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

A Best Practice Manual for Interdisciplinary Team Staff

Wisconsin Department of Health Services
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Purpose of this manual

The Wisconsin Department of Health Services (DHS) developed this manual in collaboration with managed care organizations (MCOs). It's 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 programs.)

This manual aims to:

- Help IDT staff understand SDS within the Family Care framework
- 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's life while recognizing the need for support. References to members always imply the inclusion of legal decision makers. Family Care is a publicly funded, Medicaid managed, LTC program for older adults 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 includes a nurse practitioner, and PACE includes a registered nurse and physician). The member, as part of the IDT, works to identify and develop community, paid, and unpaid natural supports 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 make cost-effective decisions about their services. This gives members maximum opportunity to participate in coordinating their services

Key tenets of SDS in Family Care

- Members can choose to self-direct all their services with a few exceptions (see page 18). 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.
- Everyone can self-direct, no matter their disability or age 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 (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.

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 older adults and people with disabilities are the experts on their needs. They have the same right to participation, options, freedom, control, 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 can employ whom they choose to provide their services and decide 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, (available at Family Care, Family Care Partnership, and PACE: Managed Care Organization Contracts), includes services to support member 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 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 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 to live at home. This arrangement met Etta's needs 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. It was often 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. 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. He wants 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 non-traditional 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. Jeff found 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 Family Care, Family Care Partnership, and PACE: Managed Care Organization Contracts), 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.

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 about the services or supports they receive, or if there is additional support they need. 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

> "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*

feel comfortable requesting additional or new services or supports from the IDT staff. Typically, members and their assigned IDT staff work well together, but there could be times where a member may feel a change in either their care manager or nurse would be beneficial.

Providing education on the choices available to members is an important function of the IDT staff. When members choose SDS, they have choice and control of:

- **Who** provides their services (an individual or an agency)
- **How** their caregivers carry out services (specific tasks, methods, preferences)
- **When** they receive services

Members have the option to hire a member-directed support broker. It's a service included in the Family Care benefit package, which is available at Services Included in IRIS, Family Care, Family Care Partnership, and PACE, P-00570. A support broker is a person who helps a member plan, secure, and direct self-directed supports. A support broker's services 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
- The community-integrated services and resources available locally
- The typical needs of people in the member's target group

The member and IDT staff are responsible for ensuring the selected support broker has the appropriate knowledge.

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

The budget for each member is based on their needs 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 of 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 must:

- Educate members on their responsibility to be good stewards of the public funds they will be managing.
- Validate that employees are qualified to perform services.

- Provide ongoing evaluation and monitoring to ensure services provided are meeting the health and safety needs of members.

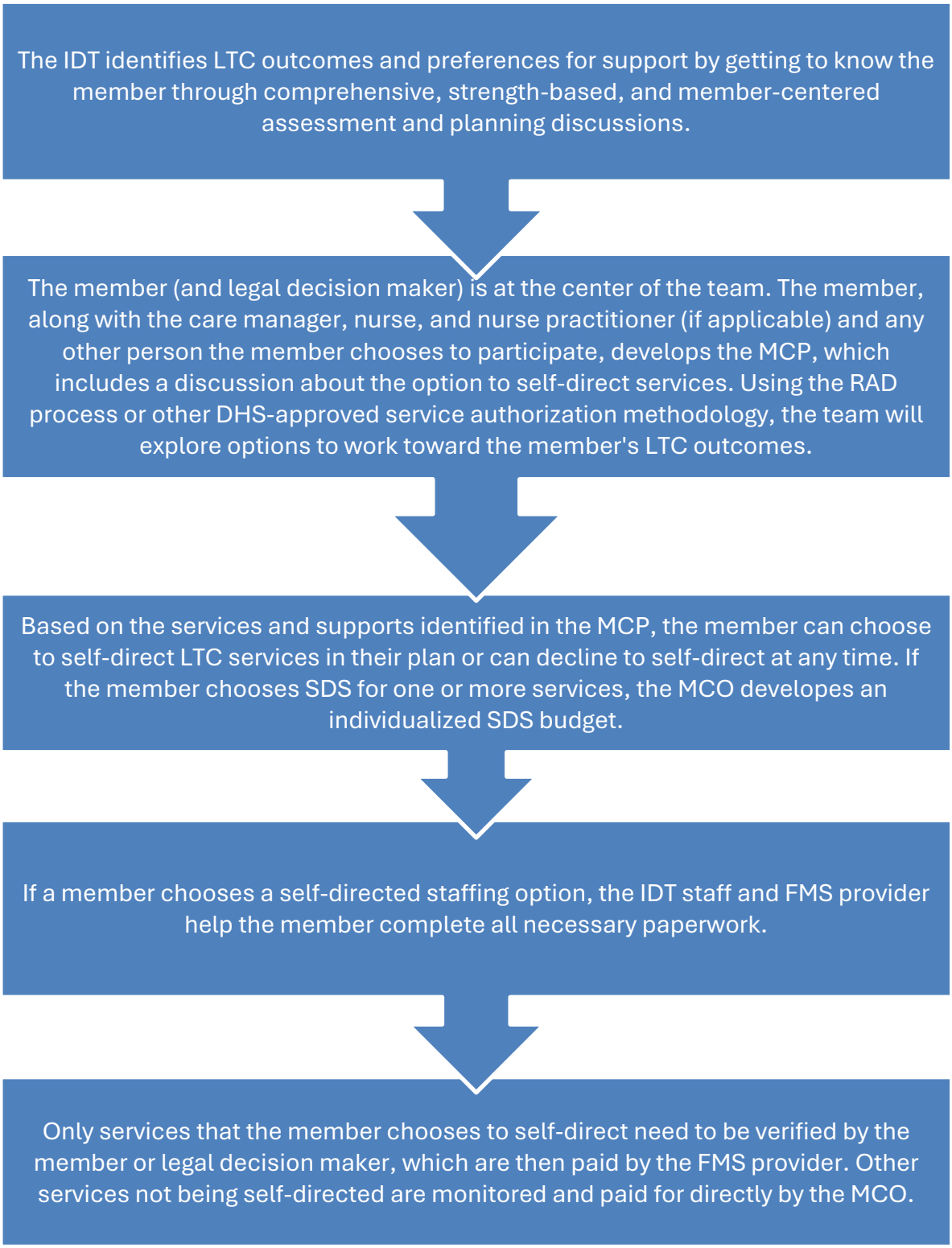
Additional IDT staff responsibilities related to the SDS program are indicated in the Family Care and Family Care Partnership contract Article VI.C.

Some members choose to pay family members or legal decision makers to provide services. This has many advantages. Keep in mind, family members cannot be paid for tasks that are a normal part of day-to-day family activities typically assumed to be the responsibility of family members, whether they live with the member or not. Take these dynamics into account during the assessment and RAD process. Each MCO should have guidelines for paying family caregivers and legal decision makers. Guidelines should be based on DHS and MCO contract requirements that includes guidance regarding day-to-day family activities.

MCO implementation process

Despite the variations among MCOs, each process or system builds on the foundation of certain key components as outlined in the Key Components for MCO Process diagram.

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:

- 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.
- Explaining and exploring a variety of service options available so members can make informed choices about which options best meet 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 of SDS options to its members. Members need clear and accurate information so they can make informed decisions about their supports and services with adequate time and assistance to explore their options and preferences.

SDS offers benefits to both the member and the MCO. 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. SDS also presents certain challenges. These challenges are unique to each individual. Some examples may include finding back-up workers, staying within budget, and managing time sheets. MCO staff may find that restricting some control over how services and supports are provided and who provides them is needed as the MCO is responsible to ensure health, safety, and positive outcomes.

Benefits

SDS gives members tools to be more in charge of their lives—they get to "call the shots." By creating opportunities for members to be employers of record and 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.

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 receive services. For SDS to be effective, it requires organizations (the IDT staff) that normally authorize services to delegate more control of resources to members. It is important that 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

IDT staff are required to offer and discuss the SDS option:

- During enrollment
- During the comprehensive assessment and member centered care planning process
- During the RAD process
- On an annual basis

IDT staff can talk with members about SDS at any time. A member or their legal decision maker or family member may ask about the SDS option during a phone call or an in-person 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 wants to learn more about the SDS option. In addition, anyone on the IDT can bring up the option of SDS when it seems appropriate. IDT can also refer the member to the MCO member handbook, which has information related to SDS.

Reasons a member might choose the SDS option

A member may choose the SDS option if they:

- Want to have more control over their services or life.
- Have a legal decision maker who would provide better care than an outside agency. This might be a good option if they've been caring for the member for many years and

they both decide they understand the member best and have the most experience to provide them care.
- Need more flexibility in scheduling services.
- Have strong preferences for who provides their services or how services are provided.
- Need more creative use of supports and services due to limited providers or community resources or for unique member situations.
- Are 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 about the variety, creativity, and flexibility that SDS can offer, the better they can support members in making choices.

It is also important to reassure members that choosing 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 financial management services (FMS) provider who is either a fiscal agent or co-employer, can help them 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 member-centered plan (MCP) is the starting point for helping a member take control of their life. Ongoing assessment is essential to evaluate current supports and identify opportunities for expanding control. Each member's situation will be unique. Their support will be, too. A dynamic care plan will vary from

Tip: 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

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 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 rely on their natural supports to some extent, so it is important to understand how those supports are effective, and to determine whether IDT staff can help ensure these supports remain in place. The IDT staff should help the member develop creative approaches to address identified needs 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 using natural and community supports

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

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.

Key considerations when hiring family or legal decision makers

Each MCO should have guidelines for paying family caregivers. Guidelines should:

- Based on DHS and MCO contract requirements, which includes guidance on day-to-day family activities.
- Address the potential concerns of hiring family by giving parameters for reasonable and appropriate expectations.
- Be used by IDT staff to have a meaningful discussion with the member and their family before deciding to hire a relative.
- 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 process to determine the most appropriate provider. IDT staff should address the potential for a conflict of interest before authorizing FMS services that would include a fiscal agent or co-employer supporting SDS. If there are concerns, the IDT staff should discuss the identified risks and process for when conflict occurs with the member or legal decision maker. It is best practice to have this documented in the member's record. For example, a risk agreement and case notes.

If the member indicates they want to use the SDS option and pay their 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 their 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 a co-employment agency, 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 timecards 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 neglect, emotional abuse, or physical abuse of the member.

IDT staff should assess the caregiver's stress on a regular basis (and more if needed) 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 they are paid.

- If they need relief, respite may be an option. Some situations can benefit from adding regularly scheduled respite care to the member's plan.
- IDT staff may offer the family member recommendations for counseling services or peer support groups.
- IDT staff can 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.

It is in the best interest of the member and the member's caregiver for the IDT staff to be proactive in preventing caregiver burnout. **IDT staff should address the health and safety of members regularly and prevent undesirable situations through these techniques.**

Contract requirements specific to SDS

The DHS and MCO contract, available at www.dhs.wi.gov/familycare/mcos/contract.htm, has specific language about SDS. IDT staff must inform members of their right to self-direct home and community-based waiver services:

- When they enroll
- During the comprehensive assessment
- During each RAD process that results in authorization of a service
- Annually

IDT staff must give members 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 signs the MCP to indicate that IDT staff offered the member the option to self-direct some of their services**.** The choice of SDS is very important and, therefore, DHS has included this as criteria of compliance during the annual quality review (AQR) when

individual member files are reviewed to ensure IDT staff offered members the option to self-direct.

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

- Ensuring 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
- Expanding the variety of choices and supports available within SDS
- Collaborating with DHS to develop systems to evaluate the quality of SDS, including member experiences with SDS
- Developing and implementing of DHS-approved MCO policies and procedures describing conditions under which the MCO may restrict a member's level of self-direction
- Identifying 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.)
- Identifying 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 conflicting interests of another person, such as the member's legal decision maker or SDS worker, are taking precedence over the outcomes and preferences of the member.
        - There is reason to believe that funds have been used for illegal purposes.

    - The member has been identified as a vulnerable or high risk member and insufficient measures have been taken to mitigate risk.
    - The member refuses to provide access to the home or otherwise refuses to provide information necessary for the IDT to adequately monitor member health and safety.
    - The MCO identifies 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 listed in Services Included in IRIS, Family Care, Family Care Partnership, and PACE, P-00570. For definitions of all waiver services, see Addendum VI 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 paying bills, 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 their budget, so they know the amount of funding the budget allocates for SDS services and the tasks they're responsible for.
  - 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 an 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:

    - Help the member determine how much responsibility they want 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 can be 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. Members who choose the fiscal employer agent option are the legal employers for their employees, but the fiscal employer agent helps with payroll and taxes. The member, or their designated representative, typically takes responsibility for finding, screening, and hiring employees with the help of FMS. The member, or their representative, is 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. IDT staff are responsible for educating the member and SDS workers on their responsibilities and the processes to report an allegation of fraud or financial abuse.

Core functions of IDT staff in SDS

As part of planning for SDS, IDT staff must discuss the ways they will support its implementation with each member. IDT staff remain responsible for ensuring 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 MCO responsibility

1. **Help members 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, P-01602, for 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 (for example, questions to ask and avoid when recruiting or training new employees).
2. **Monitor budgets.**
   - MCO staff and the member typically receive a monthly report from the FMS provider to confirm payment was made for services provided and to help monitor use of funds. The services provided should be those approved in the member's care plan, supplied by contracted providers, 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 care 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 talk with their workers about a plan for emergencies, particularly if staff are working in the member's residence. This should include having local emergency service phone numbers (for example, fire and poison hotline) in an accessible location, as well as the emergency contact information for the member, such as their guardian, family members, and care manager.
- Backup or emergency plans should be kept up to date and reviewed based on member's situation and needs.

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 when 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. See Appendix 2 for more information about risk agreements.
   - Make appropriate referrals to adult protective services when necessary.
   - If the SDS option is not working, notify supervisors and internal MCO supports to help determine how to address concerns as well as consulting internal MCO policies about restricting and restoring the SDS option.
   - Talk with members, separate from caregivers, to make sure they can voice concerns about their safety or 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 their 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 is following a health and wellness plan. 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 their 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 ensure the member's health and safety per the DHS and MCO contract.
   - If the member experiences any abuse, neglect, financial exploitation, or any other type of incident (as defined by the MCO and DHS), the IDT staff should follow their MCO's process to report and respond to all incidents.

Financial management services (FMS), 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 their 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.
- Negotiate wages for qualified workers within established ranges. 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 federal Centers for Medicare & Medicaid Services (CMS) requires states that offer SDS to have a system of supports in place to help individuals manage 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.

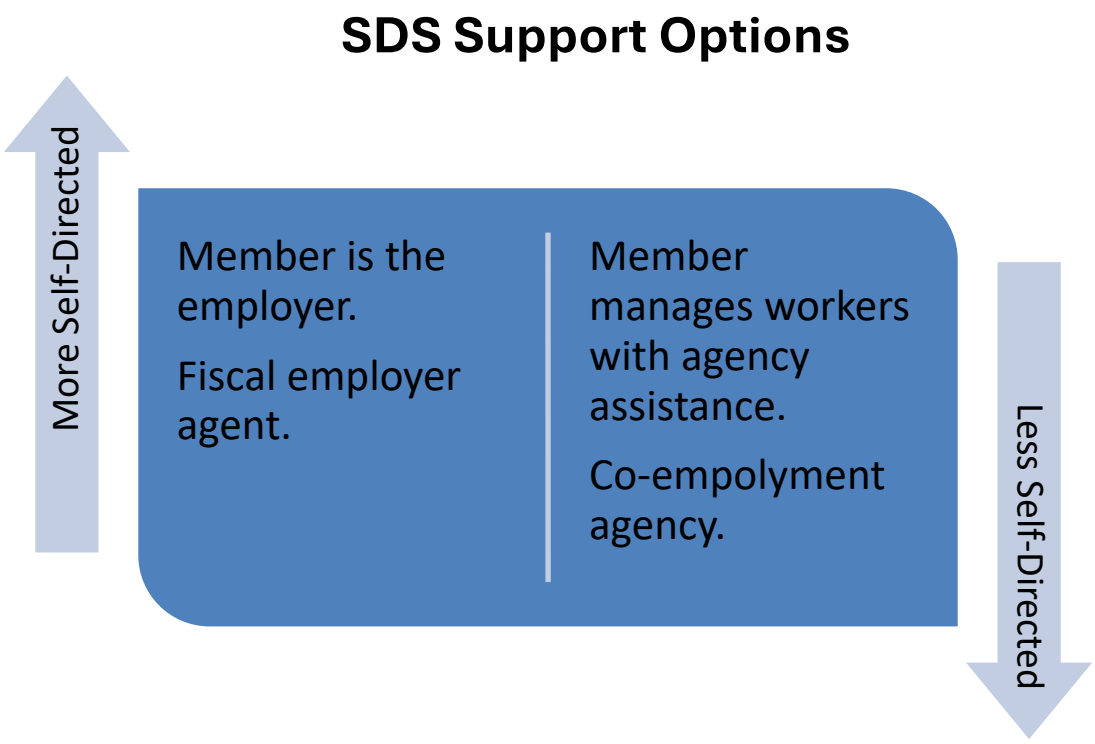
IDT staff **must be** knowledgeable about the MCO's contracted FMS providers and the available SDS support options so members can make informed decisions.

The ways in which members choose to hire and employ SDS service providers, also called SDS 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 helping hire staff and paying for goods and services.

The SDS and FMS support options

There are a variety of ways to hire and manage staff when self-directing in Family Care and Family Care Partnership. In PACE, the only way to hire and manage staff when self-directing is through a co-employment agency. Each option is characterized by certain obligations and responsibilities based on federal and state laws. FMS provide a different level of control and self-direction through two options. Both options use an FMS provider who is enrolled in Medicaid, has a contract with the MCO, and is authorized by the federal Internal Revenue Service (IRS) to act as an employer agent. FMS providers may offer a combination of these options, providing even more choice for members. The two options are:

- Employing staff using a Fiscal Employer Agent
- Managing staff through a co-employment agency



FMS provider duties under both options

The following are FMS provider duties under both options:

- Follow the principles of self-determination.
- Provide clear, easy-to-access (or regularly mailed) spending summaries to both the member and IDT staff.
- Respond to authorized changes in the member's care plan or budget.

- Secure workers' compensation insurance and manage any claims or issues arising from SDS employees' work-related injuries or illnesses.
- Stay current with all state and federal tax regulations and necessary forms.
- Provide all information and assistance relevant to being an employer or co-employer.
- Maintain a toll-free phone number for member and IDT staff questions or concerns.
- Provide training and support with completing the necessary documentation for SDS workers to receive compensation. This can include access to timesheets with instructions on completing and submitting them or utilizing the Electronic Visit Verification (EVV) system.
- Clearly communicating the pay period schedule and a schedule for reporting time.
- 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 (for example, 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 fiscal employer agent (FEA) option

If the training 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, P-01602.

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, P-01602.

Electronic Visit Verification (EVV)

Workers are required to use an EVV system when providing personal care and supportive home care service (service codes T1019, T1020, T1001, T1021, . T1502, S5125, S5126, S9123, S9124, 99504, 99600, 92507, 97139 and 97799).

EVV uses technology to make sure members and participants receive the in-home services they need. Workers check in at the beginning and check out at the end of each visit, using a mobile phone or tablet, small digital device, or landline telephone. The EVV system captures six key pieces of information:

- Who receives the service.
- Who provides the service.
- What service is provided.
- Where the service is provided.
- The date of service.
- The time the service begins and ends.

For more information about EVV, visit the EVV webpage on the DHS website.

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 to help them remain within budget.
- Ensure that SDS workers are aware that if they want to receive less than the minimum fee schedule amount, they are required to complete the Self-Directed Services Home and Community Based Settings Minimum Fee Rate Agreement.
- Recognize that the member becomes the employer when self-directing. IDT staff should not dictate workers' wages and schedules or otherwise direct their work. That is the responsibility of the member or their representative. IDT staff should ensure that wages are consistent with federal and state labor and industry standards.
- 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 (for example, not signing off on falsified timesheets).

SDS support and FMS options[1]

Option 1: Using a fiscal employer agent provider

In this situation, the member is the legal employer of staff. The fiscal employer agent provider will have the member complete federal and state tax forms and will obtain an Employer Identification Number for the member. The member will sign a form that allows the Fiscal Employer Agent provider to file taxes for them 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 they provide proof of citizenship.

Members are responsible for recruiting, hiring,[2] training, and dismissing their workers. Some of the responsibilities of the member as employer include:

- Setting worker schedules and rates of pay within appropriate limits and following wage and hour laws.

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[1] *See Appendix 4 for an overview of member responsibilities under the fiscal employer agent and co-employment agency option.*

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

- Deciding how to train and supervise workers.
- Choosing and managing the tasks assigned to workers.
- Verifying employee time through the fiscal employer agent's verification process. **Note:** Verifying services 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, P-00976 for more information.
- Paying for holidays or time off (for example, vacation or sick time) when 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,[3] 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, makes schedules, and trains workers.
- Helps recruit and recommends workers to hire.
- Supervises and dismisses workers, 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.

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

[3] *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 the member is the legal employer, the fiscal employer agent 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 fiscal employer agent) 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 who 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:

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.

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 potential employees. 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 employees.

   Many members do not have experience as an employer or supervisor, so they will need help 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 (for example, churches, synagogues, or mosques)
   - Caregiver support groups
   - Nurses, including parish nurses
   - Home care 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, social media, college employment services, and use of personal contact cards. 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 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, they 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 (for example, 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.
- Workers providing transportation services 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.
- Access a Medicaid Provider Identification Number according to current policy.

3. **Background checks and restrictions governing eligibility for employment**
   If a member elects to self-direct their services, their co-employment agency or fiscal employer agent is responsible for conducting background checks in conformity with Wis. Stat. § 50.065 and Wisconsin 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 they deem necessary to ensure the health and safety of its members.

4. **Employee wages**
   Under the fiscal employer agent 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 they 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)
   - Remain consistent with federal and state labor and industry standards

   MCOs may provide suggested wage parameters based on the type of support the member needs.

   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-direction 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 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 needs 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 fiscal employer agent or co-employer option. MCOs use one of two primary methods to establish allocations:

1. **Zero-based budgeting**
   The zero-based budgeting process uses established employee wages, the amount of services needed (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 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 (for example, 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 to effectively manage SDS. FMS providers typically send monthly expense reports to the member and their IDT staff. Monthly reports should include:

- Total budget authorization and budget period (such as annual)
- Expenses for the month being reported
- Subtotal of all expenses to date
- Remaining funds 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 help IDT staff monitor 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. For example, if the member had a change in condition and needs more assistance, the IDT staff will update the assessment. This may result in the member needing more personal care hours. In this case, they would get an increase in their budget to accommodate for the extra hours needed. 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 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 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 give MCOs 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

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 to identify and address areas for improvement. This includes examining members' experiences with their introduction to SDS, the MCO's process for offering members the SDS option, and the MCO's assessment and budget setting process.

Strategies for ensuring quality at the member level

IDT staff should 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 to be successful because the member has more responsibility and is taking on the risks that an agency employer typically handles. 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 how they're using SDS to ensure funding resources are used appropriately.

Key considerations for IDT staff to evaluate while working with SDS

The following lists provide some items for IDT staff to consider in evaluating whether the SDS option is working for members. Although not all-inclusive, they provide a foundation for IDT staff during visits and planning meetings with members.

Asking questions

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?

Making observations

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

- Has the caregiver been assessed for stress? 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 to ensure services and supports are working?
- Are any previously identified risks and obstacles still current and are they reviewed with the member, legal decision maker, and the caregiver?

If there is an agency involved besides SDS, the IDT should be checking in with the agency to hear how things are going.

Ensuring quality

The following are key areas of work IDT staff should review to ensure 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 process 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.

Analyzing risk

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 (for example, 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 their 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?

Thinking big picture

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

- How do we know health and safety is ensured? What is the evidence?
- Is the number of visits or contacts made sufficient 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 their 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 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 (Family Care, Family Care Partnership, and PACE: Managed Care Organization Contracts):
    - 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 VI., Benefit Package Service Definitions
- Managed Care Organization Training and Documentation Standards for Supportive Home Care, P-01602
- Family Care Member Handbook Template, P-00649
- Wisconsin Admin. Code ch. DHS 12
- Wis. Admin. Code § DHS 12.03
- Wis. Stat. § 50.065
- Electronic Visit Verification (EVV) Electronic Visit Verification (EVV) | Wisconsin Department of Health Services

Appendix 2: Tools and resources for IDT staff

- A risk agreement should be used to address concerns about a member's situation once the entire team agrees that risk is present. The agreement is a tool to ensure informed decision-making occurs. It outlines the interventions discussed with the member, what they are willing to do, 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 and Decision (RAD) and Notice of Adverse Benefit Determination Guidelines, P-01048 or 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 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 APS if abuse or neglect is suspected. 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: 800-928-8778
    TTY: 888-758-6049
  - Board on Aging and Long Term Care (members ages 60 or older):
    Toll-free: 800-815-0015

- Each SDS plan must contain appropriate links to primary care and other providers 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 they suspect 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 their 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 they would not have done this in the past.

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

Appendix 4: Comparing the options

The following table compares employment-related tasks for the Fiscal Employer Agent and co-employment agency.

Employment-related task	Who is responsible under the fiscal employer agent option?	Who is responsible under the co-employer option?
Writing a job description, screening applications, interviewing, and hiring employees	Member (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.[4] 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 employee	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 employee	Member	Member and the co-employment agency
Supervising and evaluating employee work performance	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)

[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.*

Employment-related task	Who is responsible under the fiscal employer agent option?	Who is responsible under the co-employer option?
Setting up emergency back-up coverage	Member	Member and the co-employment agency
Verifying SDS worker time	Member and the employee	Member and the employee
Submitting SDS worker time	Member and the employee	Member and the employee
Issuing pay checks	Fiscal agent	Co-employment agency
Payroll deductions	Fiscal agent	Co-employment agency

***The only option for PACE participants to hire and manage staff when self-directing is through a co-employment agency.*