Self-Direction in Managed Long Term Services and Supports

Overview for Association of Community Affiliated Plans
Managing Long Term Support Services Roundtable

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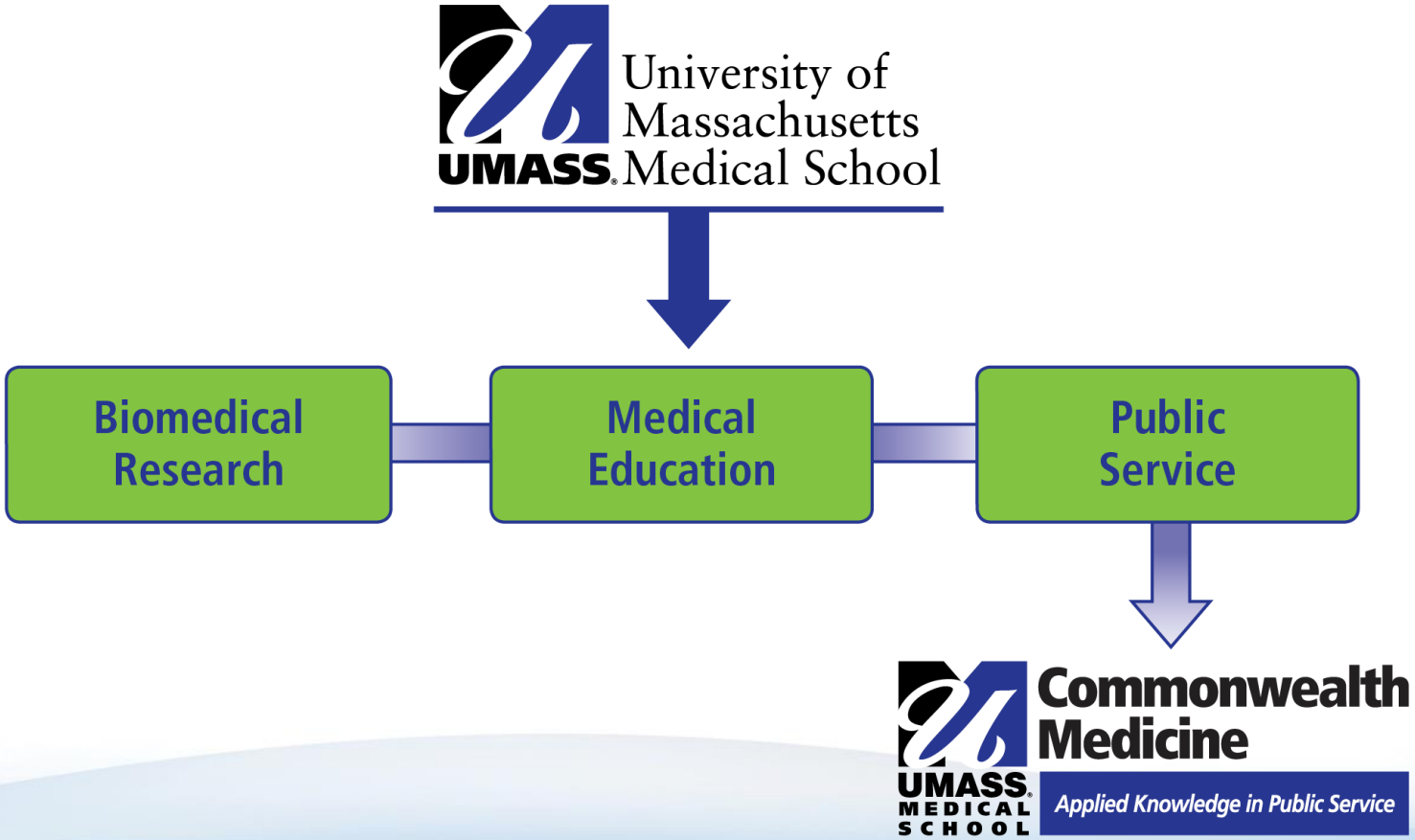
University of Massachusetts Medical School
umassmed.edu

Who We Are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Objectives

1. Overview of self-direction including its origins
2. Individual and caregiver perspectives
3. Health plan considerations, suggestions, and best practices
4. Discussion

Self-Direction

Service Delivery Model

- Individuals/surrogates have decision-making authority over certain services.
- Individuals/surrogates take direct responsibility to manage their services with certain supports.
- Provides individual with the responsibility for managing all services.
- Alternative to traditionally delivered and managed services, such as an agency model of service delivery.

Self-Direction (cont.)

- Promotes personal choice and control over service delivery, including who provides the services and how they are provided.
- Individuals are afforded decision-making authority to recruit, hire, train and supervise the service providers, referred to as “employer authority.”

(Centers for Medicare and Medicaid Services)

Example of Self-Directed Services

Personal Assistance Services (PAS)

- Service addressing ADL and IADL needs.
- Enables individual to maximize their independence while employing and managing their LTSS providers directly.
- States allow an individual to hire, train, employ, and manage their workers.
  - In some instances, workers may be family members, friends, or neighbors.

Characteristics of Self-Directed Programs

- Person-Centered Planning Process
  - Process directed by the individual
- Service Plan/Plan of Care
  - Documents specifying services and supports to be provided
- Support Broker/Surrogate
  - Individual supporting the individual managing the service, when needed
- Fiscal Management Services
  - May perform payroll and employer-related duties, including billing and documentation functions

Origins of Self-Directed Programs

- Date back to shortly after World War II, when the Veterans Administration launched a cash benefit program for veterans with disabilities.
- Grew out of the independent living movement of the 1960s and 1970s.
  - "…people with disabilities are the best experts on their own needs, having crucial and valuable perspective to contribute and deserving of equal opportunity to decide how to live, work, and take part in their communities, particularly in reference to services that powerfully affect their day-to-day lives and access to independence…"

(National Council on Independent Living)

Origins of Self-Directed Programs (cont.)

- In the 1990s, the U.S. Dept. of Health and Human Services (HHS) joined forces with the Robert Wood Johnson Foundation to expand this as a demonstration.
- In 1993, Congress
  - Added personal care to the list of optional Medicaid state plan services a state could offer;
  - Eliminated the requirement for this service to be supervised by a nurse; and
  - Allowed for the authorization of the service to occur through methods other than through a physician prescription.

Independent Living is about …

"Independent living is not doing this by yourself, it is being in control of how things are done."

Judith Heumann is an internationally recognized leader in the disability community and a lifelong civil rights advocate for disadvantaged people.

Special Advisor for International Disability Rights
U.S. Department of State

Key Points to Remember

- People with disabilities feel strongly that self-direction grew out of the independent living movement, which was for many their civil rights movement.
- Self-direction is closely tied to programs that provide personal assistance services, a very personal service.
- These programs enabled people to move out of institutions and continue to live in the community.
- Self-direction enables an individual to control the provision of services.

Listening to the Individual

https://www.youtube.com/watch?v=lrVmpGzwHVI

Sarah

- Sarah is 24 years old, attending college, and living with her boyfriend in their shared apartment.
- Sarah's mother and father are supportive and provide care on occasion.
- Sarah's goals include:
  - Finish her Masters Degree in Social Work and work as a counselor for disabled teenagers
  - Continue to live independently in the community and remain engaged with her friends and family
- Pedestrian vs. Motor Vehicle at the age of 4 years
  - C6 spinal cord injury
  - Quadriplegia with some upper extremity control
  - Autonomic dysreflexia

Sarah (cont.)

- Sarah requires assistance with all ADLs and IADLs.
  - PCA evaluation considers:
    - Types of ADL/IADL assistance needed; frequency and time to complete each task, including bathing, grooming, dressing/undressing, toileting (including bowel protocol) meal preparation, laundry, cleaning and equipment maintenance
    - Functional abilities
    - Durable Medical Equipment used/needed
    - Ability to direct caregivers
  - Manages PCA program independently
    - Submits timesheets for payroll purposes
    - Hires, trains, and terminates PCAs
  - PCA hours authorized
    - 47 hours/week of day/evening services and 2 hours per night of nighttime aide

Roberto

- Roberto is 44 years old, living with his 63 year-old mother.
  - Roberto's mother is limited in the amount of hands-on care she can provide.
  - Her goal for Roberto is for him to continue living at home with her, where she can oversee his care and prioritize his unique needs and comfort.
  - Roberto has family friends, who have known him for most of his life, and are interested in helping provide his care.
- Roberto has Cerebral Palsy
  - Significant developmental delays
  - Wheelchair dependent
  - Communicates with facial expressions

Roberto (cont.)

- Roberto requires assistance with all ADLs and IADLs.
  - PCA evaluation considers:
    - Types of ADL/IADL assistance needed; frequency and time to complete each task, including bathing, grooming, dressing/undressing, incontinence care, positioning and feeding
    - Functional abilities
    - Durable Medical Equipment used/needed
    - Ability to direct caregivers
  - Manages PCA program with a surrogate (his mother)
    - Submits timesheets for payroll purposes
    - Hires, trains, and terminates PCAs
  - PCA hours authorized
    - 52.25 hours/week of day/evening services and 2 hours per night of nighttime aide

Locus of Control in Self-Direction

- Self-direction bumps up against these elements of managed care:
  - Consolidation of decision-making authority into a single management entity
  - Restriction of consumer choice to network-approved providers
  - Accountability for health care costs and quality into a single entity

Key Components of Supporting Self-Direction in a Managed Environment

- Provide training and support to understand self-direction options, including full access to information and assistance to make informed decisions.
- Ensure individuals hire family and friends consistent with contractual rules and state regulations.
- Consider this as an opportunity to expand the available workforce and become less dependent on the agency model.

(Justice on Aging)

Key Components in Supporting Self-Direction in a Managed Environment (cont.)

- Clearly articulate rules, roles, and requirements associated with self-directed benefits to individuals, surrogates, and providers.
- Utilize comprehensive assessments to drive authorization levels.
- When reviewing utilization data, consider gaps in provision of service due to caregiver absence, hospitalization, etc.

Key Components in Supporting Self-Direction in a Managed Environment (cont.)

- Workforce training supporting enrollees who are self-directed, including training on topics such as:
  - Program model
  - Timesheet submission
  - Fraudulent activities

Best Practice Example

Wisconsin Department of Health Services, Division of Long Term Care, **IRIS Program**

INCLUDE, **R**ESPECT, **I S**ELF-DIRECT

- Home and Community Based Services waiver, 1915c
- Allows individuals enrolled in the waiver to manage the goods and services
- Program includes clearly defined roles, agreements, and standards

Best Practice Example (cont.)

- Participant Education Program Integrity Form to be completed by the individual.
  - Clearly outlines types of fraudulent activities, including:
    - Timesheet anomalies
    - False information
    - Billing anomalies
    - Duplicate claims
    - Background checks
- Resource of forms, policies, and trainings posted online at: https://www.dhs.wisconsin.gov/iris/forms.htm.

Questions?

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