



## Self-Directed Personal Care

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### A. Self-Directed Personal Care (SDPC)

Wisconsin's statewide program for medical assistance, referred to as the Medicaid State Plan, provides personal care to eligible recipients. The standard personal care program available to all eligible Medicaid recipients is an agency-directed program, called Medicaid Personal Care (MAPC). For IRIS participants, there is an alternative option through the Medicaid State Plan's approved Self-Directed Personal Assistance Services 1915(j) waiver, referred to as Self-Directed Personal Care (SDPC) in Wisconsin. This option allows participants to self-direct their personal cares by exercising employer and budget authority over their SDPC services and designated weekly personal care hours, which is separate from their base budget for their IRIS waiver services.

Self-directing personal care requires that a participant hires, trains, manages, and discharges their own care staff, referred to as participant-hired workers (PHWs) in IRIS. Participants also determine their PHW's wages in accordance with current rates determined by the Medicaid State Plan. PHWs are paid directly through the Fiscal Employer Agent (FEA) accordingly, similarly to all other provider payments within IRIS.

#### 1. SDPC Eligibility, Referral, and Disenrollment

##### a. Identification of Personal Care Needs

The participant may be eligible for personal care when they require assistance with activities of daily living, such as toileting, bathing, grooming, or transferring, as indicated on their adult long-term care functional screen (referred to as LTCFS or functional screen). If the participant's functional screen indicates that they need assistance with activities of daily living, and they are not actively receiving this care through MAPC or SDPC, they may be eligible for Medicaid reimbursement for their personal care services. The participant's IC will work with the participant to determine need for personal care and discuss the options available. If it is determined that the participant may need personal care services, the IC will refer the participant to an MAPC agency or to the SDPC Oversight Agency depending on the participant's preferred personal care delivery method.

If the participant is already receiving personal care through MAPC, they are eligible for SDPC. If the participant demonstrates interest in SDPC, their IRIS consultant (IC) will refer the participant to the SDPC Oversight Agency.

The participant is not eligible to select SDPC if they:

- Currently receive and intend to remain enrolled in MAPC services.

- Require or prefer an agency to provide them with personal care services (as mentioned above, self-directed personal care may only be provided by a PHW). The only exception to this rule is the use of Microboards that are formally recognized in the State of Wisconsin.
- Reside in a 1-2 Bed Adult Family Home (if owned by a provider that is not related to the participant by blood or marriage), 3-4 Bed Adult Family Home, or Residential Apartment Care Complex.
- Reside in a temporary housing situation or are actively homeless.
- Receive Medicare home care services under Medicare Part A (skilled home care). However, SDPC can continue to provide services if the home health agency cannot meet the level of care ordered by the prescribing provider. IRIS will consider the benefit maximized by using both SDPC and home health together.
- Receiving hospice or eligible for hospice services. However, SDPC services may continue at the same level of care if already receiving services when hospice is started.
- Require or receive 24-hour skilled care for ventilator management for life support.
- Have documented program integrity or health and safety concerns which are currently unresolved and may impact the provision of a safe personal care plan.

## b. Referral, Assessment, and Approval of Hours

Once it is determined that a participant has needs that may be addressed through personal care and they are interested in seeking SDPC services, their IC will refer the participant to the SDPC Oversight Agency for an assessment by an SDPC registered nurse (RN) by completing the IRIS SDPC Referral Form.

### i. Referral

Once a valid and complete referral is received, the IRIS SDPC Oversight Agency will call the participant for pre-screening within three days. If they prequalify for personal care, they will assign an RN to set up an in-home personal care assessment. These assessments are completed by the RN within 14 calendar days and must be completed in the participant's home or primary residence.

### ii. Assessment

During the assessment, the RN will complete a new personal care screen tool (PCST) with the participant, which is part of the functional screen tool utilized to determine long-term care eligibility. They will also assess all areas where personal care services will be provided, as well as review all medical

equipment needed. The RN will determine the participant's care needs and weekly hours based on the RN's assessment, clinical expertise, and consultation with the participant's primary prescribing provider, in alignment with Medicaid's coverage for this service.

Additionally, they will help the participant develop a person-centered personal care plan called "My Cares," which includes a required backup plan. The RN will note any safety concerns and interventions necessary. This plan serves as a nurse's order for care and a tool for participant-directed training of PHWs. It also outlines the rules and requirements for maintaining SDPC enrollment.

Following the in-home visit, the RN will complete collateral contacts to verify information and finalize the assessment, care plan, and obtain a prescribing provider order and plan of care. SDPC can only be approved if the participant's prescribing provider signs an order for care. If the prescribing provider does not approve the order, the participant will be notified to discuss this with the provider. A plan of care and prescribing provider order is valid for three months to one year, depending on the provider. Orders for less than three months will not be considered for SDPC.

After the initial assessment takes place and eligibility is confirmed, enrollment in SDPC is established. SDPC enrollment occurs within 45 calendar days of receipt of a valid and complete referral.

### iii. [Approval of Hours and Services](#)

The participant's My Cares plan must detail the service hours being provided, in accordance with the hours calculated on their PCST and the hours indicated on the prior authorization. The RN and prescribing provider will only approve what is medically necessary and usual and customary per Medicaid guidelines. Prior authorizations for prescribed SDPC hours are valid for up to one year, unless there is a documented change in condition indicating either an increase or decrease in a participant's needs.

Once the participant's hours are calculated, My Cares plan completed, prescribing provider orders obtained, and prior authorization secured, the RN will inform the participant of the weekly hours allocated for their care and provide a start date. The SDPC weekly allocation is not subject to appeal, as this constitutes a prescriptive service in which the hours are established and preauthorized by the registered nurse and the prescribing provider.

Once confirmed, this service and associated hours are added to the participant's IRIS service plan by their IC.

Participants are given an individualized SDPC budget, separate from their IRIS base budget, based on the identified and ordered care hours. The IC assists the participant with managing their SDPC budget by working with

them to authorize hours and hourly wages for their SDPC workers within the state-allowed range on their IRIS service plan.

Once hours are assigned, workers cannot exceed these weekly hours nor carry them over week to week. Workers will not be paid for care hours over what is authorized. Participants are responsible for assigning their SDPC workers the weekly hours they may bill under SDPC and ensuring their timesheet does not exceed the hours ordered by their prescribing provider, authorized by Medicaid, and stated in the participant's My Care plan.

### C. Annual Recertification of Services

The SDPC recertification process must be completed annually to begin a new certification period and maintain enrollment. Required hours may vary each year based on the participant's level of care.

This recertification is a separate assessment from the annual IRIS service plan development and annual functional screen, which address all other long-term care needs. The participant must be reassessed for their personal care needs each year or any time there is a change in their condition or needs, whether it is an increase or decrease. The hours that the participant is eligible for may fluctuate from year to year or when there is a change in condition. Care hours are based on the participant's current needs and the current Medicaid coverage for personal care.

An RN must assess the participant in person at their primary residence to obtain prior authorization for services before the expiration of their current recertification. The RN and participant will need to work together to ensure each of the following documents are gathered and submitted:

- A new PCST and addendum, if applicable.
- A new My Cares plan and updated backup plan.
- A new prescribing provider order/plan of care.
- A newly reviewed and signed SDPC Participant Education form.

The established annual SDPC hour allocation is not appealable, as this is a prescriptive service where hours are determined and preauthorized by the RN and prescribing provider.

However, if a prescribing provider refuses to sign an order for care or signs an order for less than three months, a notice of action must be sent to the participant. Additionally, if the participant experiences a change in condition which results in the participant's active order for care being decreased or stopped during the recertification process, a notice of action decision must be sent to the participant informing them of the ability to appeal the RN and/or prescribing provider's determination.

## d. Suspension of Services

A participant's SDPC services may be suspended (put "on-hold") for up to 90 days. When a suspension occurs, a participant should work with their RN to resolve any concerns preventing access to their SDPC services as quickly as possible. If issues remain unresolved, disenrollment from SDPC may be required.

Suspension of SDPC services may occur if:

- The prescribing provider has not returned a signed order for care.
- The participant was unwilling or unable to complete their required in-person oversight visit by the required due date.
- The participant did not complete their required annual assessment before the annual recertification period ended.
- The participant is receiving skilled in-home care concurrently through the Medicare Part A benefit.
- The participant is admitted to a hospital, nursing home, or institution.
- The participant resides in a temporary housing situation where care and oversight cannot be safely provided.
- The participant does not have any PHWs to provide care.
- The participant lost their IRIS SDPC Representative and needs to find a new one (see section 2.b of this policy for more information on SDPC Representatives).
- The participant's current IRIS SDPC Representative begins billing for cares.
- It is discovered that a third-party agency is billing for personal care, such as an SHC agency or another certified personal care agency.
- The participant has been referred for disenrollment from the IRIS program.

While SDPC services are suspended, the participant's RN will contact them to complete a telehealth oversight visit. This visit is to check on the participant's status towards lifting the suspension. If the participant is in an institution, this visit will be waived. If the participant is suspended due to a missed visit, a telehealth oversight call does not meet the requirements for an in-person visit.

If the issue that led to suspension is not resolved within 90 days, a notice of action to disenroll from SDPC will be issued to the participant.

## e. Disenrollment from Services

Participants receiving SDPC services have the right to disenroll themselves from SDPC at any time. The SDPC Oversight Agency retains the right to involuntarily disenroll participants from SDPC for the reasons outlined in this section.

### i. Voluntary Disenrollment

If a participant decides to voluntarily disenroll from the SDPC program, the participant must inform their IC so they can ensure that alternative options for personal care are discussed, if still eligible.

If the participant decides to use a certified Medical Assistance Personal Care (MAPC) agency to provide personal care services, the SDPC Oversight Agency will help transfer and coordinate services for the participant.

## ii. Involuntary Disenrollment

The SDPC Oversight Agency reserves the right to involuntarily disenroll participants under the following conditions:

- **Health and/or Safety Jeopardized:** The participant has an unsafe plan of care as determined by their primary care provider or RN.
  - Examples include self-neglect, refusing care, not using proper equipment, not following up on needed skilled care, insufficient caregivers, not allowing required oversight visits, not maintaining an adequate back-up plan, refusing to sign a risk agreement, or when a primary care provider refuses to sign an order for care (required for 3 months to one year).
- **Mismanagement of Employer Authority:** The participant demonstrates a repeated mismanagement of their assigned care hours and staffing responsibilities.
  - Examples include allowing caregivers to bill for more hours than approved by the prescribing provider and Medicaid, not using electronic visit verification as required for personal care services or receiving care under Medicare part A or other skilled services and not reporting the billing of both skilled care and SDPC (duplicative billing).
- **Failure to Report Necessary Information:** The participant fails to disclose serious health concerns to the RN, such as wounds or other health issues, lack of workers, changes in the level of care, changes in location due to a move or out-of-state travel, or any other factors that could negatively impact care. This can also include if the participant refuses a required in-person visits, preventing RNs from updating and monitoring the care plan.
- **Moving to an Ineligible Living Situation:** The participant moves to a setting where SDPC is not permitted as a service. Ineligible living arrangements include:
  - Adult Family Homes or Residential Care Apartment Complexes that are owned, operated, or controlled by a provider not related to the participant by blood or marriage.
  - Out-of-state moves.
  - Admission to a nursing home or other facility for over 90 days.
  - Incarceration.
  - Homelessness or other temporary housing arrangement where assessment and oversight cannot safely occur.

Participants who are involuntarily disenrolled will receive a notice of action letter and have the right to appeal the decision, in accordance with IRIS program policy on appeals and hearings. Additionally, participants who are involuntarily disenrolled from SDPC may not be referred again unless the issues leading to disenrollment are fully mitigated. ICs must provide education, mitigation, and support to help participants meet their care needs.

## 2. Personal Care Service Provision

Participants who are eligible for and select the SDPC option have various responsibilities, including staff oversight and training, active involvement in plan development and determining their care needs, and ensuring they continue to meet program requirements.

### a. Participant Responsibilities

#### i. General Responsibilities

Participants have the responsibility to inform their RN if any changes to their needs, living situation, or plan occur, as their SDPC services could be impacted. Participants should notify their RN if any of the following occur:

- Home health or hospice services are started.
- An address change or a general change in contact information.
- Travel out of state is planned.
- Admission to a hospital or nursing home.
- Use of a mechanical ventilator or other skilled care is started.
- Loss of staff/workers.
- Care needs increase or decrease.

#### ii. Staffing and Training

Participants (or their SDPC representatives) are responsible for hiring, training, and supervising workers providing SDPC services. Participants may hire anyone who can provide or be trained to provide the participant's necessary personal care services, and who successfully complete background check requirements (see IRIS Background Check policy included in the resources section below). Additional training can be provided by the SDPC RN as needed to support the participant and/or their workers.

Authority for performing medically oriented tasks (MOTs) flows from the prescribing provider to the participant and then to the worker. The RN may consult with the participant to ensure workers are competent. Delegation authority comes from the participant to the worker. The RN supports the participant in ensuring workers are adequately trained to provide these cares.

There are some exclusions or requirements around staffing that a participant is responsible for following, including:

- Participants may not hire minors (under age 18) for tasks such as mechanical lift transfers (per Division of Quality Assurance publication: Limited Participation of Youths in Operation of Power-Driven Patient Lifts, P-01816).
- Participants may not hire minors under 16 to provide person care services.
- Medicaid personal care (including SDPC) does not cover the cost of two caregivers working at the same time, except in extremely limited situations. However, if it is medically necessary for periodic transfers or repositioning when all other transfer devices have failed, Wisconsin Medicaid may reimburse a PHW to assist another PHW in providing care to a participant simultaneously.

### iii. Standard Precaution Requirements

Standard Precautions are infection control guidelines to prevent the spread of diseases and infections. The participant must adhere to Occupational Safety and Health Administration (OSHA) guidelines to protect their workers' health and safety. The participant should:

- Provide OSHA handouts and expect workers to follow these guidelines.
- Remind workers to wash their hands and provide soap and clean towels or paper towels.
- Supply and require workers to wear gloves when in contact with body fluids.
- Have workers wear masks to prevent the spread of respiratory illnesses.
- Supply gowns or other protective equipment if required by the prescribing provider.
- Provide sharps containers for needle disposal if workers assist with injections.

Depending on the type of medical supplies, there may be coverage through SDPC funds or through IRIS program funds. For example, gloves for incontinence care can be obtained through medical supply companies or paid for utilizing SDPC funds. The participant's SDPC RN will provide additional information for training workers on standard precautions.

### iv. Electronic Visit Verification (EVV) Requirements

Participants are required to use EVV for SDPC services. Failure of a participant's workers to use EVV will result in an eventual loss of their personal care, and even IRIS program services. Agency-based personal care providers and SDPC workers are required to use EVV. For full requirements, see the IRIS EVV policy included in the resources section below.

## b. SDPC Representative Responsibilities

Once enrolled in SDPC, a participant may appoint or be required to appoint an SDPC representative. An SDPC representative assists with the self-direction of personal care services, including PHW management, care planning, and decision making. A participant may elect to have a SDPC representative for the following reasons:

- The participant decides they would like additional support in managing their personal care, but they do not already have a legal decision maker.
- The RN determines they require additional support to manage their personal care needs, but they do not already have a legal decision maker.
- The participant cannot manage their own personal care and their preferred SDPC provider has legal decision-making authority.

An SDPC representative has the following responsibilities on behalf of the participant:

- They must be present for all initial and annual SDPC RN assessments.
- They must follow the IRIS SDPC Participant Education form, reviewed by the SDPC RN, as well as all applicable IRIS program policies.
- They must ensure the My Cares plan is being followed and that personal care is provided as assessed.

The SDPC representative may not be a paid provider of SDPC services (including requesting the participant's IC to submit PHW paperwork on their behalf), may not sign or submit PHW timesheets, and they may not also be a paid Support Broker for the participant. The SDPC representative does not have legal authority, but rather a programmatic role in supporting and managing the participant's personal care.

## c. Personal Care Planning

### i. My Cares

Every participant utilizing SDPC must have an individualized person-centered personal care plan detailing their identified personal care needs and how the need is being met, including all medical equipment or devices utilized by the participant. In SDPC, this personal care plan is referred to as the My Cares plan, and must be accompanied by all required medical documentation, the completed PCST, and a participant education form specific to SDPC that has been reviewed and signed by the participant. All documentation must be reviewed at enrollment, annually, and any time there is a change in the participant's care needs or condition.

As detailed in this policy, the annual recertification includes a review of the My Cares plan, which must be updated annually and anytime there is a change in the participant's services or condition.

There are some specific tasks that are not covered by personal care services, regardless of funding source or service delivery model (i.e., SDPC or MAPC). These tasks cannot be provided by an SDPC worker and may not be included on a participant's My Cares plan as a paid support. However, they may be included on the plan as unpaid support, to ensure all needs are being identified and addressed.

Tasks that cannot be provided by an SDPC worker are listed below:

- Insertion of catheters or irrigation.
- Administering any type of injection.
- Wound care.
- Medication administration via a G or J tube.
- Placing medication in a pill organizer or dispenser.
- Hemodialysis.
- Peritoneal dialysis.
- Tracheal suctioning.
- Ventilator management.
- Ultrasound therapy.
- Any personal care service not documented on the My Cares plan.
- Any other care deemed skilled or beyond the skill level of a SDPC worker.

## ii. Backup Plan

Participants who receive SDPC services will be required to maintain a backup plan that also satisfies the requirements of the SDPC program. The RN reviews the SDPC-specific backup plan to validate the plan meets the participant's care needs and program requirements.

## 3. Oversight Agency Responsibilities

There is a single contracted SDPC Oversight Agency who implements the IRIS SDPC program. They provide a variety of oversight and nursing services to IRIS participants.

### a. Oversight Visits

In-person visits are required and must be completed per the prescribing provider's order every 60 days. If a visit is refused or missed by day 60 (or date detailed on an approved variance order), SDPC services will be suspended and SDPC workers will not be paid until the RN can complete the required in-person visit. Ongoing non-compliance with oversight visits will result in disenrollment and the loss of SDPC services.

Participants may request a 90-day variance to reduce the frequency of in-person RN visits. Requests for a variance must be reviewed and may be approved by the oversight agency. However, variances cannot be approved or may be adjusted if

the RN/prescribing provider deems it unsafe or any of the following concerns are present:

- Identified health and safety issues that need monitoring.
- A risk agreement on file with the IRIS Consultant Agency (ICA) or SDPC agency.
- Hospice, home health services, or private duty nursing (under 24 hours) is in place.
- Medically complex or fragile conditions, or high care needs (e.g., trach care, wounds, feeding tubes, complex transfers, ventilator support).
- Frequent hospitalizations.
- Restrictive measures or behavioral support plans in place that impact care.
- History of non-compliance with care or oversight visits.
- Numerous Critical Incident Reports (CIRs) related to health or safety issues (e.g., falls, hospitalizations, behaviors).
- Only one worker with an SDPC allocation of more than 40 hours of care per week.
- Only one worker with an SDPC allocation of less than 40 hours but without an effective backup plan.
- All caregivers are related, and the person is both:
  - Non-verbal/unable to communicate and/or unable to make decisions.
  - Clinically complex, requiring skilled services or high utilization of medical equipment, or medically frail.
- High turnover of caregivers.
- APS involvement or program integrity issues.
- A prescribing provider's order of care for less than one year.

#### b. Telehealth Visits

Telehealth visits are not an option for those in SDPC, except when services are suspended. During suspension, the RN will contact the participant to complete a telehealth oversight visit. Required in-person visits resume post suspension.

### 4. Resources

#### a. Form or Policy Links

- i. [Electronic Visit Verification in IRIS Policy](#)
- ii. [IRIS Background Check Policy](#)

#### b. Memos, Guides, or Other Authorities

- i. [Limited Participation of Youths in Operation of Power-Driven Patient Lifts \(P-01816\)](#)