    2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.
- F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.
- G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.
- H. The State assures that the provisions of section 1902(a)(27) of the Social Security Act, and Federal regulations 42 CFR 431.107, governing provider agreements, are met.
- I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.
- J. The State assures that the methodology used to establish service budgets will meet the following criteria:
- i. Objective and evidence based, utilizing valid, reliable cost data.
  - ii. Applied consistently to participants.
  - iii. Open for public inspection.
  - iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
  - v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
  - vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.

- vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
- viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
- ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

The entity responsible for assisting the participant to develop the self-directed personal assistance services service plan will be the Independent Consultant Agency for IRIS. This entity does not provide additional Medicaid services to the individual beyond the consultant role.

xi. Quality Assurance and Improvement Plan

The State's quality assurance and improvement plan is described below, including:

- i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and

The Quality Management System will use discovery activities to determine if the self-directed personal assistance services program is operating as intended, meeting assurances and achieving desired outcomes for participants. The Department of Health Services will use information gathered from the Aging and Disability Resource Centers (ADRCs), Independent Consultant Agency (ICA) and Financial Services Agency (FSA) and the participant in its discovery strategies for self-directed personal assistance services quality. Discovery will be accomplished through one or more of the following strategies depending on the issue:

- record/document review;
- review and analysis of electronic management data;
- satisfaction surveys;
- on-site visits; and
- interviews with contract staff, participants, guardians, representatives and providers.

These activities will be designed to identify problems that occur at the participant level of the self-directed personal assistance services program as well as to identify systems issues. Discovery activities will occur in conjunction with discovery activities for the IRIS waivers.

Each participant will have a person-centered quality assurance plan that he/she can use to assess the achievement of outcomes at the individual level. Issues identified in the discovery process will be remediated at the individual participant level through response to the issue by the ADRCs, ICA or FSA as appropriate, follow-up by the Department as necessary and verification with the participant or his/her representative that quality issues have been addressed. Urgency of the response will depend on the severity of the issue, with health and safety issues requiring immediate response. Systems issues or individual issues that are the result of systems issues will be remediated at the system level through the enforcement and/or modification of contract requirements with the ICA and FSA, modifications or clarifications of state policies and corrective action activities.

Discovery data will be aggregated, verified, analyzed and reported to Department management. The degree to which the goals of the OMS are being met will be evaluated, areas for remediation and improvement will be identified, and priorities will be established. The Department will work internally and with the ADRCs, ICA and FSA, using information derived from multiple discovery activities, to design and implement improvements to the system to prevent or reduce future occurrences of quality issues.

- ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.
  1. Potentially eligible individuals are assessed for and informed of their eligibility for self-directed personal assistance services and the option for traditional personal assistance services.
  2. Participants receive the support they need to effectively manage their services.
  3. Each participant has a support and service plan based on an assessment of needs.
  4. Outcome measures identified in each participant's individual quality assurance plan are met to the satisfaction of the participant.
  5. Participants are satisfied with supports they receive from the ADRC, ICA and FSA and the services they receive from personal assistants.

xii. Risk Management

- A. The risk assessment methods used to identify potential risks to participants are described below.

To determine functional eligibility for home and community-based waivers, Wisconsin uses an automated tool called the Long Term Care Functional Screen (LTCFS) which documents all need for assistance, the level of help that is currently available and other risk factors such as fragile or failing support systems or adult protection needs. Participants in self-directed personal care will also undergo a screening process using the Personal Care Screening Tool (PCST) to determine specific personal care needs, including medical conditions and risks such as behaviors and seizures. Staff from the Independent Consultant Agency will meet with the potential participant to discuss the needs identified in the LTCFS and the PCST, assist the participant to complete a comprehensive self-assessment and assist the participant to develop a person-centered individual support and service plan to address all identified needs. As part of this process, the Independent Consultant Agency staff will note any risks in the person's environment or plan. The Financial Services Agency will conduct a background check for all individuals who will provide personal care services through the self-directed personal care program and disclose any issues to the participant.

- B. The tools or instruments used to mitigate identified risks are described below.

Each participant will have an individual support and service plan that identifies all of the services that are or will be put in place to address needs and health and safety issues. If in this process a risk is identified, the independent consultant will complete a Participant Risk Agreement that describes the risk(s) and potential negative outcome(s), documents the participant's understanding of the risk, describes alternate measures that could be employed to reduce negative outcomes and describes the risk plan or agreement that was reached with the participant. The risk and the risk agreement will be evaluated based on a time frame identified in the risk agreement or when there is a pertinent change in condition or situation.

As part of the participant's support and service and quality assurance plans, the participant must have an effective, current emergency back-up plan with key information that is kept up-to-date such as back-up service/support contact names, phone numbers and emergency contact numbers, availability, etc. The consultant will review the participant's emergency back-up plan with the participant during their contacts/visits to determine that it is up-to-date and adequate and that it addresses any risks that have been identified.

- C. The State's process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.

The state will have processes in place to screen service plans for unidentified risk and to ensure that identified risks have been addressed adequately in a Participant Risk Agreement. Any issues that are identified in this review will be brought to the attention of the ICA for an explanation and for action as needed.



- D. The State's process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.

The principles of person-centered, self-directed planning are central to the IRIS waiver and the self-directed personal assistance services under 1915(j). Participants are central to the planning process and are assisted by the independent consultant, not directed, in the planning process. This is also reflected in the risk assessment and risk management process. Participants may have a representative who would be intimately involved in the service planning process and may invite others to participate as desired. Independent consultants are expected to accommodate the participant's choice to involve others in the planning process. In the case of risk management, care providers and those who provide back-up may be critical to the discussion.

xiii. Qualifications of Providers of Personal Assistance

- A.  The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.
- B.  The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

- A.  The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.
- i.  The State elects to include, as a type of representative, a State-mandated representative. Please indicate the criteria to be applied.
- B.  The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

- A.  The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.
- B.  The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

- A.  The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.
- i.*  The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or
- ii.*  The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)
- iii.*  The State elects to provide financial management services using “agency with choice” organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.
- B.  The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.