Participant-Direction in Health Payer Contracting for Centers for Independent Living

ILRU
Aging and Disability Business Institute
Webinar Instructions

Audio Options
Use your computer speakers, OR dial in using the phone number in your registration email.
All participants are muted.

Questions and Answers (Q&A)
You can submit questions for the panelists at any time during this presentation. On the Zoom module on the bottom of your screen, click the Q&A icon, type your question in the box and submit.

Chat Feature
The Chat feature allows webinar attendees, the host, co-hosts and panelists to communicate for the duration of the webinar.
Accessibility

Screen Reader Users: Reduce unwanted chatter
• Request speech on demand: Insert, Spacebar, “S”

To get our attention if you need tech assistance:
• Raise or Lower Hand: Alt + Y
Welcome to Participant-Direction in Health Payer Contracting for Centers for Independent Living

The Aging and Disability Institute values your perspectives on the effectiveness and usefulness of this webinar. Near the conclusion, we will ask you to complete an evaluation survey. The survey will appear on your screen. Please complete and submit the form. This evaluation is important. We take your feedback seriously.
Participant-Direction in Health Payer Contracting for Centers for Independent Living

- Molly Morris, Vice President, Applied Self-Direction
- Suzanne Crisp, Senior Advisor, Public Partnerships Group, LLC
- Amber O’Haver, Chief Revolutionary Officer/Owner, Disability Revolution
- Moderator Richard Petty, Director, IL NET Training and Technical Assistance Center for CILs and SILCs
Self-Direction Overview
What is Self-Direction?

Self-direction, sometimes called consumer direction, participant direction or self-determination.

▪ Self-direction is a model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence in their home and community.

▪ The person decides how, when, and from whom their services and supports will be delivered.

▪ As a model, self-direction prioritizes the person’s choice, control, and flexibility.
What is Self-Direction?

Participant has choice and control

What
Who
How
When
Traditional Services

- Workers recruited and report to agency
- Program and agency set tasks
- Agency specifies salary and benefits
- Normal work hour schedule
- Case managers determine needs & services
- Worker training required by agency

Self-Directed Services

- Recruits and manages workers
- Makes decisions about needs and services
- Trains/arranges worker training
- Assigns flexible work hour schedule
- Sets tasks
- Specifies salary and benefits (optional)
- Case managers determine needs & services
- Worker training required by agency
- Program and agency set tasks
- Agency specifies salary and benefits
- Normal work hour schedule
Self-Direction By State

Data source: 2023 Self-Direction National Inventory
Continuum of Self-Direction

Individuals share feedback and preferences with agency

Individuals have \textit{EMPLOYER AUTHORITY} to hire, manage, and fire workers

Individuals have \textit{EMPLOYER} and \textit{BUDGET AUTHORITY} to make flexible purchases of goods and services

Self-Direction Program Components

**Person Self-Directing (Participant)**
Manages and directs services and supports, including being the employer

**Information & Assistance (I&A)**
Provides guidance and resources on all aspects of self-direction, including support and encouragement

**Financial Management Services (FMS) Entity**
Supporting the regulatory and financial responsibilities of the self-directing participant
Participant's Role: Most Important

- #1 priority
- Self in self-direction
- Ultimate decision maker
- Other names include:
  - Employer
  - Client
  - Consumer
- Manages and directs services and supports
Participant’s Responsibilities

- Understands and accepts the responsibilities of self-direction
- Works within program guidelines
- Works with case manager to create a person-centered plan
- Follows spending plan
- Hires staff: is the employer
- Purchases goods and services if program allows
- Openly communicate
- Ask for assistance when needed
Information & Assistance Role

- Provides information and assistance to the participant to ensure the participant can be successful when self-directing
- Differs from the role of a traditional case manager
- Differs from ‘Information & Referral’
- Other names for this role used nationally include:
  - Support Broker (IN will use this term)
  - Support Coordinator
  - Options Counselor
Information & Assistance Responsibilities

- Provides guidance, resources, support and encouragement on all aspects of self-direction
- Empowers vs. manages: “Important To” vs “Important For”
- Works with the participant to create a person-centered plan
- Informs the participant of self-directing responsibilities and independence
- Provides tools for continued success
  - Problem solving!
- Cares about participant’s goals and personal outcomes
Financial Management Services (FMS) Entity Role

- Supporting the regulatory and financial responsibilities of the self-directing participant, including fiscal, reporting, budget and employment responsibilities:
  - Employer must be designated
  - Taxes withheld and deposited
  - Insurance must be paid
FMS Entity Responsibilities

- Complete financial transactions based the spending plan of a participant
- Ensure participants comply federal, state and program requirements, including those of an employer (hiring, training requirements, reporting)
- Communicate about spending or payments with the participant and their team (case manager, broker, representative, employee etc.) as needed
- Generate regular reports
## Two Models of Financial Management Services

<table>
<thead>
<tr>
<th>Fiscal/Employer Agent (F/EA) (Fiscal Intermediary) Vendor or Gov’t Model</th>
<th>Agency with Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant (or their representative) is the sole common law employer</td>
<td>Co-employment: Agency is the common law employer, and the participant (or their representative) is the managing employer</td>
</tr>
<tr>
<td>Participant usually assigns work, schedules, and supervises</td>
<td>Participant usually assigns work, schedules, and supervises, but agency have some say in the scheduling</td>
</tr>
<tr>
<td>The participant sets their own qualifications for the worker</td>
<td>Agency may have additional training requirements and standards for workers</td>
</tr>
<tr>
<td>Minimum hiring and training standards from the state, usually related to safety of the participant.</td>
<td></td>
</tr>
<tr>
<td>FMS role is limited to payroll, regulatory functions and reporting</td>
<td></td>
</tr>
</tbody>
</table>
Self-Direction LTSS Funding Sources

- Medicaid
  - Offers self-directed services under a variety of federal authorities under the Social Security Act (e.g., §1915(c), §1915(i), §1915(k), and §1115 Demonstration and Evaluation)

- Veterans Health Administration (VHA)
  - Veteran Directed Care (VDC)
  - 4,400 Veterans in 42 states plus DC and Puerto Rico

- State Revenues
  - For example, Minnesota Consumer Support Grant
History of CILs and Self-Direction

- Self-direction history is deeply rooted within the independent living movement

- Early versions of self-direction were developed and advanced by independent living leaders
  - Ed Roberts and other activists launched a self-direction attendant care program at the University of California at Berkeley in the late 1960s
  - In 1972, self-direction was made available more broadly with the formation of the nation’s first Center for Independent Living (CIL)
The Role of CILs in Self-Direction

- The eventual adoption of self-direction more widely across the country was often seeded with the support of CILs

- The degree of involvement of CILs in self-direction programs varies considerably from state to state
  - Support for self-direction is well-aligned with the five core services of CILs, including:
    - Peer Counseling
    - Information & Referral
    - Individual and Systems Advocacy
    - Independent Living Skills Training
    - Life Transition Assistance
  - Some CILs contract with states to provide Financial Management Services (FMS) or to deploy Support Brokers
Common Features of the ILM and Self-Direction

- De-medicalization and de-professionalization culture
- De-institutionalization goals
- Consumer-driven practices and thinking
- Community integration
- Individual responsibility
- Empowerment- self-help
- Equality and equity
- Choice, control, and quality services
- Control of goods and services promoting independence/interdependence
Challenges to the ILM and Self-Direction

- Workforce shortages
- Unfounded perception that individuals will misuse funding if provided directly to them.
- Apprehension about paying legally responsible individuals
- Major state decision-makers are unfamiliar with the principles of ILM and self-direction.
- Competition for funding between the elderly community, the disability community, and funding service individuals with developmental and intellectual disabilities.
- Failure to conduct reliable cost studies.
- The Electronic Visit Verification System has been difficult to implement.
- Fair Labor Standards Act interpretations may be difficult to implement.
Collaboration Points - Advocacy

• CILs can:
  • Use their position to educate and inform state decision-makers, including legislatures, about the value of personal empowerment, choice, and control.
  • Offer detailed information about self-direction – eligibility requirements and options to access services.
  • Help with identifying underserved areas.
  • Influence policy, laws, and budgets.
  • Assist with ensuring quality services.
  • Conduct personal experience surveys.

• Self-directed advocates can:
  • Identify instances to unite on common political topics.
  • Serve on CIL and Self-Directed committees, advisory boards, and councils.
  • Teach local CILs and health care payers about Self-Directed opportunities
Collaboration Points – Providing Direct Services

• CILs might consider:
  • Becoming an Agency with Choice or Fiscal Employer Agent vendor for self-directed services.
  • Becoming the required information and assistance provider for self-directed services.
  • Create training modules for self-directed direct care workers.
  • Actively becoming a paid provider to offer service coordination with transitions.
  • Develop a training curriculum for service coordinators.
  • Train individuals self-directing to be an employer or co-employer, manage an individual budget, and purchase goods and services.
  • Produce a direct care worker registry or system to “match” individuals with direct care workers.
    https://www.medicaid.gov/sites/default/files/2023-12/cib12122023_0.pdf
  • Build a community procurement system to offer reasonably priced goods and services.
Participant-Direction in Health Payer Contracting for Centers for Independent Living Evaluation

The Aging and Disability Institute values your perspectives on the effectiveness and usefulness of this webinar. Please complete the evaluation survey form. The survey will appear on your screen. After you complete the form, submit it by clicking the link provided. This evaluation is important. We take your feedback seriously.
Disability Led-Entities & Health Payer Contracting Examples / Opportunities

January 30, 2024

Amber OHaver, Chief Revolutionary Officer

#DisruptingTheStatusQuo
FISCAL MANAGEMENT SERVICES (FMS)

- Partnering and investing in Disability-Led / Owned / Directed Entities is key to furthering equity and opportunity.

- FMS start-up is hindersome, but Health Payers may have the unique ability to support and mentor CILs and Disability-Led Entities with new business ventures in the managed care space (like FMS).

- Kansas CILs as FMS entities.
INFORMATION & ASSISTANCE (I&A)

Typical I&A Providers in States

• Area Agencies on Aging (AAAs) and Aging & Disability Resource Centers (ADRCs) are the largest provider of I&A in the country
• FMS entities have also provided I&A
• Potential Conflicts & Challenges with these entities doing I&A

Advantages of Disability-Lead Entities doing I&A

• Leverages Existing Skill-Set
• Support Brokerage
• Peer to Peer – Trust & Similar Lived Experience
• Pulse on local and state disability community
• Virginia CILs (Service Facilitation) Health Payer Contracts
EDUCATION & TRAINING (including TA)

For Who (via Health Payers)?
• Care & Service Coordinators
• Vendors & Providers
• Members & Beneficiaries with Disabilities
• Member & Beneficiary Caregiver Support

About What?
• Self-Direction 101
• Self-Direction as a Solution to Workforce Shortage
• Self-Direction as a Tool for Transition & Diversion
• Self-Direction as a Mechanism to Foster Diverse Cultures & Communities
• Self-Direction as a Road / Path to Empowerment
• DSW Training for Peers with Disabilities (Emphasis on Self-Direction)
OUTREACH & STAKEHOLDER ENGAGEMENT

- Community Listening Sessions for Members & Beneficiaries on Self-Direction
- Focus Group Facilitation / Support of Members & Beneficiaries on Expansion & Enhancement of Self-Direction
- Recruitment for Member & Beneficiary Advisory Sub-Committee on Self-Direction
- Facilitation Support of Member & Beneficiary Advisory Sub-Committee on Self-Direction
- Conduct Members & Beneficiaries Health Payer Satisfaction Interviews / Surveys on Self-Direction
EMPLOYMENT REFERRAL SOURCE

• Partner with CILs / Other Disability-Lead / Driven Entities for employment referrals of consumers for open health payer positions

• Recruitment and marketing pipeline for consumers / peers with disabilities seeking Direct Service Worker employment opportunities to provide Self-Directed Home and Community-Based Supports / Services for fellow peers with disabilities (Attendant Care, specifically) who are Health Payer members and beneficiaries
TRANSITION & DIVERSION

Health Payers can partner with Disability-Lead Entities to leverage self-direction as a tool / mechanism for deinstitutionalization and prevention efforts:

- Solution to address lack of Direct Support Workers
- Solution to address “care deserts”
- Solution to mitigate abuse and neglect
- Solution to better, more reliable quality care
THANKS / Q & A
Thank you for participating in this Aging and Disability Business Institute Training

The Aging and Disability Institute values your perspectives on the effectiveness and usefulness of this webinar. Please complete the evaluation survey form. The survey will appear on your screen. Please complete and submit the form. This evaluation is important. We take your feedback seriously.