



Self-Directed Supports Guidebook

for *iCare* Family Care Partnership Members



For help or information, please call Customer Service at 1-800-777-4376, 24 hours a day, 7 days a week or visit our web site at www.iCareHealthPlan.org

TTY users call the Wisconsin Relay System at 711

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

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Independent Care Health Plan (*iCare*), which insures *iCare* Family Care Partnership (HMO D-SNP), is an HMO with a Medicare contract and a contract with the State Medicaid program. Enrollment in *iCare* Family Care Partnership depends on *iCare*'s contract renewal. Questions? Call 1-800-777-4376 (TTY: 711) for more information.

This *iCare* Family Care Partnership is available to anyone who has both medical assistance from the State and Medicare and is functionally eligible as determined by the State Long-Term Care Functional Screen. For more information about long-term care options available to you contact the Aging & Disability Resource Centers. The Resource Center can also assist you with information about eligibility and enrollment.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-777-4376. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-777-4376. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Hmong: Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, hu rau peb ntawm 1-800-777-4376. Ib tug neeg uas hais lus Hmong lwm yam lus tuaj yeem pab koj. Qhov no yog ib qho kev pab dawb.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-777-4376。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-777-4376。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-777-4376. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-777-4376. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-777-4376 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-777-4376. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-777-4376 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-777-4376. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-777-4376. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-777-4376 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-777-4376. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-777-4376. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-777-4376. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-777-4376. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-777-4376 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

About this Guidebook

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 service plan.
- » Managing your service budget.
- » Hiring and paying providers.

What are Self-Directed Supports (SDS)?

Self-Directed Supports (SDS) means:

- » Making your own decisions about how you want to receive support. The goal is to help you 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	Choice and Control	Relationships	Fiscal Responsibility	Choice
<p>You have the right to be treated with dignity and respect.</p>	<p>You have the power to make decisions and truly control your life.</p> <p>This includes:</p> <ul style="list-style-type: none"> » Managing your budget and support services. » Setting goals and deciding on the type of your support services. » Hiring people who will provide the supports you choose. 	<p>Getting support from those who know you best like friends or family.</p> <p>They will provide strength, assistance, and security to ensure your well-being</p>	<p>Control over how funds are spent.</p> <p>You will need to live within a budget.</p> <p>When you have choice and control, it allows you to:</p> <ul style="list-style-type: none"> » Purchase supports to get what you need. » Pay only for what you get. » Invest in goods or services that will benefit you in the long-term. » Spend money wisely. » Adjust your supports as your needs change. 	<p>Public funds will not be used to support choices that are illegal or harmful to yourself or others.</p> <p>There are also spending limits which will be set by you and your Care Team.</p>

Creating a Plan for Services

Step 1: Personal Outcomes

The first step in creating your plan for services is to work with your Care Team to identify your Long-Term Care Outcomes. These outcomes will help you stay as independent as possible in a living arrangement that meets your health and safety needs.

Step 2: Comprehensive Assessment

Your Care Team will work with you to complete a comprehensive assessment. The assessment will help you and your Care Team identify your outcomes, strengths, needs for support, preferences, informal supports, and ongoing medical 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 plan for how you will get support or services.

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 service plan will list your outcomes, services, the names of people who will provide the services and the costs associated with each service.

Important!

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

It 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 Care Team will meet on a regular basis to review your care plan. You and your Care Team are responsible for working together to ensure that you are safe, healthy, and that your services are meeting your needs. We want to support your long-term care outcomes.

Creating Your Budget

Managing your 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 number of services in your service plan.

You and your Care 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 an average service provider would charge for that service. For example, the cost of adult day care may be \$45 per day. If adult day care is in your plan, \$45 day would be in your budget for adult day care. In the examples below, the “typical charges” equals Mike’s “actual costs.” However, if the charges were higher (or lower) than the actual cost, Mike could make some budgeting choices.

Budget Example #1	
Service	Mike needs help with laundry, housecleaning and grocery shopping.
Person to provide service	Mike’s neighbor Sam.
How often	8 hours a week.
Typical charge	\$8.00 hour
Budget	Mike will need to budget \$3,328/year (8 hours/week x \$8/hour x 52 weeks).
Budget Example #2	
Service	Mike needs help with laundry, housecleaning and grocery shopping. If Mike’s neighbor Sam can’t help, Mike’s sister Susan is back-up.
Person to provide service	Susan, Mike’s sister.
How often	When Sam isn’t available.
Typical charge	\$0
Budget	Mike doesn’t need to budget any money in this example.
Budget Example #3	
Service	Mike needs transportation services to doctor appointments.
Person to provide service	County transportation service.
How often	4 round trips per month.
Typical charge	\$4.00 per round trip.
Budget	Mike needs to budget \$16.00 a month (4 trips x \$4/month).
Budget Example #4	
Service	Mike needs a few meals.
Person to provide service	Meals on Wheels.
How often	Five (5) days a week.
Typical charge	\$4.50 per meal.
Budget	Mike needs to budget \$1,170.00/year (5 meals/week x \$4.50/meal x 52 weeks).

Over Budget / Under Budget

You and your Care Team will meet regularly to review and discuss your plan. Your Care Team will ask questions about your health and safety to make sure you have the supports you need while staying in budget.

If you are greatly 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 Care Team will explain what is expected before you regain SDS.

Your money in the SDS budget must be used to meet your needs. You cannot use the money you saved for things that are not in your service plan.

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? What time do you like to eat lunch? 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 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 ways to find the support you need. The next step is to think about who will provide your supports.

Choosing Providers

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

1. iCare Family Care Partnership has contracts with different agencies and organizations. Your Care Team is available to assist you with choosing a provider that will meet your needs.
2. 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.
 - » Immediate family members or other relatives
 - » Friends
 - » Neighbors
 - » Church groups
 - » Co-workers
 - » Roommates
 - » Provider agencies
 - » Community organizations
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 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 paycheck 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 Care Team will work closely with you to make sure the SDS option goes smoothly.

Fiscal Agent Service

The "fiscal agent" service processes payroll, timecards, and issues paychecks 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 Care Team will work together to make the right choice so your plan meets your outcomes.

Provider Standards

Your Care Team requires that all providers, including your own staff, pass a criminal background check. Your Care 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. 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.

Comparing the Options

Below is a chart which gives an overview of the Co-Employment and Fiscal Agent Service options.

You'll notice that the co-employment options offer more assistance and support with employment-related tasks. The fiscal agent requires that you take most of the responsibility for these tasks.

Which is the best option for you? You decide!

Employment-related Task	Co-Employer Option: Responsible Party	Fiscal Agent Option: Responsible Party
Writing a job description, screening applications, interviewing, hiring providers.	You and co-employment agency	You
Completing background checks.	Co-employment agency	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.	You and provider
Orientation and training for your provider.	You and co-employment agency	You
Supervision and work performance evaluation of your provider.	You and co-employment agency	You
Disciplinary action and firing, if necessary.	You and co-employment agency	You
Emergency back-up coverage.	You and co-employment agency	You
Signing off on provider timecard.	You and provider	You and provider
Sending provider timecard.	You and provider	You and provider
Issue paychecks.	Co-employment agency	Fiscal agent
Responsible for payroll deductions.	Co-employment agency	Fiscal agent

Evaluating 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. If not, please remember that your care management Care 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 important. Your Care 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 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 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 Care 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 Care Team will work with you to make sure your care 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 Care Team may need to limit your participation in SDS. If that happens, your Care 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 Care 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 these responsibilities on your own. Your Care 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 my services and providers?

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

Independent Care Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language.

Independent Care Health Plan:

- » Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week (Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.).

If you believe you have been discriminated against by Independent Care Health Plan, you may file a complaint, also known as a grievance, in person or by mail, fax, or email. If you need help filing a grievance, the Grievance and Appeal Coordinator is available to help you.

- » Grievance and Appeal Coordinator,
1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212
1-800-777- 4376 x1076 (TTY: 1-800-947-3529)
Fax: 414-918-7589
advocate@icarehealthplan.org.
- » 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, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Last update of this notice: 07/20/2022

**If you need any documents or communications translated, please call
Customer Service at 1-800-777-4376 (TTY: 711):**

Materials and times:

- » **Large Print: Two (2) weeks.**
- » **Braille and Foreign Language: Varies by request.**

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The *iCare* Family Care Partnership Care Team will work with you to help you live as independently as possible so you can remain connected with family, friends and your community.

We can help you achieve goals of employment, independence, and to lead a full and meaningful life.



Corporate Office
1555 North RiverCenter Drive, Suite 206
Milwaukee, Wisconsin 53212
www.iCareHealthPlan.org

***iCare* is a wholly-owned subsidiary of Humana.**