

**Intermittently Used Procedures, Instructions and Forms
related to CLINICAL Issues**

SDS Procedure

County Directed Services

Criteria for County Directed Services:

- ◆ Consumer has volatile health or behavior issues which result in frequent changes in level of support, making it difficult to determine a funding rate.
- ◆ Consumer is their own guardian and has a support plan involving restrictive measures.
- ◆ Legal representative has a history of poor judgement which threatens a person's safety and protection.
- ◆ Legal representative is unavailable or uninterested in plan development or in directing service dollars.
- ◆ Consumers pay family members or guardians directly for providing direct care support.

Procedure for County Directed Services:

- ◆ Obtain approval from assigned county manager for County Directed Services.
- ◆ Intake sets a rate but no rate letter is generated.
- ◆ SDS Coordinator records rate on the Self Directed Support Data Sheet and copies are distributed to appropriate parties.
- ◆ Support broker will complete an IFP and corresponding vouchers. The broker will use the County Directed SDS form.
- ◆ Completed IFP will follow normal routing procedures, however the consumer and guardian in County Directed SDS **will not** receive copies.
- ◆ SDS Coordinator will confirm consumer's status in County Directed Services (see example letter).



Dane County Department of Human Services Division of Adult Community Services

Director – Lynn Green
Division Administrator - Fran Genter

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County Directed Services

In the interest of _____'s safety and protection, the county will appoint a Service & Support Coordinator or Support Broker. For the purpose of plan development and the allocation of service dollars, the Service & Support Coordinator or Support Broker must approve such payment. _____ the assigned Dane County DD Program Manager, will be responsible for oversight.

SDS Coordinator

Date

Cc: ACS Manager
Service and Support Coordinator/Support Broker
Support Broker Agency Director
Fiscal Assistance

Ddsds/sdsprocedures/cty dir cover letter

Procedure for Non SDS Services

In unusual or exceptional situations an individual may have a support broker but no individual SDS rate. For lack of a better term the county refers to this as non-SDS services.

Criteria for Broker involvement for non SDS services:

- ◆ Consumer is eligible for DD Services through Dane County Human Services as determined by the DD Intake Unit.
- ◆ Consumer currently has no services in place (other than broker) or their services are under contract with Dane County Human Services. For example an individual may live in an Adult Family Home and utilize contracted transportation and TIES services. As all of these services are paid under Dane County contract, the individual has no individual SDS rate.

Procedure for Broker involvement for non SDS services:

- ◆ Obtain approval from assigned county manager for Broker Services.
- ◆ Support broker will complete necessary paperwork (such as waiver recertification if applicable) per usual policy, however no IFP and corresponding vouchers will need to be done, as there are no SDS funds that need to be disbursed.
- ◆ SDS Coordinator will confirm consumer's status for having a Broker, but not in SDS, by sending out a data form that represents this situation.
- ◆ If the individual has Medicaid but is not on a waiver such as CIP or BIW, the broker should be sure to bill MA Targeted Case management.

SDS Procedure Sound Response

Once the support broker, consumer, guardian, residential provider and Sound Response team agree that someone is a good candidate for Sound Response the broker should do the following.

1. Notify your county manager with a cc: to Monica Bear of an individual's desire to start Sound Response. A broker must obtain manager approval before Sound Response can begin.
2. Sound Response is a contracted service with an annual cost of approximately \$4,000/yr. If a person cannot be supported by Sound Response within Sound Response's existing capacity, a person must reduce their SDS rate to purchase this service. Your county manager can let you know if a rate change is required.
3. When a person begins using Sound Response, the broker should update the person's IFP. Sound Response appears as a contracted service on page 2 of the IFP. The program name is "Sound Response". The agency name is "Responsive Solutions". The SPC code is 112.46 (personal emergency response systems). If an SDS rate change has occurred, submit a new IFP immediately. If no rate change has occurred, submit the revised IFP at an individual's next recert. Send the IFP to DisabilityUnit@co.dane.wi.us email address.
4. When a rate change occurs the SDS accountant will revise the database to reflect individual's new rate. Copies of the IFP will be routed to the appropriate parties.
5. When an individual starts Sound Response, the broker must always updates the CIP ISP. Sound Response equipment is listed as a One Time Adaptive Aids (SPC 112.99) purchase. The on-going Sound Response service is listed as Personal Response System (SPC 112.46).
6. If a person's support needs change to the point Sound Response is no longer appropriate or necessary a broker should delete this service from the CIP ISP and IFP. Ending Sound Response will have no impact on a person's SDS rate.

If a residential provider agency has a short-term need to employ Sound Response during times a live-in support worker is unavailable due to a leave of absence, then the payment and arrangement of those supports will be handled directly between the provider agency and Sound Response through a sub-contract process.

Accessing Co-Employment and Employer Agent Services

Self-Directed Services enables individuals to hire support providers of their choosing. Individuals may contract with a traditional provider agency or hire friends, family members, neighbors and people outside the typical developmental disability provider network. Individuals interested in purchasing support outside of a provider agency may choose either co-employment or an employment agent to pay workers.

Hiring workers directly provides individuals with more control over the assistance they receive. It also comes with the added responsibility of scheduling, training and overseeing the timecards of paid workers. When workers quit, individuals must find their own back-up and replacement staff. Co-employment and employer agents fill an important niche for some individuals directing their own services. Some people enjoy the increased choice and control while others find the extra responsibilities burdensome. Individuals should carefully weigh the pros and cons of using a provider agency, co-employment or an employer agent before deciding which option will best meet their needs.

Co-Employment - Goodwill Industries

Goodwill's Co-Employment Services are designed to provide persons with disabilities, the option to locate, hire, train and supervise their own support workers. For a set administration fee Goodwill serves as the employer of record. They handle employee payroll, provide workers compensation and unemployment insurance as well as provide mandated trainings. People using Goodwill Co-Employment may purchase additional services such as health and dental benefits for their workers or help recruiting and interviewing staff. If you are interested in learning more about Goodwill's Co-Employment Program, please contact Bonny Lyons at 246-3140 ext. 153.

Employer Agent - Fiscal Assistance of Dane County

An employer agent program offers an option for people with disabilities to employ the caregivers they prefer without the worries of processing the related paperwork. Fiscal Assistance of Dane County (FA) offers this service to consumers who wish to hire individuals to provide supports or services in their homes or in the community. The FA Employer Agent program will provide payroll services including preparing and disbursing payroll checks, processing employment related documents, withholding and filing employment taxes, bill payments, obtaining workers compensation insurance and administration, and record keeping. If you are interested in learning more about FA's Employer Agent program, please contact Julie Forrest at 846-3412 ext. 14.

Ending Support Services/Giving Notice to Agencies

Based on circumstance and consumers' wishes, brokers must occasionally notify agencies that a consumer no longer desires or requires their services. Brokers should assist and encourage consumers and their families to participate in this notification to the degree they are interested and willing.

Prior to ending support services, a broker should encourage clear communication among team members. When appropriate, the broker should help problem solve and mediate or seek the assistance of someone who can. Prior to services ending agencies should understand what concerns an individual has and be offered an opportunity to rectify these concerns. Whenever possible all parties should work to develop a transition plan with mutually agreed upon service start and end dates. The transition plan should ensure a transfer of current and historic information, behavior support plans, medical information etc.

Notice to terminate services should occur verbally and be followed up by a written notice. Once an agency is notified, the broker should inform the county manager as well as contact Fiscal Assistance to cancel vouchers. ***All changes in support providers and support models must be cost neutral for the DD system unless pre-approved at a Friday morning meeting or by the county manager.***

30 Day Notice for Good Reason

Either party can cancel a support and services agreement/voucher if support provided fails to ensure person's health and safety or the health and safety of others.

Additional reasons for a 30 day notice might include:

- Provider fails to live-up written expectations outlined by person and/or their guardian.
- Person moves outside of Dane County.
- Person no longer eligible for community supports because of long-term nursing home or institutional placement.

90 Day Notice

Either party can terminate services with 90-day notice for any reason. People may have financial obligations such as a lease that extend beyond the 90-day notice. All efforts should occur to ensure a smooth transfer of current and historic information, behavior support plans, medical information etc.

Appealing Notice to Terminate Services:

- Teams should make every effort to develop a mutually agreeable plan to terminate services.
- If needed, a broker should seek assistance from their broker director in developing this plan.
- If teams cannot develop a mutually agreeable plan to terminate services, providers or brokers can appeal to the county manager for review. Appeals will be reviewed at weekly Dane County manager meetings.

Procedures for Ending Support Broker Services

Person Chooses a New Support Broker:

- Current support broker notifies the SDS coordinator of impending change.
- The SDS coordinator will work with the consumer and/or guardian, current broker and broker director to interview and hire a replacement. People will have the choice to hire any support broker with openings regardless of which broker agency they work for.
- If a consumer chooses a new broker within their current broker agency, they should still interview the new broker. Except in rare “county-directed” situations, a consumer should always interview and never be assigned a support broker.
- The SDS coordinator and current support broker will work with the person with a disability and/or their guardian, new broker and broker director to decide on a mutually agreeable transition plan and date.
- The current support broker will “close-out” their 610’s at the end of the designated month. The new broker will “open” their 610s the following month. Support broker services must be continuous in order for the county to receive reimbursement for any service a consumer uses.
- New support broker completes a DD System Change form indicating they are now broker.
- The current support broker should notify all providers and team members that they are no longer a person’s support broker.

Person Moves out of Dane County:

- Current support broker notifies SDS coordinator and manager of impending move.
- Support broker helps consumer/guardian notify providers of up-coming move.
- Support broker assists consumer/guardian with identifying new services to the degree desired and appropriate.
- Support broker completes a DD System Change form, “closes” services on the 610 form and ensures that all vouchers are cancelled. Vouchers should end the last day of the month a person moves.
- A person can return to Dane County within 6 months of their move date and retain their previous SDS rate. While people remain eligible for services, their previous providers are not obligated to resume support, as they may no longer have capacity.

- If a person returns to Dane County after more than 6 months, they must go through the DD Intake process and meet current criteria for services.

Person Dies:

- Support broker notifies the SDS coordinator, manager, and Maya Fairchild.
- Support broker cancels vouchers for residential supports effective 2 weeks after a person's death. All other vouchers should be cancelled on the date of death.
- Support broker "closes" the 610 effective on the date of death.
- Support broker remains involved for 2-4 weeks to "tie-up loose ends" as needed. Support Brokers affiliated with TJ's Brokerage Agency will continue to receive payment for their services for one month while they attend to any outstanding issues.

Person Moves to Nursing Home or Institutional Placement:

- Support broker and current providers remain involved as long as the placement is for interim respite, rehabilitation, medical, behavioral, or psychiatric stabilization.
- If a person will remain at a nursing home or state institution indefinitely, community supports end.
- Once long term institutional or nursing home placement is imminent, the broker should notify current providers and cancel vouchers. Vouchers should end the last day of the month that the person moves to a nursing home or institution.
- Broker should "close" 610s the day the person is admitted for long-term nursing home or institutional placement. Prior to that, such placements are listed as "hospital days" on the 610.
- Broker services typically end 2-6 weeks after a person's long-term admission to a nursing home or institution. During this time the broker should assist with transitions as needed and appropriate. As each situation is unique, the broker should negotiate an end date with the county manager.
- Broker completes a DD System Change form.
- Should a person's status unexpectedly improve within 6 months, they could return to the community with their previous SDS rate, although they would not be guaranteed support from their previous providers. If the person is able to return to the community after more than 6 months, they must go through a new DD Intake process.

Incarceration:

- Support broker and current providers remain involved unless the person is sentenced to more than a 6 month jail or prison term.
- Provider vouchers should be cancelled at the point the provider ceases to be actively involved in a person's support and planning.
- If the person is sentenced for more than a 6 month incarceration the broker should "close" the person on 610s and complete a DD System Change form.
- If the person is incarcerated more than 6 months, they must go through a new Intake process. (For general guidelines see: Policy for Separating DD Service Provision from Criminal Justice System.)
- The broker should work with the county manager to determine exact closing dates and appropriate levels of involvement.

Handling Vacancy Rates Due to Death or Long Term Institutional Placement:

When a consumer leaves a household due to death or long term institutional placement and they had a roommate, then the Broker for the person who is remaining in the home will be notified of this policy and in turn should ask the provider agency if they require a vacancy rate.

If the broker responds that the provider agency does need a vacancy rate, that will be handled as a 3 month EER, with the maximum amount of the EER being 65% of the former roommate's residential budget. If the provider agency requests additional funding to cover the vacancy, then the broker will need to attend a Friday Morning Meeting. Additionally, if a roommate match is not found in 3 months, the broker will need to attend a Friday Morning Meeting to state why a new roommate has not been found.

Guardian and/or consumer signatures will not be required for these type of vouchers that are the result of death or institutional placement.



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Assisting People with Developmental Disabilities in Acute Crisis Rapid Response Guidelines and Procedures

Each year a handful of individuals with developmental disabilities end up in need of emergency housing and support. Some of these individuals have no home to return to and cannot have their needs met within the existing crisis response system or safe house. Failure to respond quickly often results in expensive and inappropriate institutionalizations or hospitalizations. To minimize and shorten these institutionalizations or hospitalizations the county has added a rapid response component to its existing crisis response and safe house.

When DD intake learns of someone experiencing an emergency institutionalization or hospitalization or is at imminent risk of emergency institutionalization and has no home to return to, a county manager will take the lead in convening a “rapid response” team. This team may include a broker, ASAP worker or county case manager, Waisman Center staff, DD Intake, supported living and vocational providers. Using a combination of e-mail, phone calls and face-to-face meetings this team will work as quickly as possible to find suitable temporary housing for the person in crisis. Once the county manager has convened a rapid response team, they will seek to turn leadership over to the broker, county case manager or ASAP worker as soon as possible. This will likely occur once a supported living provider has committed to provide crisis support.

Funded vacancies:

The rapid response team will systematically explore existing, funded vacancies within the DD system for an appropriate, temporary placement. County intake staff will maintain a list of funded vacancies and seek to identify safe and appropriate options. “Funded vacancies” are households where the county is paying a time limited, exceptional expense request (EER) after a housemate dies or moves.

-The county will require agencies with funded vacancies to rapidly assess and when appropriate, provide interim support to people who are experiencing emergency institutionalization or hospitalization.

-As a condition of receiving an EER, the county expects individuals with funded openings will accept individuals in need of emergency housing as temporary housemates. Temporary placements will typically last between 30 and 120 days. When a reasonable threat to health or safety exists a person or their team may decline to accept a temporary housemate.

-Initial Rapid Response negotiations will occur between supported living provider executive directors and county managers with the knowledge of the support broker, county case manager or ASAP staff. The intention is to identify an appropriate emergency placement in less than 72 hours with an actual placement occurring within 10 days.

-The Supported Living Program Specialist will take the lead in making initial contact with the supported living executive director. When the Supported Living Program Specialist is not available, the assigned county manager for the individual in crisis will contact the support living executive director.

-A county manager will always contact the supported living executive director prior to a broker, county case manager or ASAP worker making contact. After the initial contact between the county manager and supported living executive director, the person's support broker, county case manager or ASAP worker will work with the individual in crisis, their interim housemate and the supported living agency to transfer historic information when available, complete an assessment and transition plan. The goal is to transition a person to an interim placement as soon as safely possible, ideally within 10 days.

-To encourage rapid transitions, the county will pay agencies based on the individual's support costs in excess of the existing EER plus an emergency placement stipend of \$100/day for 30 days. This emergency stipend attempts to compensate agencies for short term, additional costs such as overtime and training. If needed, a county manager can approve an emergency stipend extension for an additional 30 days. The emergency stipend will end after a maximum of 60 days.

-When a person does not have an SDS rate, DD intake will determine a rate based on the individual's support needs. A county manager will use this as a guideline in negotiating with the supported living director to determine an individual's interim rate.

-After an interim rate is set, the county manager for the person in crisis will send an authorization e-mail to the SDS fiscal crew. The support broker, county case manager or ASAP worker will take the lead in completing the necessary fiscal paperwork to ensure provider payment.

When no "funded" capacity exists:

-If a person needing emergency, interim housing and support cannot safely live with anyone who has a funded vacancy (EER), the Supported Living Program Specialist will send an urgent e-mail to all supported living and support broker agency directors. This e-mail will provide a brief profile of the person in crisis as well as a summary of their housing and support needs. The intention is to identify an appropriate emergency placement in less than 72 hours with an actual placement occurring within 10 days.

-The County will encourage agencies to provide emergency, interim housing and support to individuals in crisis. As noted above, the county will pay the person's support cost (as determined by their SDS rate and negotiation between county manager and support living executive director) plus an emergency placement stipend of \$100/day for 30 days (with a potential extension for 30 additional days).

- The County will encourage people with disabilities to open their homes to individuals in acute crisis. They will be eligible for a grant up \$500 per household. Assuming their purchase is legal, individuals may use the grant however they choose. The person's broker, county case manager or ASAP worker will apply for the grant on the person's behalf and complete the necessary EER and Voucher form. Payments will go to the provider of the goods or services. There will be no direct cash payments to individuals.

-A household can request their brokers; county case managers or ASAP workers apply for a \$500 emergency placement grant one time for each placement.

- In some circumstances teams may decide that a person should not receive an emergency placement grant. For example it may be inconsistent with a person's support plan or conditions of probation. The broker will take the lead in conveying this information to the county manager.

Discharge and Long-term Planning:

-Once a person in acute crisis moves to an emergency interim placement, long term planning will **immediately** begin. The support broker will lead this process, working collaboratively with the individual's rapid response team. County staff will determine an on-going SDS rate based on the individual's long-term support needs. The broker will complete SDS paperwork needed to ensure provider payment.

-If an interim placement turns out to be a suitable long-term living arrangement, county staff will establish a permanent SDS rate for the individual. The broker will in turn complete SDS fiscal paperwork to ensure long-term payment to the supported living agency.

-An individual's on-going support will likely be quite different than their interim crisis support. The rapid response team will work to ensure the individual has post-crisis support in place as soon as quickly as possible. The rapid response team will make every effort to identify permanent home and long-term support providers within 60 days. Ideally a person should move within 60-120 days although sometimes transitions may take longer.

-Every effort will be made to ensure high levels of communication and coordination during these potentially time-consuming and challenging transitions.

BROKER-TO-BROKER TRANSITION PLANNING WORKSHEET

This planning worksheet is not meant to be a substitute for a Transitional Planning meeting that should occur when there is a change in Support Brokers for a consumer. Please use this worksheet as a planning guide during a change in Support Brokers. Also concerning consumer files, the county "owns" a person's file. The broker is the keeper of the master file and needs to produce it in the event of an MA audit. Typically the county recommends the current broker have the original file and the previous Broker agency keep copies of anything they may need for future internal or external audits of their own.

Consumer's Name: _____

Date of Transition _____

- 1) Is the person on a Community Based Waiver? If so, what is the recert month? If not, how come?
- 2) Are there any important events happening within the next 30 days that require additional support time? Is the consumer at-risk for losing any current services or supports?
- 3) Who are the important contacts on the person's support team?
- 4) Are there certain appointments that require the Support Broker's attendance? How is transportation provided?
- 5) When connecting with consumers, are some forms of communication more effective than others? For example face-to-face meetings vs. telephone calls vs. email?
- 6) Are there meetings the Support Broker is required to lead or attend?
- 7) Does the consumer have any trigger points that may cause changes in behavior or mood?
- 8) Are there certain topics or areas that the consumer feels is private information and prefers not to discuss?
- 9) Other important information?
- 10) Finally, have the following been completed:

DD Change Form CIP Paperwork IFP Vouchers cancelled (if relevant) Vouchers signed and in place Paperwork for EERs
 Consumer File updated and given to new Broker Report Change on 610 Form Transitional Planning meeting held

Policy for Separating DD Service Provision from Criminal Justice System

The goal of this policy is to delineate those responsibilities and obligations of the Developmental Disabilities service system and those of the criminal justice system and to avoid the DD system performing tasks and duties more suitable to the criminal justice system.

Issue:

People served in the DD system become involved in the criminal justice system.

Circumstances:

1. A person is competent according to the criminal justice system and sentenced accordingly; the DD system must decide if services will resume when the person is released from jail/prison.
2. A person is habitually involved in the criminal justice system and not sentenced to jail or prison.
3. A person requires extensive supervision and monitoring due to criminal behavior that is warranted based on the person's developmental disability. This includes situations when the criminal court system orders close supervision.

Criteria:

1. DD would continue to serve those who are protectively placed to Dane County due to a developmental disability. Appropriateness of the Protective Placement Order will be explored.
2. DD may continue to serve a person without a guardian or Protective Placement Order if the person is eligible for them and if the person was already being served by the DD system before the criminal justice system became involved. This would be contingent upon the person voluntarily choosing to continue with DD services and the limitations that may impose on the person's lifestyle.
3. If DD services will be provided, an ISP will be developed using the services defined in Statute 51.437, i.e. "specialized services or special adaptations of generic services directed toward the prevention and alleviation of a developmental disability or toward the social, personal, physical or economic habilitation or rehabilitation of an individual with such a disability". Services more suited to the criminal justice system will not be provided.
4. If an individual is institutionalized for more than 6 months, that person's CIP slot will be closed.
5. When a person is released from a jail/prison sentence of more than 6 months, the decision of resuming services will be determined on a case-by-case basis at an Intake meeting. Placement on the county waiting list is to be expected.

Medical Assistance Personal Care (MAPC)

Medical Assistance Personal Care (MAPC) includes “hands on” in home assistance with activities of daily living such as toileting, bathing, food preparation and feeding, dental, nail, and hair care, dressing assistance, skin care, simple transfers and assistance getting in and out of bed, light cleaning, and laundry. MAPC is an important revenue source. By billing MA for these cares, Dane County reduces the cost of services billed to the MA Waiver and reduces the amount of local tax levy required to fund DD programs.

There are two ways adults with developmental disabilities access MAPC in Dane County:

Through a separately licensed Personal Care agency (or Home Health Care agency) such as REM Home Health, Home Health United, Interim Healthcare, Maxim, Catalyst, etc

Through one of our contracted agencies, which include all agencies providing residential services to adults with developmental disabilities and Community Living Alliance (CLA). When these agencies provide MAPC, they use Dane County’s provider number for billing purposes whereby Dane County is the provider of record. CLA coordinates the MAPC program for all residential agencies..

If a person is getting MAPC from a separately licensed agency, you would list the anticipated cost for MAPC on the Individual Service Plan and indicate the provider’s name and that it is MA billing.

If the person is getting MAPC from their current contracted residential provider or CLA, the cost should only go on the ISP and you can leave the SPC code blank for MAPC and indicate it as an MA cost. You would list Dane County (DCHS) as the provider.

For the dollar amount, you will need to estimate the costs, regardless of the provider. To estimate, multiply the approximate number of billable MAPC hours the person will receive by \$16.08. This information should be available from the provider. If not, as this is only a plan, your best guess will be sufficient.

You may request another MAPC assessment if it appears the consumer has had a change in health status or if you believe the consumer is eligible to receive more MAPC hours than are being billed.

It should be noted that information on the Personal Care Screening Tool (or PCST) filled out by a nurse during the assessment of personal care needs must be consistent with the Long-Term Care Functional Screen (LTCFS) filled out by brokers. For example, if assistance with bathing is listed on the PCST as a personal care need, the LTCFS must also identify this area as a need as well. From time to time, the nurse and the broker may need to consult with one another in order to ensure that the two Screens match. Otherwise, the State computer system will be unable to accept either Screen.

Indicators for Need for Personal Care Services

FORM TO BE COMPLETED BY CLIENT'S CASE MANAGER

Client Name: _____
 Address: _____

Date: _____
 Telephone Number: _____

Consider the Need for Initiating or Increasing Personal Care Services When:

1. Client has a significant change in health status that includes changes in physical, emotional, and behavioral status.
2. There is a problem with a client's support system that usually provides personal care
3. A client returns home after an inpatient hospitalization or nursing home placement and is in need of more personal care services.

The following items are indicators of the need to initiate, maintain or increase personal care services for a client:

- Needs assist with the following personal care tasks. Please check the required assist needed and specify time needed to complete task. (**Please Note:** *Cueing of a client* when that is the only service provided does not count as personal care assist and is not reimbursable. In addition, medically necessary tasks such as monitoring blood sugars and menu planning is not billable if no personal care is being done.)

3Task	Time/task/week
	Bathing/showering
	Grooming
	Dressing/undressing
	Toileting and elimination
	Meal setup and assist with feeding
	Nail care
	Medication administration*
	Getting in and out of bed
	Skin care-lotion, inspection

3Task	Time/task/week
	Catheter care
	Oral care
	Transfers
	Ambulating
	Prescribed exercises
	Hair care
	Shaving
	Care of eyeglasses and hearing aides

* needs to be delegated by RN

(A) Total Personal Care Time Per Week: _____

- Tasks should consist of at least 2/3rds personal care. In addition to personal care assistance, consider assistance for **household tasks**. Please check the required assist needed and specify time needed to complete assist.

3Task	Time/task/week
	Light housekeeping
	Washing clothes
	Changing the bed
	Cleaning medical equipment

3Task	Time/task/week
	Grocery shopping
	Accompany to MD
	Appointments
	Meal preparation

Total Housekeeping Time Per Week: _____

(B) Total Allowable Housekeeping Time Per Week: _____

Note: To figure allowable time for housekeeping, divide total daily/weekly personal care time by 3. Example: personal care = 240 minutes, divide by 3 = 80 minutes of housekeeping time; total personal care time = 320 minutes

Total Estimate of Personal Care per Week (A + B): _____

Case Manager Completing Form: _____
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Dane County Human Services – Adult Community Services – Medical Assistance Personal Care Program

**Medicaid Personal Care (MAPC) Frequently Asked Questions
For Brokers**

Medicaid Personal Care (MAPC) is a funding source for individuals with developmental disabilities who have Medicaid and require support to complete their personal cares. Following are some frequently asked questions regarding MAPC for people with developmental disabilities in Dane County.

1. How do I know if someone I work with is eligible for MAPC?

To receive MAPC a person must have Medicaid and require assistance completing their personal cares. As the MAPC program requires a great deal of record keeping and administrative oversight Dane County only seeks this funding source when a person has at least 1 hour of billable support needs per day. Use the “MAPC indicators” worksheet to determine the likelihood of eligibility.

2. How do I get someone enrolled in an MAPC program?

If people live at home with their parents they can access MAPC services through Community Living Alliance (CLA) or any home health organization that provides the service. A staff nurse at one of these agencies will complete an assessment and a Personal Care Screening Tool (PCST). The State uses this to determine eligibility. If a person receives DD residential support from any of our residential agencies or through Goodwill Co-Employment or Fiscal Assistance, refer the individual to CLA’s Supported Living MAPC program.

3. What is the reimbursement rate for MAPC?

The county receives \$16.08/hr for MAPC services. If a person is eligible for 20 hours of MAPC per week the county can receive up to \$16,723/yr ($\$16.08 \times 20 \text{ hours} \times 52 \text{ weeks} = \$16,723$).

4. If a waiver participant has a current SDS budget of \$50,000 and is newly eligible for 20 MAPC hours per week, would the county receive \$16,723 in new revenue?

No. The county first bills MAPC for \$16.08/hr. Assuming we receive \$16,723/yr in MAPC we subtract this from what we bill waiver ($\$50,000 - \$16,723 = \$33,277$). \$33,277 gets billed to the CIP waiver. The federal government pays approximately 60% of these support costs (\$19,966). County tax dollars pay the remaining 40% (\$13,311).

Without MAPC, the county would bill waiver for the entire \$50,000 SDS rate. The federal government would pay approximately 60% of these costs (\$30,000). County tax dollars would pay the remaining 40% (\$20,000).

In this scenario, the SDS rate remains \$50,000. Using MAPC decreases the amount of county tax dollars spent from approximately \$20,000 to \$13,311/yr. The county receives \$6,689 in new revenue. The county saves \$6,689 in local tax dollars.

The county collects a maximum of \$6.43 in new revenue for each billable hour of MAPC. ($\$6,689 \text{ new revenue divided by } 20 \text{ hours per week in MAPC billing divided by}$

Dane County Human Services – Adult Community Services – Medical Assistance Personal Care Program

52 weeks per year.) In reality the county collects between 60-70% of eligible MAPC revenue. This reduces new revenue to approximately \$4/hr.

5. If an individual is authorized for 20 hrs/week of MAPC, why is a supported living agency only billing for 13 hours?

System wide Dane County collects between 60-70% of eligible MAPC dollars. Many factors impact the rate of collection such as:

- The amount of time a person spends outside of their home. Staff can only provide MAPC in an individual's home.
- The longevity of an individual's staff. Only "qualified" personal care workers can bill MAPC. "Qualified" staff must meet Medicaid specified training requirements. Often staff are ineligible to bill MAPC when they first work in a home.
- The accuracy of staff reporting. Staff often underestimates the time it takes to complete a personal care task.
- Discrepancy exists between the Long Term Care Functional Screen (LTCFS) the broker completed and the PCST that the nurse completed.

6. I hear people complain about the administrative burden of MAPC. What do they mean?

While all bureaucratic systems have rules that need to be followed, MAPC rules are very complex and specific. Two examples include:

- A face-to-face nursing visit must occur every 60 days. Nurses must observe a person in their home receiving a billable MAPC service from a "qualified" personal care worker. This provides a very narrow window of time when nurses can visit. If the nurse arrives to observe a care and the staff has not met MAPC training requirements the nurse must reschedule the visit.
- Every consumer has a daily timesheet. This timesheet must be completed and signed by every staff that completes a personal care. If an individual receives personal care each shift, up to 3 staff may need to sign every timesheet. Each individual has at least 30 timesheets per month. If an agency supports 30 individuals who receive MAPC they must process over 900 MAPC timesheets per month. Agencies must review these timesheets for accuracy and signatures. Agencies then forward timesheets to a nurse for signature. CLA oversees MAPC for approximately 225 individuals with developmental disabilities. This means CLA reviews and signs-off on over 6750 timesheets per month.

7. Why are MAPC billing statements several months behind?

While reasons vary they include billing delays at EDS as well as time spent:

- Tracking down missing signatures on timesheets
- Identifying when and why a person's LTCFS does not match their Personal Care Screening Tool PCST.
- Reviewing and processing time sheets

Dane County Human Services – Adult Community Services – Medical Assistance Personal Care Program

8. Who monitors MAPC billing and collections?

The county contracts with CLA to provide the MAPC nursing oversight for MAPC completed by supported living providers. CLA coordinates and oversees the billing for this MAPC. Mickey Roiland is the Dane County accountant who monitors MAPC billing; Doug Hunt is the Dane County program specialist assigned to MAPC. Each month residential agencies get a computer printout of their consumer's MAPC eligibility and the revenue collected. Broker directors receive a similar report quarterly.

9. What is a broker's role in monitoring and helping maximize MAPC revenue?

- Work with an individual's team to ensure that people with 1 or more hours per day of personal care needs are enrolled in the MAPC program.
- As nursing is a scarce resource, do not ask for a nursing assessment unless you are confident that an individual needs at least 1 hour of billable support.
- Work with your broker director to identify individuals whose MAPC billing consistently falls below 60% of eligible hours. Work with individuals' teams on ways to increase MAPC billing.
- Avoid the temptation to call supported living directors every time there is a monthly anomaly in MAPC billing. Agency directors, a county accountant and county program specialist already review monthly billing statements. All wish to maximize MAPC revenue.
- Before seeking additional SDS funding for a person with increasing physical needs determine if the person is eligible for MAPC. If so, start the assessment process. If a person already receives MAPC, see if they are eligible for more MAPC.
- Notify the nurse providing MAPC oversight when you make changes in a LTCFS that may impact the PCST.
- Respond within 24 hours when a nurse notifies you about discrepancies between the LTCFS and PCST.



Dane County
Department of Human Services
Division of Adult Community Services

Director – Lynn Green
Division Administrator - Fran Genter

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Guidelines for Referrals to Central Wisconsin Center

There are 3 units at Central Wisconsin Center that can be utilized for short-term assessment.

1. STCU (Short-term Care Unit): This unit accepts people who have high medical and/or physical care needs. Typically, it is used for individuals who live in their family home. The type of service you can expect includes assessment of a person's care needs from the point of view of nursing, physical therapy, occupational therapy, speech and language and medical. Recommendations often include equipment adjustments and suggestions, nutritional advice, positioning, exercises, and specific medical and health ideas. Stays on this unit are for about a week. Medicaid pays for this program.
2. STAP (Short-term Assessment Program): This unit is geared towards people with behavior challenges. To use this unit, brokers must complete the STAP Referral Form. The STAP Unit can provide suggestions regarding challenging behavior and medications as well as the medical and health-related recommendations. They are able to do some medical procedures at CWC, but many cannot be done there. Dane County pays 100% for stays on the STAP Unit. Stays can be for no longer than 1 month, but are usually 1-2 weeks.
3. DEC (Development Evaluation Center): This program provides assessments to older adults who appear to be struggling with dementia and related conditions. Stays are 1-2 weeks, and are paid for through Medicaid.

Dane County must approve all stays at Central Wisconsin Center. It is expected that community resources will have been exhausted before making a referral to CWC, and that CWC is not to be used as a replacement for available services, such as respite, health care or psychiatry.

For STCU and DEC referrals, first call CWC and talk with the social worker about the suitability of the referral. Then contact the person's county manager and the Adult Intake Unit, 242-6440. For stays at STAP, discuss the reasons for referral with your county manager. Send the STAP Referral Form to Donna Winnick who will be making the final decision about whether the stay will be authorized. County personnel must sign an admission form before someone is admitted, so notify us as soon as possible of an expected admission. Be aware that a person's guardian must also agree to the admission.



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REFERRAL TO CWC SHORT-TERM ASSESSMENT PROGRAM (STAP)

Name _____

Address _____

Phone _____

Guardian, address, phone _____

Support agencies _____

Case Manager/Support Broker _____

Describe reason for referral.

Describe actions that have been tried in order to address the concern.

List specific actions that are expected to occur during the stay at STAP. Explain why these actions can only occur at STAP and not in the community.

Estimated length of stay _____

List specific outcomes that are expected to occur during the stay at STAP.

Other related comments:

Return to Donna Winnick, Dane County Dept. of Human Services