

What Are the Essential Aspects of Individual Choice That Should be Incorporated in the 1115 Waiver? Worksheet 2

CHOICE OF:	DESIRED CHARACTERISTICS WHAT IT SHOULD LOOK LIKE	BARRIERS IN CURRENT SYSTEM AND POTENTIAL SYSTEMS CHALLENGES TO ADDRESS IN 1115 WAIVER	RECOMMENDATIONS FOR CHOICE. WHAT DO WE NEED TO HAVE IN MCO CONTRACTS TO ENSURE INDIVIDUALS HAVE CHOICE?
Care Management/Managed Care Organization	<ul style="list-style-type: none"> • Individuals should have choice of care management entities in the geographic regions where they live. • Individuals need to be able to distinguish between the advantages and disadvantages of their choices—i.e. informed choice of care management entities. • There needs to be reliable and transparent information available for individuals to make an informed choice between care management entities. • Individuals must have portability—ability to change care management entities. 	<ul style="list-style-type: none"> • Information on differences between care management entities (i.e., service providers not readily available). • No reliable/independent information available to compare quality between providers to make an informed choice. • Managed Care Organization rules (e.g., reserves) may prevent desirable providers from becoming a managed care organization. 	

<p>Service Provider</p>	<ul style="list-style-type: none"> ▪ Individuals and families should have choice over which qualified agency (ies) provide their needed supports and services. ▪ There should be an adequate number of primary and specialty providers in all geographic areas for individuals and families to choose from. ▪ Individuals and families should be able to choose from a diverse provider base which aligns with the individual’s interests and their cultural, community, and families histories. ▪ Individuals should be able to self-hire neighbors, relatives, friends, and other individuals to deliver some or all of their services to them (i.e., employer authority). ▪ Individuals should be able to easily and seamlessly change service providers if they want to access alternative services. 	<ul style="list-style-type: none"> • Individuals and families are challenged in determining which provider(s) in their region would best support their needs. • Many primary and specialty providers choose not to provide services to those w/intellectual disabilities or developmental disabilities due to the low Medicaid reimbursement rates. • Providers with all specialties and/or cultural diversities are not available in each region. • Many providers do not offer, support or encourage individuals and families to self-hire their staff. Agencies in particular are concerned about liability of staff they may not directly control • Current provider and OPWDD administrative practices often limit portability. • Lack of portability often limits the individual’s choices of providers and service options. 	<ul style="list-style-type: none"> •
<p>Services/supports that best meet the person’s needs</p>	<ul style="list-style-type: none"> ▪ A full array of services should be available in all geographic areas. ▪ Services should adapt to the individual rather than having individuals adapt to existing services. ▪ Specific services that best meet the person’s needs should be based on assessment, service 	<ul style="list-style-type: none"> • The breadth of available service options varies by geographic location. • The resources available for approved supports and services is frequently less than the service needs identified. • Not all services are promoted in each DDSO district. 	<ul style="list-style-type: none"> •

	<p>planning and the individual's life goals</p> <ul style="list-style-type: none"> ▪ Service coordinators, front-line responders, and other providers/ MCO representatives (?) should be well versed regarding the variety of service options available within the OPWDD, across other service systems, and within the generic community. [No Wrong Door]. ▪ Individuals and families should have more control and self-direction over the supports and services they choose to meet their needs. 	<ul style="list-style-type: none"> • Priority needs are not consistently managed across DDSO districts which results in varying availability and access of services. • Choice of services is often restricted to available options. • Not all service options are known by service coordinators and other front-line staff. • Seeking/Receiving services offered beyond those provided by the agency primary supporting an individual or family are often not promoted or encouraged. • It is difficult to access appropriate cross system supports. • Many generic community supports and services are not known to service coordinators and others. • Communities and community organizations are not well versed on how to support individuals with disabilities. 	
<p>Initial and On-Going Person-Centered Planning</p>	<ul style="list-style-type: none"> ▪ All individuals served should have the option of a person-centered life plan that is developed in conjunction with the person and others they may choose. ▪ The person centered life plan should be reviewed regularly 	<ul style="list-style-type: none"> • There is a lack of qualified person centered planning facilitators statewide. • Some agencies see person centered planning as a separate and distinct process that is too time intensive and not compensated for in their rates. 	<ul style="list-style-type: none"> •

	and revised appropriately based on the needs and goals of the individual.	<ul style="list-style-type: none"> The person centered planning process should be easily folded into the service plan or be used as the individual's service plan. 	
Self-Direction via Personal Resource Allocations/Individualized Budgets	<ul style="list-style-type: none"> A standardized assessment tool should be developed that can be used to determine equitable personal resource allocations statewide. Each person should have an individualized personal resource allocation. The personal resource allocation level should be known to each individual and/or their representatives. Individuals and families should be able to choose the level of responsibility they want related to hiring their own staff (employer authority) and/or managing their individualized budget/resource allocation (employer authority). Portability of resource allocations should be seamless and easily accomplished 	<ul style="list-style-type: none"> We do not currently have a standardized needs assessment instrument and/or assessment tool that is consistently applied to all people we serve. The payment systems and funding are largely committed to institutional, more traditional, services rather than to flexible service options. Many services have different funding (fee) structures – even within a given agency. Resource availability for approved supports and services is frequently less than the service demand. Ensure that individualized service options are easier to access. The infrastructure to support more individualized service options is not well developed and differs geographically. 	<ul style="list-style-type: none">
Independent Advocacy	<ul style="list-style-type: none"> Individuals and families should have choice of an independent advocate/advocacy organization Individuals should have the ability to choose an independent 	<ul style="list-style-type: none"> In current system, MSCs are charged with independent advocacy, however, service coordinators often feel compromised between advocating 	<ul style="list-style-type: none">

	<p>advocate to help them navigate their choices and options.</p>	<p>for the person served and sense of commitment to the purse strings of the agency they work for.</p>	
<p>Employment/Meaningful Activities</p>	<ul style="list-style-type: none"> ▪ Each individual should have a choice of whether they want to be employed and what kind of work they want to do. ▪ For individuals who want to be employed, access to adequate employment related services should be provided to support them. ▪ Appropriate supports should be available to assist people to volunteer or participate in communities in other meaningful, productive ways. ▪ Build greater partnerships and utilization of community and natural supports. 	<ul style="list-style-type: none"> • Presently OPWDD serves over 45,000 people in various day habilitation programs and only 9,000 people in supported employment (SEMP). • There are few if any incentives for agencies to support people to utilize SEMP vs. day programs options. • Community businesses and organizations need to become more versed regarding the mutual benefits of supporting people with disabilities in work and volunteer opportunities. 	<ul style="list-style-type: none"> •
<p>Living arrangement</p>	<ul style="list-style-type: none"> ▪ Each individual should have the choice of where they live and who they live with. ▪ Support the right of individuals to live in the most appropriate and restrictive community setting with an equitable level of resources and services as appropriate for their individual needs. ▪ Use of assistive technology and environmental modifications to 	<ul style="list-style-type: none"> • Many people reside in our system based on what choices were available at the time they came into the system versus where they wanted to. • Many people residing in supervised residences have the same developmental profiles as those living in supported residential sites or living on their own in the community with intermittent supports. • Creative options such as live-in 	

	support individuals to live more independently in their communities of choice	caregivers, companions, etc. need to be developed that will enable people to live in their communities of support with less costly and formal supports.	
Choice of Community Integration Activities and Choice of how to spend free time.	<ul style="list-style-type: none"> ▪ Individuals should have the choice of what activities they want to participate in that are meaningful to them. ▪ Where appropriate, the person centered planning process would be used to help determine areas of interest for individuals we serve. ▪ Appropriate supports should be made available to support people in meaningful community activities. ▪ Appropriate supports should be made available to support people to build and sustain meaningful relationships. ▪ More focus placed on building greater partnerships within communities and utilizing community and natural supports to support people we serve. ▪ Use of more generic transportation options. 	<ul style="list-style-type: none"> • Staffing considerations often prohibit the ability of individuals we serve to participate in activities that are meaningful to them or to become regulars in places that match their interests. • Administrative practices often discourage independence. • The use of community supports have not been strongly encouraged, largely due to fear and liability issues. 	•
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