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

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# Module 4: Operating and Managing Self-Direction in a Medicaid Managed Care Context

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 managed care
  - 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
  - Reducing resistance

The Complete Training Curriculum

Available at:

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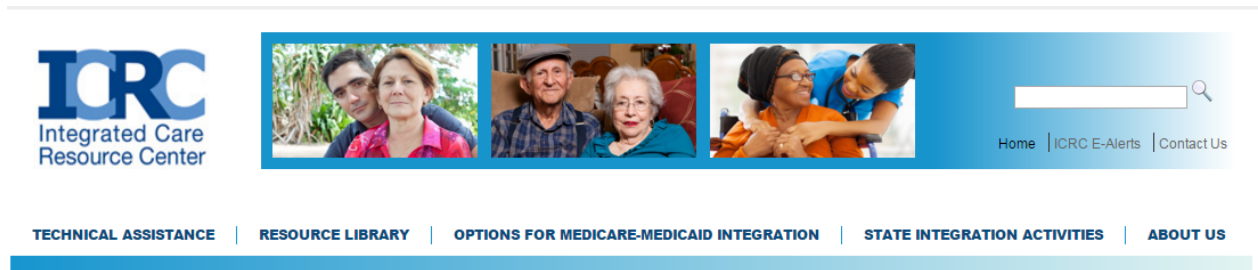
Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers

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-directed practice
    - Role of individuals in choosing a self-directed model
    - Supports available to people 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:

- Developing the self-directed care plan
- Developing an effective backup plan
- Managing risks
- Quality monitoring
- Resources

Developing the Self-Directed Care Plan

- Determine the individual budget amount (i.e., service cost maximum) through a standardized process that is equitable across individuals, and then relay the budget (service cost maximum) amount to the individual

- Identify issues and apply strategies to reduce the probability of a risk

- Ask individual how he/she wants to spend budget (hire attendant/ purchase permissible goods and services*)

- Assist the individual to determine a rate of pay for attendant, if the program allows this

- Determine example scheduling (what to do and when)

- Develop a back-up plan

- Determine level of support required for successful self-direction

- Disagreements between case manager and individual might be managed with internal conflict resolution process

* See "Permissible Goods and Services in a Self-Direction Program." Available at: http://www.integratedcareresourcecenter.net/integrationResourceLib/SDtraining.aspx

Developing a Backup Plan

- CMS requires a backup plan be developed for each individual receiving HCBS, including in a managed care context

- The plan should address contingencies such as emergencies, including the failure of an attendant to appear when scheduled, to provide essential services when the absence of the service presents a risk to the individual's health and safety

- Plan must be crafted to meet the unique needs and circumstances of the individual

- Must be documented in the case file

Option to Create a Backup Plan

- Arrange for another paid attendant to be "on call"
  - May require the attendant to complete employee information with the FMS
  - May require additional training for this attendant, if the individual indicates such training is needed

- Coordinate with a traditional provider agency

- Identify a family member, friend, or neighbor to supply needed assistance, whether paid or unpaid

- Regardless of method, the backup should be tested for effectiveness routinely
  - Periodically have individual call the back-up contact and ask if he or she is available
  - This discussion should occur with each visit

Comparing the Two Models

- Traditional Agency Model

  - Provider held responsible for health, safety, and accomplishing outcomes

  - Exercises accountability through control of the service delivery plan

  - Program emphasis on safety and management of liability

- Self-Direction Model

  - Shifts authority, responsibility, and decision-making from provider to individual

  - Provides flexible approach to services and supports

  - Individual is primary authority to balance safety, adequacy, accountability, quality, and performance

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Risks Specific to Self-Directing

- Associated with the additional responsibilities related to the individual managing his or her own services and supports or being an employer

- Risks around not understanding program rules and responsibilities resulting in misuse of funds or not following program rules. For example, inability to stay within the allotted budget to pay for worker

- Ideal if the Financial Management Services (FMS) vendor—in states that use them—can control over expenditures within the system

Risks (continued)

- Risk of exploitation
  - Pressure to hire a family member when the individual does not want to hire this person
  - Pressure to pay someone for doing work he/she did not do

- Risk of neglect/self-neglect
  - Worker not performing the work required or doing so in an inadequate way
  - Workers not showing up for work, so care is not provided
  - Individual not adequately managing personal health issues

Potential Sources of Risk

- Environmental
  - Availability or lack of unpaid supports
  - Incidents of abuse, neglect, or financial exploitation
  - High family/caregiver stress
  - Burden of providing caregiving
  - Social isolation and lack of connectedness with others

- Behavioral
  - History of noncompliance with medication, diet, etc.
  - Displaying challenging behavior
  - Excessive alcohol and/or drug consumption
  - Lack of general well-being; inability to live joyfully with meaning and purpose
  - Lack of confidence to manage worker

Potential Sources of Risk (continued)

- Medical
  - Frequent hospitalizations or ED visits over a short period of time
  - High blood pressure, glucose, or cholesterol
  - Depression
  - Ability to make decisions or cognition issues
  - Fail to schedule sufficient hours to ensure assessed needs are met

- Physical
  - Falls (preventable accidents)
  - Physical inactivity or lack of exercise
  - Poor nutrition
  - Lack of sleep

Risk Management Process – Most States Delegate to the Health Plan

- Foundation is prescribed policy and procedures within the system

- Identify and describe risks during the Person-Centered Planning process

- Discuss potential interventions with individual

- Apply interventions

- Document discussions, recommendations, and all associated activity in the case file

* See "Policies and Procedures Manual Topics for a Self-Direction Program" Available at: http://www.integratedcareresourcecenter.net/integrationResourceLib/SDtraining.aspx

Applying Interventions – Tips for Case Managers

- What might prevent or reduce impact of serious risks?
- Ensure individual understands the consequences of his/her actions/inactions
- Increase level of services or supports
- Increase level of case management
- Provide peer support
- Obtain second opinion: other case managers, supervisor, family, friends, caregivers, state supervisors, independent mediator, or arbitrator using neutral party
- Recommend informal representative to assist in decision-making
- Access supported decision-making strategies
- Appointment of legal guardian
- Informed consent

Possible Interventions to Avoid or Mitigate Risks

- Ensure individual understands the program and agrees to follow program rules

- Ensure individual has adequate information about the consequences of misuse of program funding

- Ensure individual has sufficient information about the freedom to hire whom he or she wishes

- Provide individual with sufficient support to ensure self-direction is successful

- Designate a representative and ensure individuals understand the role of representative

Applying Interventions (continued)

- Present alternatives to reduce and minimize risks:
  - Add services to plan
  - Replace services in plan
- Provide individual skills training
- Provide worker skills training and educational opportunities
- Offer additional or alternative assistive devices
- Execute negotiated risk agreement
- Voluntary termination from program
- Involuntary termination from program

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Monitoring Strategies Case Managers Might Consider

- Are interventions working?

- Are new risks identified?

- Scope and duration depends on risk ranking

- Telephone contacts, face-to-face visits, representative contacts

When Self-Direction May Not Work…

- Ideally, case managers can identify when self-direction is not working and take immediate action

- Marked deterioration of health due to poor choices

- Potentially harmful/hurtful to others due to poor choices

- Misuse of funds after interventions are applied

- Substantiated report to Adult Protective Services after interventions are tried

Defining and Monitoring Quality

- Measuring and monitoring quality is necessary when using a self-directed model, but the shift in roles takes place

- New models for measuring and monitoring will need to be built into programs

- Monitoring may be more frequent – make additional phone calls

- Case managers should talk with the FMS vendor to obtain an entire picture of the self-directed situation

Additional Monitoring Strategies

- Ensure individuals know what is expected of them

- During training meeting, talk about self-direction – What is good? What is not so good? Discuss……

- Apply specific performance measures to FMS
  - Time it takes to enroll in self-direction
  - Number of late timesheets or delayed payment to attendant
  - Number of unresolved telephone conversations

- Periodically review Medicaid service utilization; i.e., is self-directing compromising a person's health and safety?

Additional Monitoring Strategies

- Case managers can assist with monitoring how the FMS performs its duties
  - Are payroll and budget issues resolved quickly?
  - Do certain individuals have continual timesheet submission issues?
  - What is the frequency of late or inaccurate timesheets?
  - Some use voice verification systems
  - Periodic home visits and monthly calls

Module 4 Takeaways

- Service planning for self-direction involves additional considerations:
  - Back-up plans become critical to safeguard health and safety
  - Additional risks may be experienced with self-direction
- Self-direction may not be a good fit for everyone
- Additional quality considerations for self-direction are required:
  - Individual capacity to make decisions
  - Additional responsibility is assigned to individual
  - All involved must follow program rules

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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