

Independent Living Support Pilot (ILSP) Program Implementation Guide for ADRCs

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Goals of the Independent Living Supports Pilot (ILSP) Program

The ILSP program is a pilot program supported by the Wisconsin Department of Health Services (DHS) that aims to support individuals who do not require long-term care services and are not currently enrolled in a Medicaid long-term care program but could benefit from short-term, flexible supports to stay independent and healthy. ILSP supports and services are intended to help individuals remain independent in the community longer and reduce caregiver stress. Eligible participants will receive financial assistance for in-home supports and services up to \$7,200 over a 12-month benefit period.

Aging and disability resource centers (ADRCs) will assist ILSP participants to create a person-centered service plan and will have the discretion to find creative solutions with available community resources. Providers may include organizations and non-professional in-home service providers (NPPs). The ILSP is not an insurance program, and it does not have a preferred provider network or use fee schedules.

A third-party administrator (TPA) will verify qualifications of providers, approve participant service plans, and pay claims for approved items and services. The TPA will also maintain a portal allowing participants and ADRCs to monitor their ILSP budgets, service plans, and claim payments.

DHS is working with an evaluator to determine the efficacy of the ILSP program in serving this population. Agency communication, problem solving, and data submission are important for the possibility of expanding the pilot.

General Information

Program timeline

Phase	Dates (subject to change)
Ramp up to launch	March 1, 2023–July 10, 2023
ILSP soft launch	July 24, 2023
ILSP enrollment begins	September 9, 2023
Possible enrollment slot reallocation	March, 2024
Last date for ILSP enrollment	June 30, 2024
ILSP pilot end date	March 31, 2025
Vendor claim submission deadline	30 days after expense incurred with last claims submission date of April 9, 2025

Applicable ADRC Policies and Operations

ADRC workers will abide by the following ADRC policies and procedures while administering the ILSP program:

- [Complaint and Grievance Policy \(P-02923-02\)](#)
 - Participant complaints or grievances related to the TPA should be addressed to the TPA, not the ADRC.
 - Participant complaints or grievances with service providers should follow that entity's complaint and grievance policy.

- Participant complaints and grievances against a non-professional provider should be made directly to the provider, if the participant is comfortable doing so.
- The participant can work with the ADRC and TPA to update their service plan and/or change providers.
- [Confidentiality Policy and Procedures](#) (P-02923-06)
- [Conflict of Interest Policy](#) (P-02923-03)
- [Long-Term Care Authorization Enrollment and Disenrollment Form Signature Policy](#) (P-02923-05)
- [Establishing Public-Private Partnerships](#) (P-02923-09)
- [Service Limitation and Termination Policy](#) (P-02923-08)
- [Access to Emergency or Crisis Intervention Services](#) (P-03062-17)

Initial Phase

Partnership with DHS

ADRCs will work with DHS to reach the goals of the ILSP program. Periodic meetings will be scheduled with the program coordinator and lead members of each ADRC to plan implementation and problem-solve. ADRCs are encouraged to reach out to the program coordinator directly with questions.

Monthly collaboration meetings will be held on the first Wednesday of the month.

Identifying staffing

ADRCs must allocate or hire staff necessary for marketing, screening, enrollment, follow-up calls, program transition, and reporting.

Outreach

Agencies are encouraged to educate potential participants and community partners in their service area about the ILSP program. DHS will provide a media toolkit containing a postcard-sized brochure, a one-page fact sheet, ILSP talking points, social media posting templates, an informational video, and radio and newsletter announcements, which may be incorporated into ADRCs' local community outreach and marketing plans.

ADRCs are encouraged to update their webpages with information on the ILSP program and provide their contact information for questions from individuals and organizations in their service areas.

DHS will perform a public launch of the ILSP program with a press release and update of the [ILSP website](#). No local ADRC outreach should be conducted before the DHS launch.

ADRC staff training

New ADRC staff working on the ILSP program should attend the same ADRC onboarding and training activities that are provided to other ADRC staff. These staff are encouraged to shadow other ADRC workers in options counseling and information and assistance roles to improve their understanding of ADRC services. All ADRC staff working on the ILSP program must also attend ILSP program-specific training provided by DHS. All DHS training about the ILSP will be recorded and posted to the [ILSP page](#) on the ADRC SharePoint site.

Training topics include:

Eligibility and enrollment

- Participant eligibility screening
- ILSP enrollment form
- TPA connection
- Pre-pilot survey
- Waitlists

Service plan development and ongoing support

- Identifying providers and vendors
- Determining appropriate budget allocations
- Sharing service plans with the TPA
- Recommending continued support during enrollment period

Workflow and systems

- Workflow and documentation requirements for participant screening, enrollment, client tracking, and additional contacts with the ADRC
- Use of the electronic enrollment system to share data with the TPA and DHS
- Demonstration of live monitoring of budgets managed by the TPA
- Demonstration of updating service plans in the electronic enrollment system

Transition and disenrollment

- Recommendations on when to provide support on transitioning from ILSP benefit
- Disenrollment, if an enrolled participant becomes ineligible within the 12-month ILSP benefit period or is no longer utilizing ILSP services and returning calls to the ADRC

Reporting and quarterly enrollment check-ins

- Example budget report
- Example of data reviewed by DHS for quarterly check-in
- Possible topics covered in check-in meeting: marketing, ADRC ILSP staffing, participant enrollment, ADRC budget expenditures, barriers to ILSP rollout, barriers to participant enrollment

Screening

All ADRC staff should be knowledgeable of the ILSP program. When a potential applicant expresses interest in the ILSP program, the ADRC staff should share information with them about the program's eligibility criteria, benefits, and duration. ADRCs are expected to respond to all requests for information about the program from potential participants within three business days. If a person informs the ADRC that they would like to apply for the ILSP, the ADRC should schedule a meeting with the requestor to complete the application and enrollment process within 10 business days of their request.

ADRCs should encourage individuals to bring information about their income to the application and enrollment appointment, as it will be necessary to enter in the application form.

Eligibility

To be eligible, individuals must:

- Be a U.S. citizen or eligible immigrant under [8 U.S.C. 1621\(a\)](#) and a Wisconsin resident aged 18 or older.
- Have a [qualifying diagnosis](#) expected to last more than 90 days, if under age 55.
- Reside within a participating ADRC's service area.
- Have a need for assistance with one or more activities of daily living (ADL) or instrumental activities of daily living (IADL).
- Have an income of less than 300% of the [federal poverty level \(FPL\)](#).
- Not be enrolled in a long-term Medicaid program such as Family Care, IRIS, Partnership, or PACE.
- Not reside in a licensed or certified residential care setting such as a community-based residential facility, an adult family home, a skilled nursing facility, or a residential care apartment complex.

U.S. citizens and eligible immigrants

Only U.S. citizens, U.S. nationals, or certain documented immigrants may enroll in the ILSP. In general, adult immigrants who have been lawfully admitted to the United States can qualify for ILSP coverage five years after their arrival. Exceptions to the citizenship requirements apply to certain individuals, such as those seeking asylum. ILSP follows the Medicaid rules for determining immigrant eligibility. Further clarification can be found in chapter 7.3 of the [Medicaid Handbook](#).

Qualifying diagnoses

Applicants under the age of 55 **must** provide a qualifying primary diagnosis. All qualifying diagnoses **must result in at least one functional need that is expected to continue for at least 90 days** from the date of the ILSP application.

Qualifying diagnoses are broadly categorized in the following categories, or “target groups”:

- Alzheimer's disease or other irreversible dementia
- Developmental disability
- Physical disability
- Terminal illness
- Age 55+ with no primary diagnosis
- Mental health disorder (**not** eligible for primary diagnosis)

The [diagnosis list](#), which identifies which diagnoses are included in each target group. If an ADRC worker is unsure which category the applicant's diagnosis belongs to, they may consult the [cue sheet](#). This is a table of nearly 2,000 diagnoses that map to a diagnosis on the diagnosis list that may be entered in the ILSP application.

Up to two additional diagnoses expected to cause a functional need for more than 90 days may be entered. Diagnoses from the “severe or persistent mental illness” target group can be selected as an additional diagnosis. Entering additional diagnoses will provide clarity to DHS when reviewing needs addressed by the service plan. If no additional diagnosis is applicable, this item may be left blank.

It is important for the ADRC worker to confirm with the program applicant that their diagnosis and associated functional need(s) are expected to last more than 90 days from the date of ILSP program application. For example, D3: Hip Fracture/Replacement is listed in the diagnosis list, but the functional needs related to most routine fractures or replacements will be resolved within 90 days. **In this case, it would not be a qualifying diagnosis.** If there is a joint infection or need to be non-weightbearing for an extended period, a participant may have functional needs that last more than 90 days and the applicant would be considered to have a qualifying diagnosis.

ADRC's service area

Living within the ADRC's service area is defined as residing in the county or counties to which the ADRC provides services. A person is considered to reside in a county if they are physically present in the county and living in a place of fixed habitation with an intent to remain voluntarily.

Homeless applicants are considered a resident in the county of their last fixed habitation. For example, if a person is homeless in Dane County, but they were last living in an apartment in Columbia County, Columbia County is their county of residence, and they would be able to enroll in the ILSP program through the ADRC of Columbia County.

Income

Participant income must be less than 300% of the FPL, not including spousal income. When calculating the FPL household size, the participant should include him or herself and any tax dependents. ADRC staff should refrain from saying "federal poverty limit," stating only the specific dollar value of 300% of the FPL. This will reduce confusion and negative associations with this wording. Assets are not considered in the ILSP program.

Family members, housemates, and spouses

Multiple family members, members of a married couple, and/or household members may enroll as individual participants in the ILSP program if they meet the program's eligibility criteria.

An ILSP program participant may not work as a non-professional in-home service provider for another ILSP participant.

Place in options counseling

ADRC specialists at participating ADRCs shall include information about the ILSP program when providing options counseling. The ILSP shall be presented as a one-time, 12-month opportunity for help to purchase items and services that improve a person's ability to remain independent at home. This is in contrast with other ongoing programs. Participation in the ILSP program does not prevent a person from enrolling in a long-term Medicaid program in the future. However, if an ILSP participant enrolls in a publicly funded long-term care Medicaid program, the participant will be disenrolled from the ILSP.

The ADRC specialist will screen customers who are interested in the program to determine if they may be eligible and if the ILSP program would be a good fit for their needs.

The ADRC should meet with any ADRC customer who requests to enroll in the ILSP program within 10 business days of their request. If the ADRC is unable to schedule the appointment within this timeframe, the ADRC should place the customer on a program waitlist and inform the customer of this.

Waitlists

ADRCs will maintain a waitlist for customers who express interest in the ILSP program and cannot be immediately enrolled. The ADRCs will schedule application and enrollment appointments on a first come, first served basis.

Enrollment

Four forms are needed for participants to be considered fully enrolled in ILSP. They are the ILSP [application](#), [pre-pilot survey](#), [service plan](#), and [acknowledgement](#) forms. If a participant wishes to work with a non-professional in-home service provider (NPP), a [set-up](#) form signed by both parties is also necessary.

Participants requesting to purchase eligible items through ILSP and receive a reimbursement will also need to fill out a direct deposit form found on the third-party administrator's website.

Further information on all of these processes is outlined below.

Application

ILSP applicants will meet with an ADRC worker for assistance enrolling in the ILSP program. The ADRC worker will assist the applicant in completing an application form that collects demographic information and information pertaining to the applicant's financial and functional eligibility for the program. No formal financial verification documents or communication from a medical professional is needed.

Completion of the ILSP [application](#) will provide the final screen for eligibility. If the applicant meets eligibility guidelines and agrees to participate, the ADRC will enroll them in the program. The ILSP program enrollment date is the date the participant is found to be eligible and agrees to participate in the program. All ILSP program forms are available in the [DHS forms library](#).

ADRC staff will provide applicants with a letter of enrollment or ineligibility, depending on the outcome of their application. Enrolled participants should also be given a copy of the ILSP Participant Handbook that provides information on the pilot to the participant.

It is best practice for application appointments to be performed face-to-face, but it is not mandatory in the ILSP program.

Pre-pilot survey

The participant will be required to fill out a [pre-pilot survey](#) with the ADRC's assistance for data evaluation purposes. Questions may also provide discussion points for ADRC workers as they work to identify participant needs. The pre-pilot survey should be administered after enrollment into the ILSP program and prior to creating a service plan.

Identifying needs

The ADRC worker will assist the participant in identifying the needs that can be addressed by the ILSP program. They should also provide them with information and assistance to identify any resources that meet any needs not addressed by the ILSP program. Information collected in the ILSP application form

and Pre-Pilot Survey may be helpful in identifying areas of need. ADRC workers are encouraged to take notes during the application and enrollment appointment and to enter their notes in the ADRC client tracking system for future reference during service plan development. ADRC staff are also encouraged to use the [ADRC action plan](#) with participants to outline the steps for spending ILSP funds. Participants will determine what items or services they would like to spend their ILSP budget on and what steps are necessary to obtain these items. This may include identifying vendors or workers, determining how much time is necessary for supportive services, and determining a pay rate or cost for an item.

The ILSP should be a funding choice of last resort. Services may only be funded through the ILSP when not otherwise available to the participant through Medicaid, Medicare, or a responsible private or public entity. ILSP funds may not be used to purchase services that are provided to the general public for free.

Allowable expenses

The ILSP is intended to help participants maintain independence and safety in their home. Expenses intended to address a participant's quality of life related to their functional limitations are generally allowable. Expenses to address general home repairs not related to functional limitations would not be eligible. ADRC workers should refer to the ILSP Service Definitions Manual during service plan development to confirm that expenses are allowable.

Participants must receive an assistive technology (AT) or accessibility assessment prior to ILSP funds being used on home modifications, vehicle modifications and assistive technology costing more than \$1,000.

The ILSP should be a funding choice of last resort. Services may only be funded through the ILSP when not otherwise available to the participant through Medicaid, Medicare, or a responsible private or public entity. ILSP funds may not be used to purchase services that are provided to the general public for free.

Service plan development

The ADRC worker will work with the participant to develop a [service plan](#) to address the participant's needs. The service plan will contain specific items and services, units, cost projections, and billing codes. Projected cost does not need to be exact, but items may not be reimbursed above the budgeted cost per unit. All service plan items, including home modifications and individual directed goods and services, must be tied to the participant's health, wellness, safety, and/or medical conditions.

Participants do not need to allocate their entire budget in the initial service plan. Service plans may be updated and added to during the 12-month enrollment period. Participants will need to work with the ADRC worker to make these edits.

If a participant would like to purchase an item with a cost that exceeds the ILSP budget, ILSP funds may be approved to cover a portion of the cost. The service plan should specify the dollar amount of ILSP budget that will be allocated toward the cost of the item and make clear that the ILSP participant will be responsible for paying any portion of the cost that is not covered in the service plan. The service provider is responsible for billing the participant directly for the remaining cost of the item after the ILSP program has paid its portion of the claim.

The ADRC will submit the participant's initial service plan to the TPA for approval within 30 days of participant enrollment in ILSP.

Assistive technology and home or vehicle modifications

ADRC staff will receive assistive technology (AT) training from Wisconsin's assistive technology program, WisTech. ADRCs are expected to make use of their own toolkit and device loan program as a first resource for lower cost AT solutions.

Some participants may request to purchase a home or vehicle modification or piece of AT costing greater than \$1,000. ADRCs will refer these participants to WisTech for an AT or accessibility assessment. WisTech staff will assist in identifying which technology or modifications will best meet participants' needs and fit their budget. WisTech is familiar with resources throughout Wisconsin to provide quality low-cost equipment as well as other funding sources for higher cost items.

WisTech will share their recommendations with the participant and ADRC. The participant may then add the recommended items to their service plan.

WisTech staff will also identify if a more comprehensive assessment is needed to address the participant's needs. For more complicated situations, WisTech may recommend the participant receive an AT or accessibility assessment through an independent living center or other trained assessor.

Requesting AT or accessibility assessments

The ADRC will assist participants requiring AT or accessibility assessments with an [online referral to WisTech](#). AT or accessibility assessments provided by WisTech should be added to the participant's service plan with an authorized price of \$0. If an AT or accessibility assessment is needed through another party, WisTech will assist the participant in identifying an appropriate assessor and determining the cost to list on the service plan.

Non-professional in-home service provider (NPP) considerations

ILSP participants may elect to work with a non-professional in-home service provider, herein referred to as a non-professional provider or NPP, such as a friend or family member to provide some types of services, rather than work with an organization to support their needs. The enrollee will need to identify any NPP by name in their service plan. No training is provided for NPPs; however, the ADRC may have educational resources available for participant and NPP benefit.

If a family caregiver chooses an NPP that is not affiliated with a licensed agency, the family is responsible for evaluating the qualifications of this worker. The participant is responsible for all legal implications associated with choosing a provider. The department of health services, TPA, and ADRCs do not assume the role of an employer for any services funded by the Independent Living Supports Pilot.

The Service Definition Manual describes which services may be provided by an NPP. The service plan must be approved by the TPA before the NPP performs any work that will be reimbursed with ILSP funds. The third-party administrator will send a participant start date letter to the participant and NPP to let them know when the service plan has been approved and the provider can begin to provide services.

Budgeting and pay rates

The participant will work with the ADRC to determine the number of hours, pay rate, and duration of work for NPPs. Participants should consider the type of work being done and their ILSP budget when setting an hourly rate for these services. It is recommended that NPP's are paid between \$10.00-\$25.00 per hour and not exceeding usual and customary rates for agency equivalents performing similar tasks.

Provider training and scheduling

The program participant is responsible for training NPPs to safely perform their job duties. It is the participant's responsibility to teach NPP(s) how to assist them given their condition and functional needs. Participants will orient providers to their home and on where to find the things they need such as gloves or cleaning supplies.

The participant will set up a work schedule with the NPP to allot the approved hours in the service plan. Participants must notify their providers if there is a change to the schedule. Participants should create a backup plan if providers are not able show up as scheduled.

NPP eligibility

Family members or friends may work with a participant; however, all work must be clearly and directly related to care or support of the participant. For instance, a family member residing with the participant would not be eligible to be paid for household cleaning, even if the participant is unable to perform this duty, because they are a member of the household who would also derive benefit from completion of this work. By contrast, assisting the participant with bathing or laundering their clothes would be eligible under ILSP if the participant's condition causes them to have difficulty performing this activity independently.

Other ILSP program participants cannot serve as non-professional providers.

An individual cannot be paid as an NPP through the ILSP while they are receiving a non-professional stipend for caregiving through the Alzheimer's Family and Caregiver Support Program (AFCSP) or the National Family Caregiver Support Program (NFCSP).

Background check policy

An individual convicted of a serious crime, as defined in [Wis. Stat. § 50.065](#), cannot be paid through the ILSP Program. This includes residents of penal facilities and those convicted of first or second-degree homicide, felony murder, assisting suicide, battery, physical abuse of an elder or child, abuse of individuals at risk, neglect of patients or residents, or sexual assault.

If a participant receives supportive services from staff employed by an organization, the organization will conduct background checks to ensure the staff have not committed any serious crimes.

DHS strongly recommends participants obtain a criminal and caregiver background check for all NPPs before they start work. Participants can request the TPA to arrange for the NPP's background check during the worker's initial onboarding. The cost of the background check is covered by the program and will not be charged to the participant's ILSP budget.

Powers of attorney, guardians, or other agents of the participant who would like to be paid as an NPP for their ward **must** receive a background check. This is a program policy due to an inherent conflict of interest.

Premier will share the results of the background check with the participant and prospective worker. These results will also be recorded in the ILSP documentation system.

If a background check shows that the prospective worker has been convicted of a serious crime, the TPA will not approve them for payment through ILSP. Participants who choose an NPP who is ineligible to be paid through the ILSP due to their criminal record will be directly responsible for any payments to that worker.

Participants will be required to sign an [acknowledgement](#) form stating they understand the requirements of provider eligibility to be paid through ILSP.

Participant responsibilities

With the ILSP program, participants get to make decisions and share with others what is important to them. A participant may choose whether they want to recruit and interview independent workers, choose an agency to provide their care, or do both. Providers are responsible for submitting their invoices on time to the TPA. The third-party administrator's ILSP website has information available on deadlines and pay dates. The participant or provider may contact the TPA if there are any issues with payment for an invoice.

The participant must notify the ADRC and the provider if they no longer want to contract with a provider.

40-hour health and safety rules

To mitigate safety risks in the ILSP program, each non-professional in-home service provider is limited to working 40 hours or fewer per workweek. The 40-hour limit applies to a seven-day workweek, which, for consistency in the ILSP program, commences on Sunday at 12:00 a.m. and ends on Saturday at 11:59 p.m. Participants may work with multiple NPPs to ensure their needs are met while following the 40-hour per week limit. Overtime pay is not allowable in the ILSP program.

Worker insurance benefits

NPPs are not eligible for employment benefits, including worker's compensation insurance, through the ILSP program.

Enrollment with the third-party administrator

ADRC staff will submit the participant's enrollment paperwork, including the application, service plan, pre-pilot survey, and acknowledgement of program rules, to the TPA.

The TPA will assist providers in ILSP enrollment. Once enrolled, the TPA will follow up with how to submit claims for payment. Only claims for items and services approved on the service plan will be paid by the TPA.

Premier will send an authorization letter for each approved item on the service plan to the participant, ADRC, and provider. Both participant and provider must complete all enrollment paperwork before authorization letters can be sent.

Follow-Up

Denied service providers

The TPA will notify the ADRC electronically as well as updating the portal if a service provider is found to be ineligible to provide ILSP services. The ADRC is responsible for contacting the participant, working with them to arrange another provider, and updating the service plan.

Monitoring budget

The ADRC will have access to a report on participant's spending on their service plan through the ILSP Connect Portal. The ADRC is expected to call participants who have not used funding for approved service plans to provide support in overcoming obstacles to care.

Updating the service plan

The ADRC may update the service plan at the participant's request at any time during the enrollment period. The participant cannot update their service plan without the ADRC's assistance. The updated service plan must be approved by the TPA prior to any services being rendered.

Note, ADRCs do not need to be involved in changing service providers if no other items on the service plan are being modified. The participant should contact the TPA to notify them of the termination of the initial service provider and provide information for updating the service plan and onboarding the new service provider.

Participant-initiated contacts

The ADRC is expected to return ILSP participants' calls within three business days. Follow-up appointments may be scheduled if necessary to address a participants' needs.

Check-in calls

The ADRC worker should follow up with the ILSP participant during months 2–3 and 5–6 of their enrollment to ensure items and services are being delivered as planned. The ADRC worker will assist the participant in addressing any barriers to implementing their service plan.

If a participant's needs change or if there is a change in service availability, the ADRC worker will work with the participant to update their service plan. The ADRC will submit all updated service plans to the TPA for approval. Participants should be encouraged to contact the ADRC worker with questions or concerns related to the ILSP program during their enrollment period.

For check-in calls, the ADRC must attempt to contact the participant three times in a two-month period. If the participant does not respond to the ADRC's calls, after three attempts, and is not utilizing ILSP services, the ADRC worker will take steps to disenroll the participant from the program.

Transition process

The ADRC will provide each ILSP participant with transition counseling prior to the end of their 12-month benefit period. They may discuss the transition during a telephone call or schedule an in-person

appointment. ADRC workers will have access to a report in the TPA's portal showing each participant's remaining budget to assist in determining when transitional counseling should begin. The ADRC worker will contact the participant to discuss ongoing and new needs and complete the Post-Pilot Survey. If the participant is eligible to transition to an alternative program, such as a publicly funded Medicaid long-term care program or family caregiver support services, it is best to begin planning for that transition before the participant fully depletes their ILSP funds. This should be no later than the ninth month of ILSP enrollment.

All ILSP participants should be offered an appointment for options counseling by the 10th or 11th month of ILSP enrollment.

It is the ADRC worker's responsibility to explain to the participant what a transition to any other programs will entail and to coordinate all necessary referrals.

Post-pilot survey

During transition counseling, the ADRC worker will review the participant's ILSP enrollment date and discuss how they utilized their ILSP funds. Finally, ADRC workers will administer a [post-pilot survey](#) to the participant.

End of Benefit

The ILSP participant's benefits will end 12 months from the initial enrollment date or when all of their ILSP program funds are spent. The ADRC will send a letter notifying the participant when their benefit has ended.

Disenrollment

A participant will be disenrolled from the ILSP if they become ineligible for ILSP funding due to:

- Enrollment in a long-term care Medicaid program.
- A move to a licensed or certified residential care setting.
- A move out of the ADRC service area.
- Loss of contact with the ADRC.
- Participant death.

A participant should not be disenrolled from the ILSP if they are temporarily staying in a hospital or skilled nursing facility to receive rehabilitative services. However, ILSP cannot pay for items and services that can be covered through Medicare, Medicaid, or another responsible private or public entity. Therefore, the ILSP participant should pause any personal care or supportive services (for example, help with bathing or dressing) in their ILSP service plan during any time period when those services are covered by another program such as their rehabilitative stay. ILSP may be used to purchase assistive technology (if not covered by another program) to ease a participant's transition home.

A move to a licensed or certified residential setting (such as a community-based residential facility, an adult family home, a skilled nursing facility, or a residential care apartment complex) that is not considered temporary will result in disenrollment from the ILSP program.

Disenrollment due to loss of contact may occur if a participant does not make arrangements to obtain services through the providers identified in their ILSP service plan and does not respond to an ADRC's attempts to contact them three or more times during a two-month period. The ADRC is responsible for contacting the participant and all service providers on the participant's service plan to verify that no services have been provided or scheduled prior to disenrolling the participant from the program.

If a participant is being disenrolled from the ILSP, the ADRC should:

- Complete the [ILSP disenrollment](#) form and attempt to obtain the participant's signature on the form, if possible.
- Inform the participant by phone, if possible, that their ILSP funding has been discontinued and explain why.
- Notify the participant in writing of the disenrollment from the ILSP program. The notification should include the end date of enrollment and the reason for disenrollment.
- Notify the TPA of the participant's disenrollment.
- Offer guidance to the participant to address any remaining needs using the same transition process outlined above, including the [post-pilot survey](#), a reassessment of their functional needs, coordination of referrals, and options counseling.

Participant responsibilities

Participants are responsible for following all guidelines outlined in the ILSP Participant Handbook.

Participant Enrollment Extension Requests

A participant may request to extend their enrollment in the ILSP program for up to three months in order to use the remaining funding in their benefit. No additional funding will be made available for extensions. Extension periods may not be granted beyond the pilot end date.

Participants may request an extension to the ADRC prior to the end of their 12-month benefit period. No extensions will be granted after the benefit period is over. ADRCs will be able to grant a three-month extension, or extension until March 31, 2025, whichever is sooner. To be approved by the ADRC, participants must have a plan to use funding within the extension period.

ADRC Enrollment Goals and Enrollment Slot Reallocation

ADRCs may begin accepting participants' applications for the ILSP program on September 5, 2023. ADRCs will make their best effort to reach projected enrollment goals by June 30, 2024.

DHS will review enrollments for all participating ADRCs to determine if each agency is on track to meet enrollment projections. If enrollment is lagging in certain regions of the state during the pilot period, DHS will consult with ADRCs on methods to improve enrollment and may redistribute enrollment slots to other ADRCs where demand for the pilot is greater. DHS will work with participating ADRCs if this occurs. Funding will not be taken away from ADRCs who lose enrollment slots. Extra funding may be available to agencies who take on extra enrollment slots. If demand for this program exceeds the number of available enrollment slots, ADRCs will be expected to maintain a wait list.

Documenting

Time and Task

Staff will add a column to the Time and Task report for the ILSP. The ADRC worker will select their primary function (for example, ADRC specialist) in the dropdown menu under basic information. If the provider’s primary function is not listed, such as staff dedicated specifically to the ILSP, “other” should be selected. For ILSP staff, the ILSP should be entered as a program in the function area section.

ADRC staff working on the ILSP will enter their time in 15-minute increments to the ILSP column each day. No ILSP time should be entered in sections 1–6 of the Time and Task report. It is not required for a worker who splits time between multiple functions to update their function when reporting time in the ILSP column.

ADRC supervisors should not track time spent on ILSP in Time and Task reporting.

Client tracking

All contacts with clients relating to the ILSP program will be entered with a new ILSP call topic in the client tracking system. As usual, more than one call topic or outcome may be selected for each encounter, if appropriate. See the table below on how to document ILSP contacts in the client tracking system.

ILSP Activity	Call Topic	Outcome
Marketing	ILSP information	Outreach/marketing
Screening and eligibility	ILSP information	Provided information and assistance
Enrollment and service plan development	ILSP service plan development	Provided options counseling
Follow-up calls	ILSP service plan development	Provided follow-up or Provided short-term service coordination (if service plan needs to be altered)
Transition	ILSP transition	Provided options counseling

ILSP activities:

- **Marketing:** Group presentations or one-on-one conversations and creation of marketing campaigns related to the ILSP.
- **Screening and eligibility:** All discussions and responses to interest of potential participants prior to enrollment in the ILSP program.
- **Enrollment and service plan development:** (May be multiple appointments) This includes Completion of all enrollment forms, surveys, and service plan; identification of needs and solutions to these needs that can be met with the ILSP program; determination of vendors and/or providers for services, units of service, and cost; connection with the TPA; submission of service plan; and provision of referrals and/or information for needs to be met outside of the ILSP program.

- Follow-up calls: ADRC or participant-initiated follow-up calls to address how the service plan is being implemented. If the participant’s needs change, the service plan should be updated. If not, ADRCs should ensure the service plan is being carried out as expected.
- Transition: Discussion that occurs when the participant is nearing the end of enrollment (budget nearly exhausted or in ninth month of enrollment period) to revisit goals and discuss transition to private pay services or another program, if applicable.

Fiscal reporting

ADRCs will report eligible expenses to GEARS profile 512000. There is no local match requirement for these funds, and they are not eligible to be matched through federal Medicaid administrative claiming.

The approved ILSP administrative grant funding will be made available to the ADRCs in the following manner:

Year	Percentage
2023	35%
2024	45%
2025	20%
Total	100%

If necessary, ADRCs may request a budget amendment to reallocate funding from a future year. Budget amendments can take up to two months to process. To make a request, ADRCs should email DHSDMSILSP@dhs.wisconsin.gov, DHSBADRfiscal@dhs.wisconsin.gov and cc their RQS. The amendment should state the amount needed to reallocate from the following year with a brief justification. Note that funding increases now will decrease the amount of ILSP administrative funding available in the future. ADRCs will be also expected to submit a request for carryover to bring forward any unused funding from one year to the next.

Jotforms Digital Forms

Premier is assisting the ILSP to launch a custom documentation system to help participating ADRCs manage program data. Using these systems, ADRC workers will be able to enroll participants with digital forms using electronic signatures or print those forms for signing and uploading into the system. Paper forms may also be submitted through encrypted email to Premier at ilsp@premier-fms.com.

The participant enrollment system will help eliminate duplicate data entry, reduce the chance for errors, and provide helpful tips on how to complete the forms. The system will support enrollment with digital forms in ADRC offices and other locations, such as at an individual's home.

ILSP Connect Portal

ADRC access

ADRC staff will be given access to the ILSP Connect Portal, where they will be able to review reports on their participants’ allocation of ILSP funds and claims data. ADRC staff will also have access to online dashboards to monitor participant spending throughout the pilot. ADRC workers will be able to view each of their participants’ allocated budgets, claims payments and remaining participant budget.

Participant access

Participants will have access to the ILSP Connect Portal to monitor their budget and review provider claims. Participants will be given access to the portal after the first item on their service plan is authorized by Premier.

Provider access

Providers will have access to the ILSP Connect Portal to review the status of their claims submissions. Providers will only be able to view information about items and services they provide. They will not have access to a specific participant's service plan or budget.

Data and Reporting

Quarterly meetings

ADRCs are required to submit financial reports and meet quarterly with the DHS ILSP team to discuss the program. These meetings will address the ADRCs' experiences during rollout of the pilot program and provide opportunities to share what is going well and what challenges the ADRCs are experiencing. DHS may increase frequency of meetings if ADRC spending is concerning or showing patterns of expense inconsistent with responsible financial management. The program coordinator will schedule these meetings with each ADRC and provide a template for reporting.

Quarterly and final expenditure reports will be submitted with budget use broken down into the following categories:

- Personnel
- Fringe
- Travel
- Supplies
- Contracts or subawards
- Indirect expenses and admin
- Other

ILSP program evaluation

ADRCs are required to provide information to a surveyor associated with the University of Wisconsin periodically throughout the project. Additional reporting instructions may be provided by Rachel Puda, ILSP program coordinator, in the DHS Office for Resource Center Development.

Preventing Budget Mismanagement and Fraud

In ILSP it is important that the participant takes responsibility for managing their budget and preventing fraud.

If a participant thinks one of their providers is committing fraud, they must report it as soon possible.

The Department of Health Services Office of the Inspector General should be notified using their [fraud-reporting website](#) or their toll-free helpline at 1-877-865-3432.

Examples of fraud:

- A provider bills for more hours than they worked.
- A provider bills for services that they did not provide.
- A provider submits multiple invoices requesting payment for the same hours.
- A person who applies to be an NPP provides false information during a participant requested background check process.

The Department of Health Services takes all fraud allegations seriously. Fraud allegations may be sent to the Department of Justice for a criminal investigation. Each fraudulent invoice signed could be a separate fraud incident, so a participant should review all invoices closely before signing them.

Program Contact Information

Participant handbook

The participant handbook provides participants with a list of key program contacts.

Participant should address questions concerning the service plan, enrollment timeline, and other functional needs to the ADRC.

Service provider contact information

The participant should contact their service provider directly for questions about scheduling services. Contact information for the service providers may be found on the service plan.

Third-party administrator

Participant or service providers questions about claims or payments should be directed to the third-party administrator, [Premier Fiscal Management Services](#).

Claims questions and submissions:

- Phone: 888-890-2286
- Email: ilspclaims@premier-fms.com
- Fax: 877-334-2619

Forms questions and submissions:

- Phone: 888-890-2286
- Email: ilspfr@premier-fms.com
- [Fax](#): 877-334-2584

General questions:

- Phone: 888-890-2286
- Email: ilsp@premier-fms.com

Policy and operations questions

ADRC questions or concerns about this pilot may be directed to Rachel Puda in the DHS Office for Resource Center Development at DHSDMSILSP@dhs.wisconsin.gov or 608-338-5644.

Participant enrollment concerns

ADRCs may send concerns to Premier or enter them in a [survey](#) monitored by the ILSP team at DHS. Only ADRCs may use the survey; it is not for participant or public use.

Glossary of Terms

Activities of daily living (ADLs): Bathing, dressing, eating, mobility, transferring from one surface to another such as bed to chair and using the toilet.

Age 55+ with no primary diagnosis: Target group for eligible ILSP applicants aged 55 or older who do not have a qualifying primary diagnosis.

Aging and disability resource center (ADRC): An entity that meets the standards for the operation and is under contract with the Department of Health Services to provide services under Wis. Stat. § 46.283(3), or, if under contract to provide a portion of the services specified under Wis. Stat. § 46.283(3), meets the standards for operation with respect to those services. For the purposes of this contract, entity will be referred to as ADRC.

Alzheimer's disease or other irreversible dementia: Per Wis. Stat. § 46.87(1)(a), any of a number of degenerative diseases of the central nervous system characterized especially by premature senile mental deterioration.

Assistive technology (AT): Any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of a person with a disability or functional limitation.

Caregiver background check: A review of a caregiver's criminal, commercial, and financial records prior to the caregiver starting work in a position responsible for the care, safety, and security of children or adults.

Claim: A request for payment for services and benefits received by an ILSP program participant that is authorized and allowable.

Conflict of interest: A situation where a person or entity other than the member is involved in planning or delivery of services to the member and has an interest in or the potential to benefit from a particular decision, outcome, or expenditure.

Criminal background check: A review of any criminal conviction record of the provider.

Developmental disability: A disability attributable to brain injury, cerebral palsy, epilepsy, autism, or Prader-Willi syndrome. This also includes an intellectual disability diagnosed before age 18 and characterized by below average general intellectual function and a lack of skills necessary for daily living. "Developmental disability" does not include senility that is primarily caused by the process of aging or the infirmities of aging.

Federal poverty level: A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, Medicaid, and CHIP coverage.

Independent Living Support Pilot (ILSP): A pilot program funded through the American Rescue Plan Act that is intended to provide short-term supports to older adults or people with disabilities residing within participating ADRC service areas.

Instrumental activities of daily living (IADLs): Managing medications and treatments, preparing meals and managing nutrition, managing money, using the telephone, arranging and using transportation, and being able to function at a job site.

Non-professional in-home service provider or non-professional provider (NPP): A person contracted by the participant to provide services.

Participating ADRC: An ADRC that has been selected by DHS to provide ILSP grant funding to their community.

Physical disability: A physical condition, including an anatomical loss or musculoskeletal, neurological, respiratory, or cardiovascular impairment, that results from injury, disease, or congenital disorder and that significantly interferes with or significantly limits at least one major life activity of a person. In the context of physical disability, “major life activity” means self-care, performance of manual tasks unrelated to gainful employment, walking, receptive and expressive language, breathing, working, participating in educational programs, mobility other than walking, and capacity for independent living.

Service plan: List of ILSP eligible items and services the participant and ADRC have selected to improve the participant’s independence or ability to remain in their own home. Service plans must directly address a functional need. Service plans must be approved by the third-party administrator (TPA) before any services may start or items may be purchased.

Terminal illness: An illness expected to result in death in the next 12 months.

Third-party administrator: A financial management service that verifies qualifications of providers, approves participant service plans, and pays claims for approved items and services. The third-party administrator also maintains a portal allowing participants and ADRCs to monitor their ILSP budgets, service plans, and claim payments.