

Self-Directed Supports (SDS) Guide Book

This is a guide book for those enrolled in
iCare Family Care Partnership (HMO SNP)



Friends for Health. Friends for Life.

iCare Partnership is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid program. Enrollment in *iCare* Partnership depends on contract renewal.

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Table of Contents

Guiding Principles of Self-Determination	3
Creating a Member Centered Plan for Services	4
• Step 1: Your Long-Term Care Outcomes	
• Step 2: Comprehensive Assessment	
• Step 3: Individualized. Service Plan	
Developing a Service Budget.....	5
Shopping for Services	6
Hiring and Paying Providers.....	7
• New Health Services	
• Supportive Home Care Options	
• Anew Fiscal Agent	
• Relating to Providers	
Evaluating Your Services and Outcomes	10
Self-Advocacy	11
Frequently Asked Questions about SDS.....	11
Notice of Non-Discrimination.....	13

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WHAT IS THIS GUIDEBOOK ABOUT?

This Guidebook explains the Self-Directed Supports (SDS) option and how to make it work for you. Participation in SDS is voluntary. If you choose SDS, you may direct some of your long-term care services.

This Guidebook will walk you through each of the steps in:

- Developing your own member-centered service plan,
- Managing your individualized service budget,
- Hiring and paying providers.

WHAT IS THE SELF-DIRECTED SUPPORTS (SDS) OPTION?

Self-Directed Supports (SDS) means:

- Making your own decisions about how you want to receive the support necessary to enable you to live your life as you want.
- Having control and responsibility over your own budget and services
- Taking responsibility for personal decisions and actions.

GUIDING PRINCIPLES OF SELF-DETERMINATION

Dignity and Respect

You have the right to be treated with dignity and to be respected as a whole person.

Choice and Control

Self-determination means that you have the power to make decisions and truly control your life. This includes having control and responsibility over your own budget and support services, authority to determine your goals and nature of your support services, and authority for you to hire people who will provide your chosen supports.

Relationships

People with whom you have real relationships provide the strength, assistance, and security that ensures your well being.

Fiscal Responsibility

Control over how funds are spent comes with responsibility to live within a budget. When you have choice and control, it allows you to purchase supports to get what you need, pay only for what you get, invest in goods or services that will produce long-term benefits, spend money more efficiently, explore alternatives to paid supports, and make adjustments to your supports as your needs change.

Choice Has Limits

Public funds will not be used to support choices that are illegal or harmful to yourself or others. There are also budgetary limits which will be set by you and your team.

CREATING A MEMBER CENTERED PLAN FOR SERVICES

Step 1: Your Personal Outcomes

The first step in creating your member centered plan for services is to work with your team to identify your Long-Term Care Outcomes. These outcomes will help you stay as independent as possible in the most integrated community living arrangement, which will meet your health and safety needs.

Step 2: Comprehensive Assessment

Your Team will work with you to complete a comprehensive assessment. The purpose of the comprehensive assessment is to provide a clear understanding of you and the services and items necessary to support your outcomes, needs and preferences. The comprehensive assessment is essential in order for you and your Team to identify your outcomes, strengths, needs for support, preferences, informal supports, and ongoing clinical or functional conditions that require a course of treatment or regular care monitoring. You may invite others, such as your family and friends to join in this assessment process.

Step 3: Individualized Service Plan

Now that you've discussed your outcomes, needs, and preferences, it's time to make a plan for how you will get support or services.

Now think about the paid and unpaid support you need to achieve your outcomes. What are your preferences for when and how you'd like to receive that support, and who would you like to provide you with these personal services?

Your individualized service plan will list your outcomes, all of your services, the names of those who will provide the services, both formal and informal, and the costs associated with each service.

*****IMPORTANT*****

Your member-centered plan will list services that match your needs and long-term care outcomes in the most efficient and cost effective-way.

Your member-centered plan must also address any issues related to your health and safety, including emergency back-up plans.

For example, what happens if your personal care worker is scheduled to get you out of bed in the morning, but he or she is sick? Make sure you've got others to call as a back-up. This type of emergency back-up is included in your plan.

You and your Team will meet on a regular basis to review your care plan. You and your Team are responsible for working together to ensure that you are safe with the best possible health, and that your services are meeting your needs and helping you to support your long-term care outcomes, needs and preferences.

DEVELOPING AN INDIVIDUAL BUDGET

Managing your individual budget is an important part of SDS. The amount of money in your budget is based on your needs identified during your comprehensive assessment and the type and amount of services in your member centered service plan.

You and your Team will work to set up a monthly service budget amount. The amount in your budget depends on the cost of your services. The cost of each service is based on what a typical formal service provider would charge for that particular service. For example, the typical cost of adult day care may be \$45 per day, so if adult day care is in your member-centered plan, \$45/day would be in your budget for adult day care.

INDIVIDUAL BUDGET EXAMPLE	
Service	Help with laundry, housecleaning and grocery shopping.
Provider	Neighbor Sam
How often	8 hours per week
Typical Charge	\$8.00 per hour
Budget	8 hours/week x \$8/hour x 52 weeks = \$3,328/year (\$277.33/month)
Service	Emergency / back-up plan for
Provider	Mike's sister
How often	When Sam is unavailable (expected frequency)
Typical Charge	No charge
Budget	\$0.00
Service	Transportation
Provider	County transportation
How often	4 round trips per month
Typical Charge	\$4.00 per round trip
Budget	4 trips x \$4/trips/month = \$16/month
Service	Meals
Provider	Meals on Wheels
How often	5 days per week
Typical Charge	\$4.50 per meal
Budget	5 meals/week x \$4.50/meal x 52 weeks = \$1,170/year (\$97.50/month)

Over Budget / Under Budget

You and your Team will routinely assess your needs to make sure that you are meeting your health and safety needs and supporting your outcomes. If you are substantially over-budget (or over-budget by a small amount on a regular basis), then you may lose access to Self-Directed Supports. If SDS is stopped, the Team will explain what is expected before you regain SDS.

In other words your money in the SDS budget must be used to meet your needs. If you need supportive home care but do not buy supportive home care, you cannot use the money you saved for things that are not in your service plan.

In this example, the “typical charges” equals Mike’s “actual costs.” However, if the typical charges were higher (or lower) than the actual cost, Mike could make some budgeting choices.

SHOPPING FOR SERVICES

Ask yourself these questions before shopping for services:

Who will provide my services?

Be aware of costs. It may cost more to hire staff from a provider agency because of the agency's administrative costs. It may be less costly for you to hire a friend or neighbor instead.

What do I want my providers to do?

Do you just need a ride to the grocery store, or do you also need help putting groceries away at home? Try to be specific when thinking about the type of assistance you need.

When do I want my services delivered?

Think about your daily routine. Do you need to wake up at a certain time for work? Do you like to eat lunch at 11:00 instead of noon? Do you prefer morning or evening baths?

Where do I want to receive my services?

Do you want services in your own home? Would you prefer to receive them in another setting? If you work, do you need support at your job site? Consider your options, it may be less expensive and easier to get care from an adult day care center.

How do I want my services delivered?

Make sure your providers understand your needs and are comfortable doing the work you expect. If you need help with personal care, are your providers properly trained? Are you willing to train your providers to perform tasks the way you prefer?

Remember to think of your long-term care outcomes, needs, and preferences identified during your assessment and service planning process when shopping for services. There are many different ways to find the support you need.

The next step is to think about who will provide your supports.

Are any of these people willing and able to assist you?

- Family members or other relatives
- Friends
- Neighbors
- Church groups
- Co-workers
- Roommates
- Provider agencies
- Community volunteer organizations

CHOOSING PROVIDERS

There are three ways to choose the people that will provide your support and services:

1. iCare has contracts with different agencies and organizations. Your Team is available to assist you with choosing a provider that will meet your needs.
2. Do you have a family member, neighbor or friend who is willing to volunteer their time to assist you?
3. You may already know someone who would be willing to provide your support for pay. If you do not know anyone who is willing to provide your support, you may need to advertise and interview for providers.

Or, you may choose to use a combination of all three.

HIRING & PAYING

YOUR OWN PROVIDERS:

There are two options for hiring and paying your own providers: through a co-employment agency or through a fiscal agent.

1. Co-employment. You and an agency share the duties of an employer.
2. Fiscal Agent. You act as the employer while the fiscal agent helps you with payroll.

CO-EMPLOYMENT

Co-employment companies hire the providers you choose for in-home services such as house cleaning and personal care. Here's how it works if you already have a provider in mind: The provider completes an employment application. Then the co-employment agency completes all of the employment paperwork such as background checks, reference checks, tax withholding forms, etc. If you don't know of a provider, the co-employment agency will help you locate one.

Once your provider is hired, the co-employment agency will:

- Set the wage and benefits for your provider.
- Provide unemployment compensation and worker's compensation benefits.
- Issue a pay check to your providers every two weeks.
- Give your provider basic orientation and training. Both agencies also support you in doing your own training for your providers.
- Provide back-up/emergency coverage in case your provider is unable to work their scheduled shift.
- Complete an annual performance evaluation of your provider based on your feedback.
- Handle the process for resignations, disciplinary actions, grievances, and terminations.

If you choose co-employment, your Team will work closely with you to make sure the SDS option goes smoothly.

FISCAL AGENT SERVICE

The "fiscal agent" service processes payroll, time cards, and issues pay checks to your providers. If you choose to use a fiscal agent, **you** are responsible for:

- Finding and hiring your provider.
- Determining wages for certain chore services.
- Training.
- Making an emergency back-up plan in case your provider can not work their scheduled shift.

Once you have located a provider, the **fiscal agent** will:

- Issue a paycheck to providers every two weeks.
- Provide worker's compensation benefits.
- Handle tax withholdings for your provider.
- Provides unemployment compensation.

You and your Team will work together to make the right choice so your member-centered care plan meets your outcomes.

COMPARING THE OPTIONS

Here's a chart which gives an overview of each option. You'll notice that the co-employment options offer more assistance and support with employment-related tasks and the fiscal agent requires that You take most of the responsibility for these tasks.

Employment-Related Task	Who is responsible with co-employer option?	Who is responsible with fiscal agent option?
Writing a job description, screening applications, interviewing, hiring providers	You and the co-employment agency	You
Completing background checks	The co-employment agency	The fiscal agent
Deciding wage amount for your provider (within iCare Family Care Partnership (HMO)) guidelines	You Note: The co-employment agency will ensure that your decisions meet state and federal requirements	You Note: The fiscal agent will ensure that your decisions meet state and federal requirements
Deciding on benefits such as health/dental insurance, vacation, holiday, and sick time	These benefits may be offered under co-employment at this time	You
Orientation and training for your provider	You and the co-employment agency	You
Supervision and work performance evaluation of your provider	You and the co-employment agency	You
Disciplinary action and firing, if necessary	You and the co-employment agency	You
Emergency back up coverage	You and the co-employment agency	You
Signing off on provider time card	You and the provider	You and the provider
Sending provider time card	You and the provider	You and the provider
Issues pay checks	The co-employment agency	The fiscal agent
Responsible for payroll deductions	The co-employment agency	The fiscal agent

So which is the best option for you? You decide!

PROVIDER STANDARDS

Your team requires that all providers, including your own staff, pass a criminal background check. Your Team is available to assist you in making sure that your employees meet this requirement.

Relating To Your Providers

You have hired providers to perform a certain job. Remember that you are the boss. It is important to give your providers feedback. As an employer, you are responsible for telling your providers when they're doing a good job. You are also responsible for discussing concerns with your providers. Remember that you are paying for their support and assistance.

Your providers are there to support you in achieving your goals and outcomes.

EVALUATING YOUR SERVICES AND OUTCOMES

Am I happy with the services that I am receiving? Are the services meeting my desired outcomes? Do my providers meet my service expectations? Are my needs being met? Are my providers reliable and trustworthy? In other words, am I getting my money's worth from the providers I employ and the services I buy?

Ask yourself these questions as you continue to receive services. Think about the outcomes that you identified in your individualized service plan: Are your providers and services supporting your outcomes? If not, please remember that your care management team is available to assist you in problem solving to find other ways to make sure you are safe, have the best possible health, and your outcomes are supported.

Quality is very important. Your Team is committed to ensuring that you receive the highest quality care. When you choose the SDS option it is your responsibility to continually evaluate if you are receiving quality services. Remember that it is your right to receive services that meet your needs and help you support your long-term care outcomes.

If you have a conflict with one of your service providers, try to discuss the problem openly. Make sure your provider understands exactly what you're asking them to do. It is important to have reasonable expectations for your provider.

Good relationships involve respect and trust. Chances are a provider will treat you respectfully if you praise and respect them in return. It helps if you and your provider are honest with each other. Everyone deserves a chance to do their very best.

However, it is ok to find a new provider if you are just not happy with the one you've hired.

SELF-ADVOCACY

Self-advocacy means taking control and making your own decisions. It means having a say in who your providers are, the types of services you receive, and when, where and how those services are delivered.

Self-advocacy relates to more than just your care and services.

It means taking chances and accepting responsibility for the consequences of your actions.

Set your GOALS and make a PLAN to get there.

Be willing to make CHANGES in your life.

Surround yourself with people who SUPPORT your DREAMS and will help you REACH your GOALS.

SPEAK up for YOURSELF.

LEARN from YOUR MISTAKES.

DON'T GIVE UP.

Your Team is here to support and empower you to make your own choices. In choosing the SDS option, you have accepted responsibility for the consequences of your choices and actions.

Your Team will work with you to make sure your member-centered plan promotes your well-being. If for some reason your health or safety (or the health and safety of another person) is being threatened by your choices, your team may need to limit your participation in SDS.

If that happens, your team will work with you to find additional supports or training for you so that you can consider directing your services again.

FREQUENTLY ASKED QUESTIONS ABOUT SDS

Q: Must I participate in the Self Directed Supports option?

A: No. Participation in SDS is completely voluntary. Your Team will help you decide if this is the right choice for you.

Q: How do I know if the SDS option is for me?

A: Every member of the program has the right to choose or direct some of his or her long-term care services. The SDS option is for you if you want to handle some or all of these responsibilities on your own. Your Team is available to support and assist you with SDS.

Q: If I choose the SDS option, am I on my own to handle all of my services and providers?

A: No. Your Team will make contact with you at least every three months or more often if you choose. You and your Team are still responsible for ensuring that your outcomes are being met and that you are safe. Your Team is available to support you in making the SDS option successful. You can call on your Team to assist you at any time.

Q: Are there services that I am not able to direct?

A: Yes. You cannot self-direct care management or residential care services or care. You cannot direct primary and acute care services.

Q: Will the SDS option work for me?

A: SDS will work for you if you are willing to manage your own care, accept the responsibility of making your own decisions and accepting the consequences of those decisions. You and your Team will work to the extent you choose to make sure SDS is working for you.

Q: If I choose the SDS option, do I have to arrange for all of my services and hire all of my own providers?

A: No. You can choose to direct some of your long-term care services. For example, you may want to hire your neighbor to help you with grocery shopping only, but let your Team arrange for the rest of your services. Your individualized service plan will indicate which services you choose to direct.

Q: I want to hire my own providers, but it sounds like a lot of work. Do I have to know about employment laws and paperwork?

A: No. Your Team has made the process of hiring your own providers easier by contracting with a co-employment agency to act as co-employer with you. If you are comfortable acting as an employer, but prefer not to deal with payroll issues, a fiscal agent will manage this task for you.

Q: Can I have direct access to my individualized service budget? For example, can I open my own checking account with this money?

A: No. The federal government does not allow individuals direct access to government funding. However, this does not mean that you can't make decisions about how your individualized budget is spent. You have control over which services you buy and who provides them.

Q: Who pays for provider background checks, advertising for employees, and training?

A: All costs associated with your self-directed supports are part of your individualized service budget.

Q: What if I want to increase the amount of money in my budget?

A: Your budget was set by you and your team based on your needs. If your needs change, you and your Team will address those needs and your budget.

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

iCare Family Care Partnership (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *iCare* Family Care Partnership does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

iCare Family Care Partnership:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Kandi Lortie.

If you believe that *iCare* Family Care Partnership has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Quality Improvement Specialist Kandi Lortie, 1555 N. RiverCenter Dr., Suite 206, Milwaukee, WI 53212, 1-800-777-4376 (TTY: 1-800-947-3529), 414-231-1094, info@icare-wi.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Quality Improvement Specialist Kandi Lortie is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

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