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REPLACEMENT PAGE

Supportive Home Care services provide necessary assistance for eligible persons in order to meet their daily living needs and to insure adequate functioning in the community and at home and in small community integrated alternate care settings including Adult Family Homes, Foster Homes for children, and Community-based Residential Facilities (CBRFs). Supportive Home Care services include direct assistance with daily living and personal adjustment, household maintenance, attendant care, assistance with medications that are ordinarily self-administered, supervision, reporting changes in the client's condition and needs, extension of therapy services, ambulation and exercise, household services essential to health care at home or performed in concert with assistance of daily living, and assistance with personal maintenance (grooming, bathing, dressing). In addition, Supportive Home Care includes those support services which allow the consumer access to community resources and may include assistance in acquiring independent living skills.

Household maintenance means activities such as cleaning, chore services, changing of storm windows, yard work but does not include modification to the physical structure of the home. Changes to the physical structure of a home are covered under "other services", specifically as home modifications.

The waiver services provided are expanded beyond Wisconsin's State plan services to include such services as personal adjustment, supervision, reporting the changes in the client's conditions and needs, extension of therapy services, ambulation and household maintenance services.

 The definition of qualified providers is expanded to include family members other than a spouse or parent of a minor child, friends and other providers. Only family members that are not a spouse or parent of a minor child may be providers to the eligible recipient. Allowable family members providing Supportive Home Care services, as well as any other services designated in the case plan will be subject to the same standards as those required of non-related providers. These standards are included in Appendix B-2.

~~Personal care: Supportive Home Care services under the waiver are limited to only the service component of these activities; any room and board costs are excluded. Reimbursement is available for the additional costs of rent and food reasonably attributable to a live-in personal care services provider who lives in the home of an individual receiving services under the waiver. Reimbursement is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by a provider of Medical Assistance services. Reasonable expenses will be computed by dividing total household shelter and food costs by the number of people sharing the household. Shelter costs include rent, mortgage, taxes, heat, electricity, water and waste collection costs.~~

Only those services not reimbursable under the State MA Plan will be reimbursable using waiver funds.

This waiver will not cover Supportive Home Care services provided by an otherwise qualified provider if the setting of the service is adjacent to, or on the grounds of a residential facility (including nursing homes, CBRFs licensed for more than eight residents, and child caring institutions licensed under Chapter 48, Wis. Stats. for eight or more beds.) In addition, a waiver recipient receiving alternate living arrangement services must reside in a unit of 4 beds or less unless the Department of Health and Family Services gives approval for the reimbursement of services provided.

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REPLACEMENT PAGE

Supervision of Supportive Home Care workers is provided by county case managers, contract agency supervisors or consumers. When Supportive Home Care workers are employed by an agency, the agency is also responsible for supervision of the workers as specified by the provider agreement, contract and/or plan of care. The frequency or intensity of supervision is indicated in the plan of care

Consumers will be given the responsibility to direct some or all of their day to day care whenever possible to the extent of their ability and desire. The case manager will determine the consumer's ability and/or desire to direct supportive home care by assessment and by observation and address this in the case plan. The plan developed by the case manager will also address the steps taken to enhance the individual's ability to direct supportive home care services or provide documentation of the individual's inability to perform this task. Supportive Home Care services are reviewed whenever there is a change in the individual's needs and abilities and at a minimum of every six months. Supportive Home Care is a necessary service to avoid institutionalization and is cost-effective as demonstrated in Appendix G-2.



x Consumer-directed supports

Consumer-directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer-directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer-directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

a. Provision of services and supports which assist the person, family or friends to:

- Identify and access formal and informal support systems;
- Develop a meaningful consumer support plan; or
- Increase and/or maintain the capacity to direct formal and informal resources.

b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.

c. Development and implementation of person-centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.


d. Ongoing consultation, community support, training, problem-solving, technical assistance and financial management assistance to assure successful implementation of his/her person-centered plan.

e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

Services provided under a plan for consumer-directed supports may not duplicate any other services provided to the person. Components of the consumer-directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

Payment parameters

Wisconsin will cover consumer-directed supports in areas of the state in which local agencies have memorandums of understanding with the state agency to demonstrate the feasibility and effectiveness of consumer-directed community supports. Each local agency offering consumer-directed support services will develop a written plan to implement consumer-directed community support options, which will:

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- Specify how consumers, families and other natural supports were involved in developing the plan and will be involved in ongoing oversight of the plan.
 - Specify how the local agency will provide information about consumer-directed support options to consumers, families and other natural supports, guardians, and providers.
 - Specify how participating consumers and their families, guardians and other natural supports will be supported: to know their rights as citizens and consumers; to learn about the methods provided by the consumer-directed supports plan to take greater control of decision-making; and to develop skills to be more effective in identifying and implementing personal goals.
- Establish support for development of person-centered support plans which are based on individual goals and preferences and which allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- Provide for mechanisms for consultation, problem-solving, technical assistance and financial management assistance to assist consumers in accessing and developing the desired support(s), and to assist in securing administrative and financial management assistance to implement the supports(s).
 - Establish a mechanism for allocating resources to individuals for the purpose of purchasing consumer-directed community support services based upon identified factors. These factors may include the person's functional skills, his/her environment, the supports available to the person, and the specialized support needs of the person.
 - Describe how the local agency will promote use of informal and generic sources of support.
 - Describe how the county will promote availability of a flexible array of services that is able to provide supports to meet identified needs and that is able to provide consumer choice as to nature, level and location of services.
 - Describe how the local agency will assure that consumer-directed community supports meet the person's health and safety needs.
 - Provide for outcome-based quality assurance methods.

Provider qualifications

Consumer-directed supports will be provided by entities which meet the unique recipient needs and preferences of the consumer as specified in the person's individual service plan or personal support plan. Local agencies are responsible to work with the consumer and his/her legal guardian to assure that the consumer-directed supports meet the consumer's health and safety needs and preferences, and are directed at the desired consumer outcomes.

x. Consumer education and training

Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies

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will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.

Provider qualifications

Consumer training and education will be provided by individuals, agencies or educational facilities which have expertise in such areas as consumer empowerment, consumer-directed supports, self-advocacy, community inclusion, relationship building, problem solving, financial management and decision-making.

Payment parameters

Reimbursable expenses include enrollment fees, materials, transportation, hotel and meal expenses related to participation in consumer education and training. Payment may be directed to the consumer by the local agency to allow the consumer to receive the needed training or education. Receipts for allowable fees and expenses must be submitted to the local agency to verify accurate payment. Payment will not exceed \$2500 per recipient annually.

X Housing counseling

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

Provider qualifications

Persons or agencies providing housing counseling must have expertise in housing issues relevant to the recipient, as identified in the individual service plan. A housing counseling provider may not be a provider of residential support services to an individual who receives housing counseling.

FAX Transmission Sheet

Minnesota Disability Law Center

FAX Number: 612/334-5755

430 First Avenue North, Suite 300

Minneapolis, Minnesota 55401-1780

Phone: 612/334-5785, extension 254 or 612/332-1441

Date: December 29, 1999

From: Anne L. Henry

To: Colleen Wieck, Ph.D.

Company: Governor's Planning Council on Developmental Disabilities

Voice: 651/296-4018

Fax: 651/297-7200

Subject:

You should receive 13 page(s) including this cover sheet.

If you do not receive all pages, please call Nancy Brick at 612/334-5785, ext. 223.

COMMENTS:

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FAX memo.

Colleen -

see Bulletin 98-56-15.

Thanks for WI & West V info.
① With regard to WI, MN has nearly identical ~~to~~ services for the MRO RC waiver. Steve Larson may have already fixed this to you. This waiver (1915c) isn't the same as the CSG Waiver (1115) and it requires county cooperation and assurances like WI's. ~~Also, parents don't get funds directly, but~~

② See HCFA manual page which DHO gave me during legislative session on West V.O.'s provisions.

The battles continue!
HH

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MEL-MANUAL 442.3 Definition of Services.

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HCFA MANUAL

B. Consideration of Services to Specific Services.--

1. FFP is not available for personal care services or any waiver services when provided to recipients by legally responsible relatives, i.e., spouses or parents of minor children, when the services are those that these persons are already legally obligated to provide.

2. Services provided by relatives or friends, except as noted in Item B.1., may be covered only if the relatives or friends meet the qualifications of providers of care, there are strict controls to assure that payment is made to the relative or friend as providers of care for specific services rendered, and there is adequate justification as to why the relative or friend is the provider of care, e.g., lack of other qualified provider in remote areas. Medicaid payment may be made to qualified parents of minor children or spouses for extraordinary services requiring specialized skills (e.g., skilled nursing, physical therapy) which such persons are not already legally obligated to provide.

3. Prevocational, educational or supported employment services may not be provided under the waiver other than as part of habilitation services as defined below.

Effective on or after April 7, 1986 until October 1, 1997, you may include in your definition of habilitation services furnished to individuals who have been discharged from a NF or ICF/MR prevocational, educational, and supported employment services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully outside an institution. Effective October 1, 1997, expanded habilitation applies to any eligible individual that the State determines requires the expanded habilitation services. The legislative requirement that an individual be discharged from an NF or ICF/MR has been deleted. States may, however, continue to include the discharge requirement for the expanded habilitation services noted above.

REV. 71

4442.3 (CODE.1) REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES 01-99

a. Prevocational services are services aimed at preparing an individual for paid or unpaid employment but which are not job task oriented. They should include teaching a client such concepts as compliance, attending, task completion, problem solving and safety. They are aimed at a more generalized result. In distinguishing prevocational services coverable under a waiver from nonprevocational services, consider the following criteria. Prevocational service activities:

o Are provided to persons who are not expected to be able to join the general work force or participate in a transitional sheltered workshop within 1 year (excluding supported employment programs).

o If compensated, are compensated at less than 50 percent of the minimum wage.

o Include activities which are not primarily directed at teaching specific job skills but at underlying habilitative goals (e.g., attention span, motor skills), and

o Are reflected in the plan of care directed to habilitative rather than explicit employment objectives consonant with the aims outlined in the preceding criteria.

b. Educational services are special education and related services (as defined in §4(a)(4) of the 1975 Amendments to the Education of All Handicapped Act) (Public Law 94-142) (20 U.S.C. 140(16) and (17)) to the extent they are not prohibited under §4442.3.

c. Supported employment is paid employment which

o Is for persons for whom competitive employment at or above the minimum wage is unlikely and who, because of their disabilities, need intensive ongoing support to perform in a work setting;

o Is conducted in a variety of settings, particularly worksites in which persons without disabilities are employed; and

o Is supported by activity needed to sustain paid work by persons with disabilities, including supervision, training and transportation.

d. Habilitation services do not include special education and related services (as defined in §4(a)(4) of the 1975 Amendments to the Education of All Handicapped Act (20 U.S.C. 140(16), (17)) which otherwise are available to the individual through a