



Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers

April 2017

Module 1: Introduction to Self-Direction

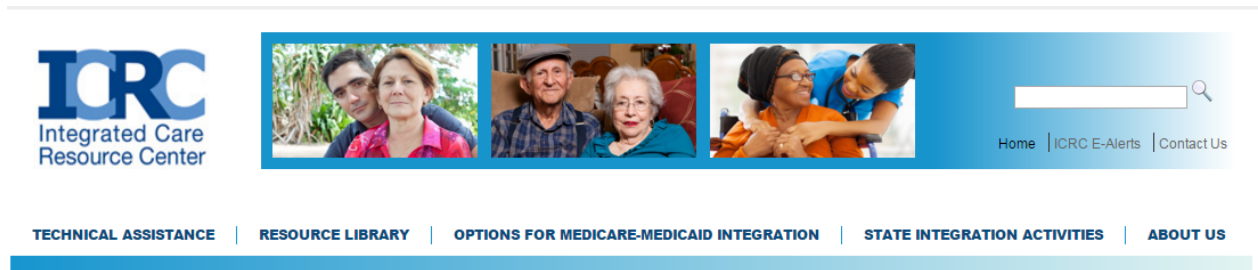
Curriculum Overview

- **Module 1: Introduction to Self-Direction**
 - Philosophy and practice of self-direction and person-centered planning
- **Module 2: Implementing Self-Direction**
 - Basic design elements and essential mechanics
- **Module 3: Implementing Self-Direction in a Managed Care Context: Special Considerations**
 - Observations about self-direction in a managed care environment
 - Discussing self-direction with individuals
 - Making the enrollment process simple
- **Module 4: Operating and Managing Self-Direction in a Managed Care Context**
 - Managing risks and ensuring quality

The Complete Training Curriculum

Available at:

www.integratedcareresourcecenter.com



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The ability to direct and manage their own services and supports is important to many individuals who need the home- and community-based services (HCBS) provided through state Medicaid programs. These self-directed models may also be known as “consumer direction” and “participant direction” when referring to specific states’ programs. In these models, individuals direct many or all of their own HCBS, including selecting and managing direct service workers and/or managing a budget for needed services. Self-direction allows

Faculty



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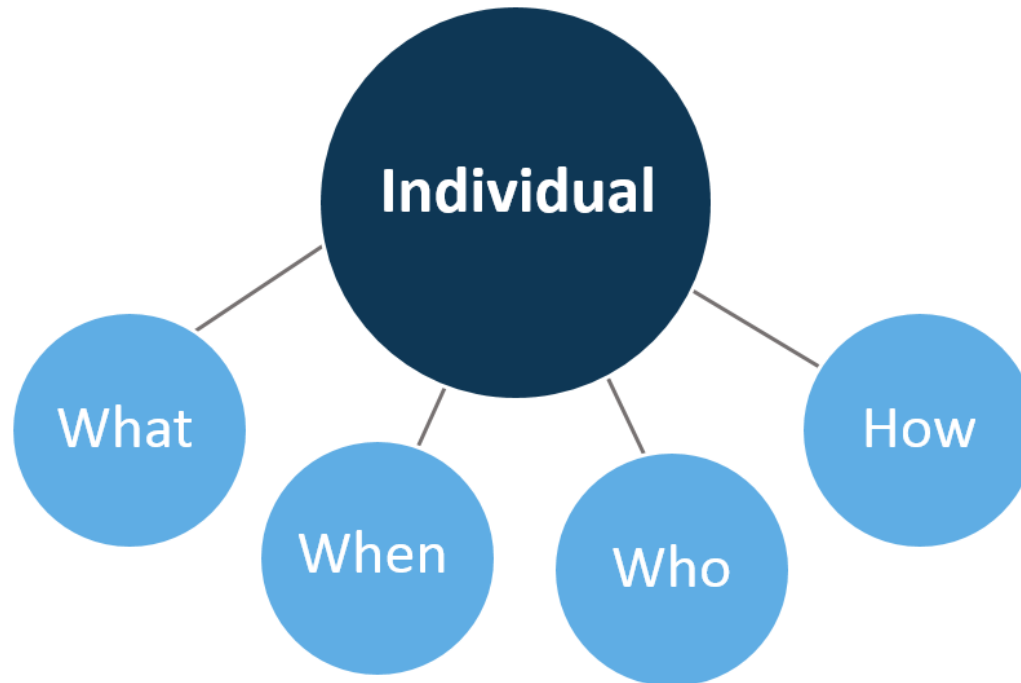
Curriculum Learning Objectives

- Provide the foundation for a train-the-trainer model
- Increase understanding and appreciation for:
 - Benefits of self-direction
 - Role of individuals in choosing a self-directed service delivery model
 - Supports available to individuals who elect the option
 - Effectively providing those supports
- Incorporate principles of self-direction into current practice
- Identify measures to streamline the enrollment process through consistency and resources and ensure quality

This Module Will Cover

- Defining self-direction
- Research findings
- Growth
- Assumptions
- Shift from traditional case management to person-centered practices
- More on person-centeredness

Defining Self-Direction



- Those who provide care or services are accountable to the individual and/or representative
- The freedom for one to plan his/her own life

Research Findings

- Health and welfare

- Same or better health outcomes
- Very few incidents of reported abuse, neglect, or exploitation

- Service use

- Modest increase in obtaining personal care and equipment
- Individuals more likely to obtain services they need
- When needs are met, use of higher-cost services is reduced

- Caregiver reaction

- More satisfied with care arrangement
- Expressed less emotional strain
- Most felt well-trained to perform duties



Research Findings

- Positive influence on the quality of life
 - Increased satisfaction
 - Enhanced feeling of safety
- Improves access to services
 - Individuals receive necessary services
 - Significantly reduces unmet needs
- Promotes life in the community
 - Was shown to reduce nursing facility placements even more than traditional services provided through an agency



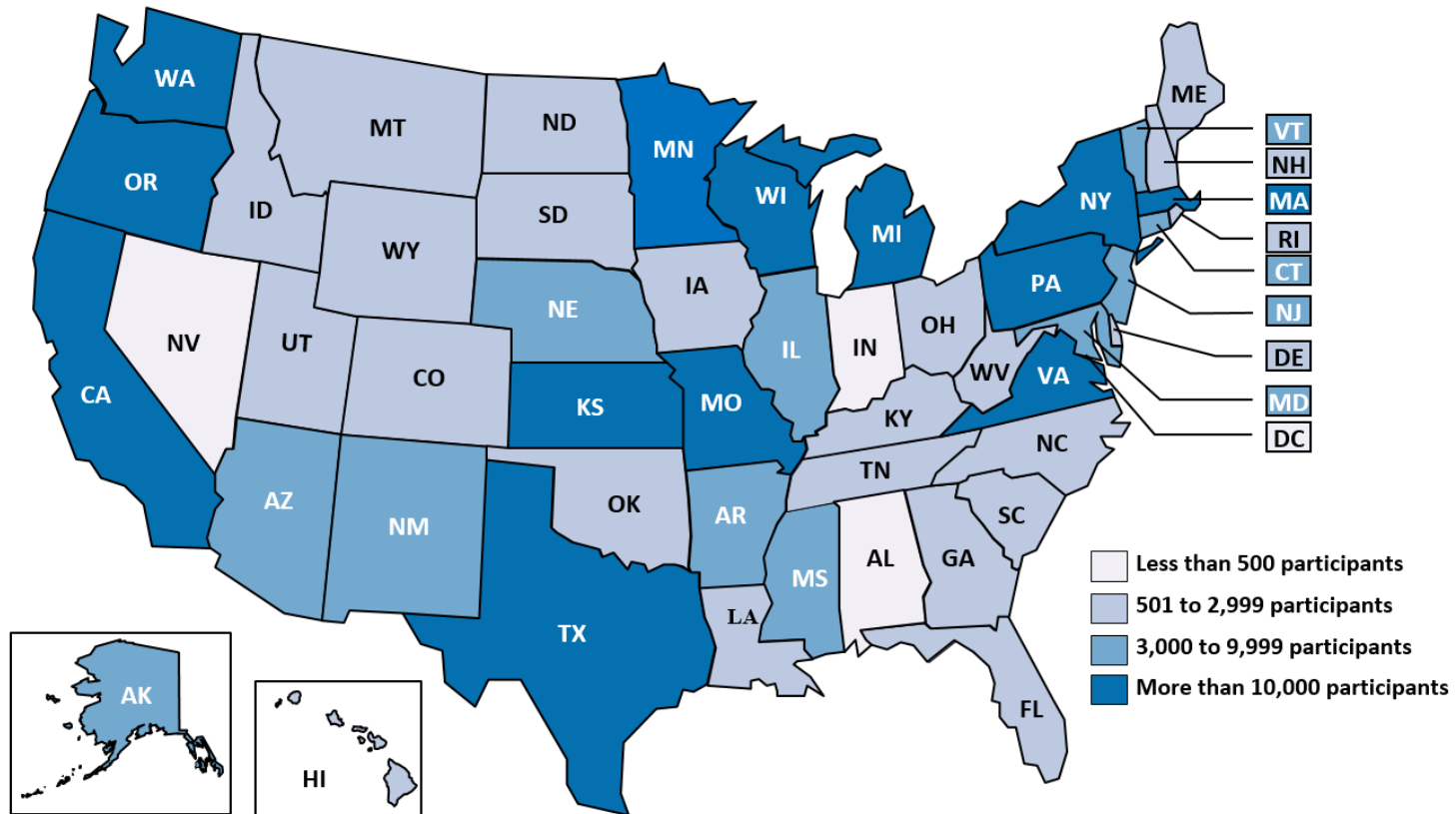
Why Self-Direction Is Right for Many

- Allows greater access to services in rural and underserved areas
- Promotes cultural uniqueness of individuals with workers
- Allows individuals to be served by attendants they know and trust
- Costs same or less than traditional personal care services
- Facilitates easier access to services on nights and weekends
- Flexible budgets—which may be referred to as service cost maximums in some states—allow individuals to have greater control over life in the community
- Expands labor force by creating new opportunities for caregiver employment

Self-Direction Enrollment and Program Size

- Total enrollment is approximately one million beneficiaries nationally
- More than 270 programs
- Average program size is about 3,500 beneficiaries
- Largest funder of self-directed services is Medicaid – waivers, demonstrations, and state plan services
- California operates using the self-directed system – traditional services available infrequently
- All states have at least one self-directed program

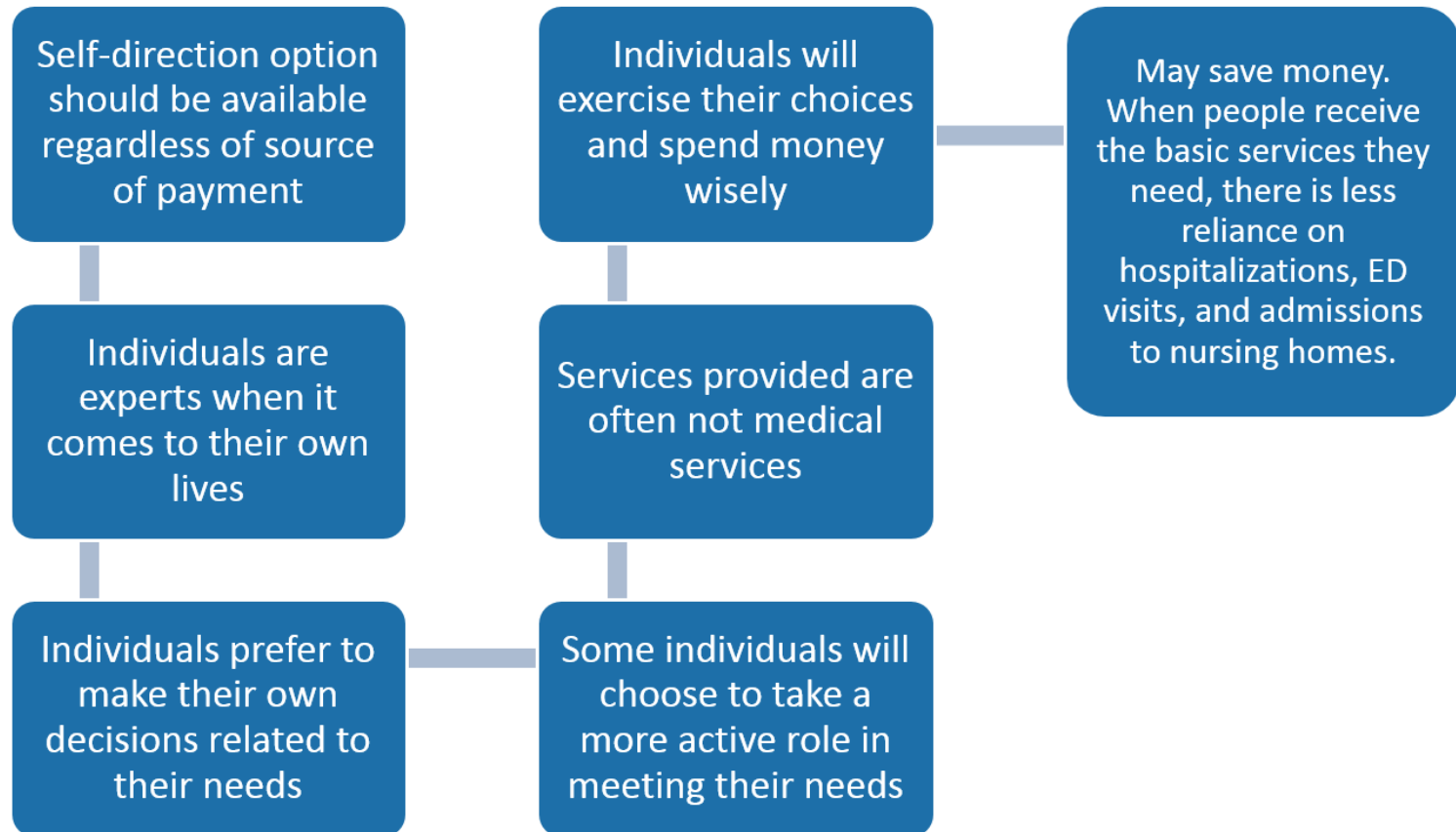
Majority of States Have 1,000 – 5,000 Participants



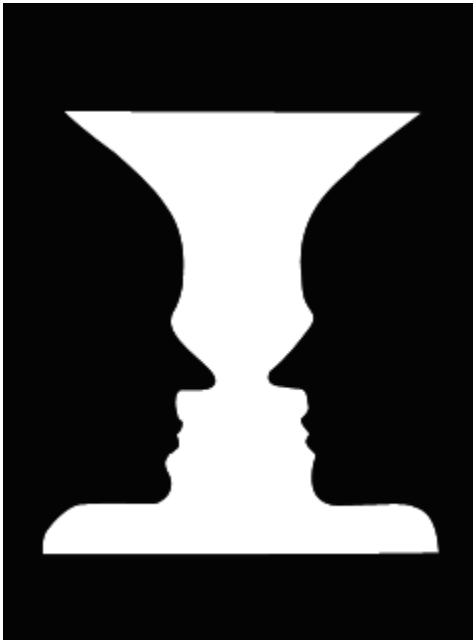
Commonly Used Terms

- Consumer, participant, individual, beneficiary, or member
- Case manager, counseling, care manager, support coordinator, support broker, and service coordinator
- Representative
 - Person appointed by the individual to assist in directing services; always unpaid
- Financial Management Services (FMS)
 - Appointed to assist an individual to manage fiscal employment and/or budget responsibilities
- Attendant
 - Someone chosen by the individual to provide direct personal assistance. May include friends and family
- Individual Budget
 - An allocated amount of funds that a individual can use to hire attendants and/or purchase other goods and services to meet their support needs*

Assumptions of Self-Direction



The Paradigm Shift from “Expert” to Coach and Trainer



What is a Paradigm Shift?

- “one conceptual world view is replaced by another” (Thomas Kuhn, 1962)
- A change from one way of thinking to another

Advancing Person-Centered Practices

CMS HCBS Final Rule - 2014

Person-centered planning processes must reflect cultural considerations of the individual, meet the needs identified through an assessment, and reflect what is important to the individual's preferences, goals and desired outcomes.

Section 2402(a) of the Affordable Care Act

States would support HCBS beneficiaries in maximizing their independence through the use of client-employed providers and in the design of an individualized, self-directed, community-supported life. States would also assure effectiveness of eligibility determinations and individual assessments, as well as monitor providers and systems for role-setting and individual budget determinations.

CMS Quality Strategy

Incorporates the principles of person-centered practices throughout CMS' operations.

Practicing Person-Centered Planning


- The art of discovering what is important to the person
- A system of ongoing listening and learning and reacting to discussion
- Influence of program staff is very limited (if at all)
- Creative problem-solving is used
- Significant reliance on individual input to identify and meet needs
- Facilitating, not managing
- Approach is personalized to each individual
- Power shifts from case manager to individual
- Conveys consequences of responsibility and decisions to individual
- Seeks to develop a shared understanding of the person and his/her situation

Shifts in Responsibility



Traditional System

- Relationship is between the program and the provider
- Provider is accountable for health, welfare, and outcomes

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- Individual is responsible for decision-making, safety and adequacy of services and supports
 - Effectiveness and quality are measured by the individual



Person-Centered Practices

The Person-Centered Discovery Process: The Conversation

- What is important to you?
- Describe a really good day for you. A bad day?
- Do you like where you live? If yes, why? If no, why? Did you select the place where you live? Do you feel safe? What would make you feel safer?
- What do you feel you do really well?
- What do you need help with?
- Who would you like to spend more time with?
- Are there things you wish you could do more of? Less of?
- What do you need to be happy, healthy, and safe?
- Who helps you best?
- What do people like and admire about you?
- What would your situation be like in three months? What would you like to change in the next three months? What would you like not to change in the next three months?
- Is there anything else you can tell me about what would make you happy?

Proving You Practice Person-Centered Planning

- Have the conversation – find the person’s “voice”
- Develop a sense or picture of the person, what they want and what they say they need
- Explore preferences and possibilities of what they hope for
- Examine current formal and informal resources and remember there may be untapped resources
- Restate what you have heard
- Assist with developing a personalized plan that implements the short-term and long-term goals
- Document this in the record
- Revisit the plan – make changes to achieve success

Module 1 Takeaways

- Self-direction empowers individuals to make their own decisions about the services they receive
- Research reveals positive outcomes for those electing the option
- Over a million beneficiaries currently use self-direction as a service delivery model to meet their needs
- Federal standards require a more person-centered approach

Tools and Resources to Accompany This Curriculum

- Permissible Goods and Services in a Self-Direction Program
- Video and Facilitator's Guide: Person-Centered and Participant-Directed Services – Implications for Practice
- Individuals' Rights and Responsibilities in a Self-Direction Program
- A Questionnaire to Assess Individuals' Ability to Self-Direct Services
- Representatives' Responsibilities in a Self-Direction Program
- A Questionnaire to Assess Potential Representatives in Self-Direction Programs
- Policies and Procedures Manual Topics for a Self-Direction Program
- Frequently Asked Questions on Self-Direction in Managed Care
- Roles and Responsibilities in a Self-Direction Program
- Available at www.integratedcareresourcecenter.com

About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees
- ICRC provides technical assistance (TA) to states pursuing integrated care, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <http://www.integratedcareresourcecenter.com> to download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org