

Managed Care Organization Training and Documentation Standards for Supportive Home Care



WISCONSIN DEPARTMENT
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I. Purpose

This document describes the purpose, standards, and required documentation for training for workers delivering supportive home care (SHC) and in-home respite care in the Family Care, Family Care Partnership and PACE (Program of All-Inclusive Care for the Elderly) programs. It applies to workers employed by SHC agencies. It also applies to workers employed by members, and workers employed by both members and SHC agencies through the self-directed supports (SDS) option. Note that references to members always imply the inclusion of legal decision makers.

The training standards are meant to ensure that:

- Members receive safe, quality care from competent workers.
- Workers understand each individual member as a whole person.
- Workers become familiar with the relevant policies and procedures of the managed care organization (MCO), SHC agency, and member using the SDS option, and the fiscal employer agent or the co-employment agency.

Where services are self-directed, these standards balance members' opportunities to select, train, and direct the individuals who provide their care with the State's and MCOs' responsibility to ensure that providers of home and community-based waiver services are qualified.

In order for members to receive SHC and in-home respite care, compliance with these requirements is required. When ensuring compliance for vulnerable or high-risk members, the responsible entity(ies) must employ heightened diligence in determining the need for implementing and monitoring individualized safeguards to ensure that the services provided are safe and effective and minimize the risk of adverse impacts on member health and safety.

II. Definitions (for the purposes of this document)

1. **Supportive home care** means both supportive home care and respite care in an otherwise non-regulated private residence, community, or in-home respite, as defined in the Wisconsin Department of Health Services (DHS)-MCO contract. This service may not be duplicated or bundled with any service that is provided under another waiver service category.

2. **Supportive home care agency** means both supportive home care and in-home respite agencies that contract with an MCO to provide these services and employ direct care workers.
3. **Fiscal employer agent** means an entity that performs payroll functions and other employer responsibilities required by federal and state law on behalf of the member. Fiscal employer agents are selected by a member when the member is a common-law employer of workers.
4. **Co-employment agency** means an agency that functions as the legal employer of member-selected workers and performs necessary payroll and human resource functions, while the member functions as the co-employer or managing employer of the workers.
5. **Provider-controlled settings** must be certified or licensed according to their setting and service provision. Provider-controlled settings that act as providers of residential services are excluded from providing separate support services; all support-related services should be included in the provider's rate under the correct residential service category.

A provider-controlled setting is a setting in which participants who are not related to the provider or operator reside and receive support and services above the level of room and board, and:

- a) The provider has a direct or indirect financial relationship with the property owner but does not lease or own the property, or
 - b) The property owner or provider has influence over which service providers the participant uses, or
 - c) The provider has influence over whether a participant is accepted for residency, or
 - d) The provider holds the lease or title to the home in which the participant resides.
6. **Vulnerable or high-risk member (VHRM)** means a member who is dependent on a single caregiver, or two or more caregivers all of whom are related to the member or all of whom are related to one another, to provide or arrange for the provision of nutrition, fluids, or medical treatment that is necessary to sustain life and at least one of the following applies to the member:
 - a) Is nonverbal and unable to communicate feelings or preferences
 - b) Is unable to make decisions independently
 - c) Is clinically complex, requiring a variety of skilled services or high utilization of medical equipment

- d) Is medically frail

III. Employment models

A. Three models

1. **Agency-based services:** The MCO contracts with a provider agency. The agency employs workers to provide supportive home care to members. A member or representative may have choice among agency workers and may change agency providers. The member does not have an employer-employee relationship with the worker. A member with budget authority may choose to purchase services from an SHC agency. In that situation, the agency remains responsible for all employer functions.
2. **Member as employer:** The member is considered the employer of member-recruited SHC and/or respite care workers. The member selects a fiscal employer agent from among those offered by the MCO to handle payroll, background checks, and other employment responsibilities as defined by the contract between the MCO and the fiscal employer agent and the member's agreement with the fiscal employer agent.
3. **Agency/Member co-employer:** An organization serves as the primary or legal employer of member-selected workers, while the member serves as the secondary or managing employer.

Note, it is possible for the same entity to be an SHC agency, a co-employment agency, and a fiscal employer agent, or any two of these, depending on the services it contracts with an MCO to offer members. However, for an individual member it should function as only one of these.

B. Responsibility for compliance

1. **Agency-based services:** The SHC agency is responsible for ensuring its workers meet these training and documentation standards. The SHC agency may, but is not required to, provide opportunities for members to provide the required worker training where the member is willing and able to do so.
2. **Member as employer:** The MCO may decide that the member solely, the fiscal employer agent solely, or the member and the fiscal employer agent jointly are responsible for ensuring compliance with these training and documentation standards, provided:

a. Joint responsibility

- i. Where the MCO decides the fiscal employer agent is to be solely responsible or jointly responsible with the member, this responsibility shall be included in the MCO contract with the fiscal employer agent.
- ii. The fiscal employer agent shall be capable of all the following, and where the agreed division of responsibility among the MCO, member, and fiscal employer agent so specifies, shall be responsible for:
 1. Verifying the member's ability to adequately assess a worker's need for training.
 2. Verifying the member's ability to adequately provide needed worker training, and that it is provided.
 3. Assessing a worker's need for training.
 4. Providing or arranging for training that will not be provided by the member.

b. Member solely responsible

- i. Where the member is solely or jointly responsible for ensuring compliance with these standards, this responsibility shall be voluntary, and the member's consent is documented in the MCO member record, or the record kept by the fiscal employer agent. This documentation shall include any training provided by the member and any member decisions to exempt workers from or waive required training under [Section VII](#).
- ii. The MCO may not require a member to be responsible for meeting worker-training standards as a condition for participating in SDS as the employer. However, the MCO may advise the member that a co-employment arrangement may be more suitable to the member.
- iii. If the MCO determines the member is not willing or capable of ensuring compliance with training standards and the MCO-fiscal employer agent contract does not include this responsibility, the MCO shall be responsible for this function, including the tasks under subsections b.i.-iii. of this section. For vulnerable or high-risk members, the MCO's interdisciplinary team (IDT) shall assess and document the adequacy of training provided to workers through direct observation of the care provided to the member. The IDT shall intervene (for example, increased oversight, ongoing in-home visits,

additional training, alternative workers) to the extent necessary to ensure that the member's needs are met.

3. *Agency/Member co-employer:*

- a. The co-employment agency and the member shall jointly determine the appropriate division of responsibility for assessing worker's training needs and providing or obtaining that training.
- b. The member may decline this responsibility and compliance with these requirements shall then be the responsibility of the co-employment agency.
- c. If the member assumes this responsibility, the co-employment agency shall document that any member assessment of worker's training needs is reasonable, and that any member-provided training is adequate.
- d. If the co-employment agency believes that the member's assessment of worker training needs or member-provided training is inadequate to ensure member health and safety, the co-employment agency shall, with the member's agreement, assume these functions. If the member is unwilling to have the agency assume these functions, the co-employment agency shall inform the member's IDT staff. IDT staff shall intervene as in [Subsection 2.b.iii.](#) of this section.
- e. The co-employment agency shall ensure that any needed worker training not provided or obtained by the member is provided to the worker. In the event the member objects to this training, the agency should proceed as in Subsection 3.d. of this section.

IV. Types of supportive home care services

Training requirements vary depending on the category(ies) of SHC services workers provide to members—personal assistance services, household/chore services, or both. Workers who provide only personal assistance services or personal assistance and household/chore services must comply with the standards in [Section V](#). Workers who provide only household/chores services must comply with the standards in [Section VI](#).

1. *Personal assistance*

- a. Hands-on assistance with activities of daily living, such as dressing/undressing, bathing, eating, toileting, assistance with mobility/ambulation/transferring (including the use of a walker, cane, etc.), carrying out professional therapeutic

treatment plans, and personal hygiene/grooming, such as care of hair, teeth, or dentures. This may also include preparation and cleaning of areas used during provision of personal assistance, such as the bathroom and kitchen.

- b. Direct assistance with instrumental activities of daily living, such as meal preparation and serving, medication management and treatments that are normally self-administered, care of eyeglasses or hearing aids, housekeeping, money management, laundry and/or chores, telephone/internet use, shopping, personal assistance on the job and in non-employment community activities and using transportation as well as observation or cueing of the members to safely and appropriately complete activities of daily living and instrumental activities of daily living. Providing supervision necessary for member safety. This may include observation to ensure appropriate self-administration of medications, assistance with bill paying and other aspects of money management, assistance with communication, arranging and using transportation, and personal assistance at a job site.

2. *Household/Chore services*

- a. Routine housekeeping and cleaning activities performed for a member consisting of tasks that take place on a daily, weekly, or other regular basis. These may include washing dishes, laundry, dusting, vacuuming, food purchasing, meal preparation, shopping, cleaning of areas of the home necessary to provide personal assistance and similar activities that do not involve hands-on care of the member.
- b. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event, or for reasons of health and safety. These may include outdoor activities such as yard work and snow removal; indoor activities such as window washing, cleaning of attics and basements, cleaning of carpets, rugs, and drapery, and refrigerator/freezer defrosting; and the necessary cleaning of vehicles, wheelchairs, and other adaptive equipment; and home modifications such as ramps. This also may include assistance with packing/unpacking and household cleaning/organizing when a member moves.

V. Personal assistance services: worker training standards

Workers who provide personal assistance services or personal assistance and household/chore services, must receive training on the following subjects (unless exempted or waived per [Section VII](#)):

1. ***Policies, procedures, and expectations*** for workers, including HIPAA (Health Insurance Portability and Accountability Act) compliance and other confidentiality requirements; ethical standards, including respecting personal property and member right to refuse care; continuity of operations plan; management of testing service provider for disease; fraud and abuse and how to report; restrictive measures; refrain from influencing member to either enroll, or not enroll in, or to disenroll from Medicaid programs; safely providing services to members; and procedures to follow when unable to keep an appointment, including communicating an absence and initiating backup services.
2. ***Billing and payment process and relevant contact information***, including recordkeeping and reporting; contact information, including the name and telephone number of the primary contact person at the SHC agency, or the member using the SDS option or representative, and the fiscal employer agent or co-employment agency.
3. ***Recognition of, and response to, an emergency***, including protocols for contacting local emergency response systems; prompt notification of the SHC agency or the member's fiscal employer agent or co-employment agency; notification of the contacts provided by the member and MCO IDT.
4. ***Member-specific information*** including individual needs, functional capabilities, relevant medical conditions, strengths, abilities, member preferences in provision of assistance, SHC-related outcomes, advance directives of member, and the MCO care manager contact information. (Per [Section III.B.](#), the member may provide this training component in whole, or in part.)
5. ***General target population***. Information that is applicable to the members the worker will serve.
6. ***Providing quality homemaking and household services***, including understanding good nutrition, special diets, and meal planning and/or preparation; understanding and maintaining a clean, safe, and healthy home environment; respecting member preferences in housekeeping.
7. ***Working effectively with members***, including appropriate interpersonal skills; understanding and respecting member direction, individuality, independence and

rights; procedures for handling conflict and complaints; cultural differences and family relationships. This component should include training on behavioral support needs, if applicable.

8. **Electronic Visit Verification (EVV)**, if applicable per current EVV guidance, including how to access the system for steps for reporting. Investing time to train workers will provide a solid foundation for EVV.

VI. Household/chore services: worker training standards

Workers who perform only household chores shall receive the following training:

1. **Policies, procedures, and expectations** for workers, including HIPAA (Health Insurance Portability and Accountability Act) compliance and other confidentiality requirements; ethical standards, including respecting personal property and member right to refuse care; continuity of operations plan; management of testing service provider for disease; fraud and abuse and how to report; restrictive measures; refrain from influencing member to either enroll, or not enroll in, or to disenroll from Medicaid programs; safely providing services to members; and procedures to follow when unable to keep an appointment, including communicating an absence and initiating backup services.
2. **Billing and payment process and relevant contact information**, including recordkeeping and reporting; contact information, including the name and telephone number of the primary contact person at the SHC agency, or the member using the SDS option or representative, and the fiscal employer agent or co-employment agency.
3. **Recognition of, and response to, an emergency**, including protocols for contacting local emergency response systems; prompt notification of the SHC agency or the member's fiscal employer agent or co-employment agency; notification of the contacts provided by the member and MCO IDT.
4. **Providing quality homemaking and household services**, including understanding good nutrition, special diets, and meal planning and/or preparation; understanding and maintaining a clean, safe, and healthy home environment; respecting member preferences in housekeeping.
5. **Member-specific information** including individual needs, functional capabilities, relevant medical conditions, strengths, abilities, member preferences in provision

of assistance, SHC-related outcomes, advance directives of member, and the MCO care manager contact information. (Per [Section III.B.](#), the member may provide this training component in whole, or in part.)

VII. Waiver from training requirements

1. **Exemption.** Due to their own licensure or credentialing requirements, the following professions may be exempted by the responsible entity or entities from these training requirements: certified nursing assistant, licensed practical nurse, registered nurse, licensed physical or occupational therapist, or certified physical or occupational therapy assistant. When an exemption is granted, the responsible entity must ensure that a worker performing medically oriented tasks, such as tube feedings, wound care, or tracheotomy care is competent in performing these tasks with the specific member.
2. **Waiver.** Some or all of the required training may be waived based on knowledge and skills attained through prior experience (for example, as a personal care worker for a Medicaid-certified personal care agency). Responsibility for making, documenting, and maintaining documentation of such a waiver shall be based on the protocols in [Sections III.B.](#) and [VIII.](#) When a waiver is granted, the responsible entity or entities must ensure that a worker performing medically oriented tasks, such as tube feedings, wound care, or tracheotomy care is competent in performing these tasks with the specific member.

Note: Notwithstanding any exemption or waiver under Subsections 1. or 2. of this section, such workers will likely need agency and member contact information, information on billing, payment, documentation, and any other relevant administrative requirements, protocols for emergencies, and member-specific information.

3. **Documentation.** For workers exempted from some or all of the training requirements under Subsections 1. or 2. of this section, the responsible entity (pursuant to [Section III.B.](#)) making the exemption or waiver decision shall maintain copies of credentials or other documentation of their existence, or a written rationale for waivers based on experience, signed and dated by that entity. The documentation shall meet the requirements in [Section VIII.](#)

VIII. Completion and documentation of training

1. **Responsibility for creating and maintaining documentation**

- a. For agency-based services, the SHC agency shall document the training and any exemptions or waivers and maintain the documentation.
- b. For members who are common-law employers:
 - a. Members who make training decisions shall document the training and any exemptions or waivers and maintain the documentation with the assistance of the fiscal employer agent if within the scope of its work or, if not, the MCO.
 - b. If members do not make training decisions, the fiscal employer agent if within the scope of its work or, if not, the MCO or its contractor, shall document the training and any exemptions waivers, and maintain the documentation.
- c. For members using the SDS option who are co-employers, the co-employment agency shall document the training and any exemptions or waivers and maintain the documentation.

2. *Content of documentation*

- a. Documentation shall list the training content, dates such as when the training occurred, and for exemptions and waivers, the rationale for the basis of exemption or waiver per Section VII.
- b. Documentation that training requirements have been met shall be signed and dated by the entity making those decisions.

3. *Additional training*

The entity responsible for making and documenting training decisions shall ensure workers complete appropriate additional training if their job duties change and their role requires additional knowledge or skills.

IX. General requirements

1. *Contracts or written agreements required*

- a. When the service provider is an SHC agency, the SHC agency must have a contract or written agreement with the MCO the member is enrolled with.

- b. When a member is the common-law employer, the member must have a contract with the worker. In addition, the member-centered plan shall specify member, MCO, and fiscal employer agent roles and responsibilities.
- c. When a member is a co-employer with a co-employment agency, the member, agency, and worker must have a three-way contract. Alternatively, at the discretion of the agency, there shall be separate agreements between the agency and member and the member and worker. These contracts or written agreements shall be in accordance with Article VI of the DHS-MCO contract.

2. *Required content of contracts or written agreements*

- a. Scope of SHC services to be provided and the amount of service authorized for the member.
- b. Worker training requirements and the entities responsible for ensuring workers meet them, including the determination of exemptions or waivers, and the entities responsible for creating and maintaining documentation of compliance.
- c. Emergency response protocol.
- d. Back-up services plan(s).
- e. Billing and payment methods.

3. *Other contract requirements*

All other requirements of the DHS-MCO contract applying to waiver services in general apply to SHC and in-home respite services. These include, but are not limited to:

- a. If these services are provided under SDS, all the rules regarding SDS in Article VI apply.
- b. Background check requirements in Article VIII, as applicable.
- c. Requirements regarding paying family members to provide services, in Article VIII.
- d. The SHC agency, the member and fiscal employer agent, or co-employment agency maintain adequate documentation of services provided, including recording, at least monthly and in the proper format, the number of units of SHC or in-home respite services provided, among other relevant provisions.

- e. At any time, the SHC agency, the member and fiscal employer agent, or co-employment agency shall provide the MCO full access to all worker training records and materials so the MCO can ensure the SHC workers meet the standards.
- f. All required documentation must be readily accessible and available to the MCO, federal Centers for Medicare & Medicaid Services (CMS), DHS, or its designees.

Providers must correctly deliver SHC (as defined in contract) or be certified or licensed. Provider-controlled settings must follow licensing or credentialing requirement. Provider-controlled settings are prohibited from billing SHC in addition to the contracted residential rate. The provider agreement between the MCO and the provider-controlled setting may only bundle services if the setting is certified or licensed.

A member living in the community (own house or apartment) in an unlicensed or uncertified home, must have true provider choice. The SHC provider must only bill for SHC services provided to the member. The provider agreement between the MCO and SHC provider must not bundle waiver services.

X. Reference materials

- [DHS and MCO contract](#)
- [Restrictive Measures Guidelines and Standards, P-02572](#)
- [Electronic Visit Verification \(EVV\)](#)
- [Training Workers for Electronic Visit Verification, P-02851](#)