

Self Direction Money Follows the Person

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SELF DIRECTION DEFINED

- Service Delivery System Based on the Philosophical Principles:
 - Many Individuals Desire Having Direct Control Over How Their Needs are Met
 - Most Effective when Individuals have Control of Resources Dedicated to Meet their Needs
 - Flexibility to Access Non-Traditional Purchases Help Meet Unmet Needs
 - When Given the Opportunity, Participants Expend Resources in a More Efficient Manner
- Self Direction is not Just Person-Centered Planning
- Self Direction is not Providing Participants the Ability to Select the Provider Agency of their Choice or to Give the Option to Select from Three Different Workers



SELF DIRECTION AND MFP

- The MFP Principles and Self Direction (SD)
 - MFP - Shifts control of resources from institutions to community providers
 - SD - Shifts control of resources from community providers to the participant
 - MFP - Individuals live in the community with an assessment of need and service plan with qualified providers ready to assist
 - SD - Individuals live in the community and have control over a specified amount of resources to make informed decisions about their services
 - MFP - Programs provide a comprehensive array of HCBS services to meet needs of the individual
 - SD - Provides non-traditional opportunities to meet individual needs
 - Most OPs Included Some Form of Self Direction



Profusion of Self-Direction

- Almost Every State Has an Some Form of Self Direction
- Applies to All Disability Groups/All Ages
- Evaluation Results of Self-direction:
 - Greater access to paid home care
 - Much higher self-reported quality of life
 - Much greater satisfaction with services
 - Fewer unmet needs for care
 - No greater (and often less) incidence of health and safety problems
 - Less stress on family caregivers
 - Expands labor market



What to Self-Direct? HCBS Services - State Plan and Waiver Services

- Typically:
 - Personal Care
 - Homemaker/ Chore
 - Unskilled-Attendant Care
 - Non-Medical Transportation
 - Respite
 - Goods and Services Related to Personal Care
 - Assistive Devices
 - Home Modification
 - Waiver Supplies
 - Accessibility Adaptations
 - Community Inclusion Opportunities
- Also:
 - Supported Employment
 - Skilled Services Nursing Services
 - Case Management/Supports Brokerage
 - Family Supportive Activities
- Specific to MFP:
 - Transition Services



BASIC COMPONENTS OF SELF DIRECTION

- Person-Centered Planning
- Control over a Resource Amount or Individual Budget
- System of Supports
 - Information and Assistance to Facilitate the Self-Directed Experience
 - Management of Employer/Employee/Payroll Activities and the Individual Budget or Resource Amount



PERSON-CENTERED PLANNING

- The Individual:
 - Directs the Planning Process & is the Center of All Planning Activity
 - Is Fundamental Source of Information & Highly Involved in Decision Making (Assessment, Plan of Care, Individual Budget)
 - Is Provided Sufficient Information to Make Informed Decisions
 - Understands Self-Direction (rights, risks, responsibilities, and program limitations)
 - Freely Selects Representative or Planning Team (if needed)
- The System:
 - Provides Training to all Staff on Person-Centered Practices
 - Articulates the Practice in Policy
 - Monitors that Person-Centered Planning is Occurring
 - Evaluates the Provision of Person-Centered Planning
- The Person-Centered Plan
 - Identifies the Individual's Personal Goals and Outcomes and Seeks to Meet Those
 - During Reassessment Determines Degree Goals and Outcomes Are Met
 - Identifies Risks and Creates a Plan to Manage those Risks
 - Identifies Emergency Back-up Plans
 - Describes the Monitoring Process

Components of Individual Budgeting

- Methodology/Design
 - How is the Budget Determined/Calculated?
- Implementation
 - Who Presents/Explains?
 - How does a Participant Know his/her Budget Amount?
- Management
 - How is the Budget Monitored? How Often? By Whom?
 - Are Changes Made Timely?
 - How does the State Maintain a Spending-Neutral Position?



The Ideal Individual Budget

- Accurately Reflects Participant Needs
- Consistently Applied Methodology to Calculate Amount
- Based on a Standardized Methodology
- Comparable to Traditional Budget
- Considers the Cost of New Supports
- Easily Explained, Easily Understand, Easily Derived
- Based on Defendable, Evidence-Based Formula
- Electronically Managed
- Maintains a Budget Neutral State
- Allows States to Maintain Accountability



Information & Assistance Support System

- Supports the Self-Directed Experience
- Duties Include:
 - Recruit, Hire, Manage & Evaluate
 - Understand and Apply Individual Budget Options
 - Also Might Include:
 - Select Goods and Services
 - Verify Provider Qualifications
 - Monitor Health & Welfare
- Must Be Available – Participant Elects Use
- Referred to as a Self-Directed Case Manager, Support Coordinator, Support Broker, etc.
 - Differs from Traditional CM
 - Operates Under Person-Centered Planning
 - Facilitates Rather than Manages
- May Fulfill Requirement Through Existing Case Management System (including Targeted Case Management), New Waiver Service, New Administrative Role or Combination
- May be Funded as a Waiver Service or Administrative Function
- May be Assigned to More than One Entity
- Identify Appropriate Funding Mechanism

Cross-Walk Support Activities (Case Management, I & A, and Transition Coordinators)

- Clear Identification of Roles and Responsibilities
- Note Duplications/Overlaps/Gaps
- Interfaces with Existing Case Management Tasks
- Interfaces with Financial Management Services
- For Each Activity/Function – Define the Following:
 - Duties and Responsibilities
 - Policies and Procedures to Manage



Two Levels of Self-Direction

- Employer Authority
 - Participant Recruits, Hires, Supervises, and Direct Worker
 - Participant Must Fulfill Employer/Payroll Related Tasks
 - May Serve as the Common Law Employer or an Agency
May Service as the Common Law Employer
 - Generally Includes Only One Waiver Service
- Budget Authority
 - Participant Manages an Budget
 - Free to Make Various Decision about Purchasing Other
Goods and Services
 - Generally, Includes More than One Service



Financial Management Services

- Workers Hired Under Self Direction Meet Domestic Worker Classification
 - Independent Contractor Status Rarely Applies
 - Common Law Employer Must be Designated
 - Payroll Taxes and Insurance Must be Paid
- Two Choices
 - Agency with Choice
 - Fiscal Employer Agent (Vendor or Govt Model)



FMS Duties

- Agent or Agency Performs Employer Functions:
 - Withholding, Filing & Depositing Federal & State Employment & Income Taxes
 - Purchase Federal & State Unemployment Insurance
 - Verify Citizenship
 - Workers Compensation
- Manages
 - Compare Individual Budget with Plan of Care or Service Plan
 - Timesheets
 - Payment of Goods and Services
 - Monitor Individual Budget



Returning to Traditional Services

- Reasons for Returning to Traditional Services
 - Voluntary – 1) Does not want to self-direct; 2) Lost Representation and cannot locate one; 3) Cannot Find Someone to Hire; 4) Not What Participant Expected
 - Involuntary – 1) Fails to Comply with Program Requirements; 2) Will not Agree to Accept Responsibilities; 3) Makes decisions that jeopardize health and welfare; 4) Unwilling or Unable to Carry Out Responsibilities of an Employer and Cannot Locate a Representative
- Federal Expectations:
 - Determine Issues) and Apply Intervention, if appropriate
 - Exhaust all Options to Provide Support
 - Document Activity in the Case File
 - Revise Plan of Care or Service Plan (including back-up plan)
 - Prepare Transition Plan
 - No Interruption in Services (existing or new waiver)



SELF DIRECTION CHALLENGES THE STATUS QUO

- Difficult to Operationalize a Philosophy
- Transfers Decision-Making Power from Provider Organizations to Participants
- Requires Balances to be Created Between Acceptable Risks, Personal Responsibility and Government Accountability Role of Traditional Case Manager Changes
- Create New Entity to Manage Employment/Payroll Functions
- Determine what Goods and Services are Reasonable
- Distinguishing between Wants and Needs
- Program Populations Differ/Sharing Resources
- Care Plan Creep
- Comparability with Traditional Services
- Provider Apprehensive



Unique Quality Management Considerations

- Design
 - Inform Participant
 - Policy and Procedures
 - Develop Effective Supports
 - Select Competent Support Entities
 - Train Support Entity on Duties
 - Perform FMS Readiness Review
 - Allow Representatives
 - Develop Risk Management System
- Discovery
 - Case Review
 - Monitor Service Delivery System
 - Monitor Performance of Support Activities
 - Collect Information
 - Compare Traditional and Self-Directed Utilization for Comparability
 - Perform Satisfaction Interviews
 - Analyze Incident Management Activity
- Remediation
 - Programmatic
 - Train/Retrain
 - Refine Policy and Procedures
 - Refine Processes
 - Apply Interventions Specified in Contract
 - Enhance Monitoring Efforts
 - Individual
 - Increase Monitoring
 - Add Representative
 - Transfer Back to Traditional Program
 - Enhance Monitoring Efforts
- Improvement
 - Institute We-Based Individual Budget Management Process
 - Refine Process to
 - Expand Self-Directed Opportunities



Implementation Issues

- Retraining Traditional Support Staff
- Comparability – Care Plan Creep
- Provider Apprehension
- 24 Hour Back-up
- Ensure MFP Program will Transition Into Existing Program After One Year
- If New MFP Wavier Program – Utilizing Existing Infrastructure to Support Self-Direction
- How to Pilot Self-Direction Where None Exists in Current System
- When Self Directed Systems Differ from Population to Population with the State
- Goods and Services
 - Allowalbes
 - Provider Agreements
 - Direct Payment to Providers
- Selecting FMS Agency
 - Request for Proposal
 - Service Designation
- Determining Role of the Support Agency
 - Duplication
 - Additional Cost



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