



**Office for People With
Developmental Disabilities**

Self-Direction: Transformation Panel Discussion and Recommendations

March 10, 2015

Agenda

- Overview of current Self-Direction model
- Data related to Self-Direction
- Fiscal Intermediary Payment and Service Changes
- Experiences in Self Direction
- Discussion and Preliminary Panel Recommendations



Self-Direction

Today's meeting focuses on self-direction, the key question for us to answer is:

How can we ensure that self-direction is a viable and desired option for many people in our system?



History

- New York began self-directed services, initiated by Robert Wood Johnson Foundation in 1998, for 24 individuals.
- New York was one of the first states to have a self-direction program approved as part of its federal Medicaid waiver program.
- OPWDD's self-direction program and methodology was originally called Consolidated Supports and Services (CSS).
- In February, 2014 CMS informed OPWDD that the CSS model was non-compliant with federal guidelines.
- OPWDD developed a new model and assisted individuals self-directing their services through CSS to convert their self-direction plans to compliant model.
- OPWDD implemented the new model of self-direction on October 1, 2014



What is Self-Direction?

- Self-Direction is not a service, it is a way in which services are delivered.
- The individual with developmental disabilities, or the person who helps them, controls services by purchasing supports in line with a person-centered plan and manages the staff who provide their support.
- Providers develop structures that help the person self-direct their services – they do not “deliver” self direction.



The Importance of Self-Direction

OPWDD is emphasizing the use of Self-Direction because it provides the individual with:

- The most control of support and service plan development
- The ability to truly drive the person-centered planning process
- A clear focus on the person as opposed to a service delivery model



Self-Direction Options

- Agency Supported Self-Direction
 - Person uses employer authority (manages staff)
 - Provider paid the service rate
 - MOU defines relationship
- Self-Direction using Budget Authority
 - Personal Resource Account (PRA) established
 - Person works within the PRA
 - SD Budget is established



Agency-Supported Self-Direction

Individual Purchases HCBS services from a voluntary Medicaid provider

- Individual selects staff and agency hires staff (co-management)
- Person has employer authority
- Agency is Employer of Record
- Wage within agency scales for staffing

Individual chooses to purchase services at provider wage which includes:

- Clinical Oversight
- Backup Staffing
- Program Management
- Behavioral Training



CSS Model (Old Model)

$$\begin{aligned} & \text{Self Hired Staff} \\ & + \\ & \text{Purchased Services} \\ & + \\ & \text{Contractors/Vendors} \\ & + \\ & \text{State paid services/Housing subsidies} \\ & + \\ & 17.5\% \text{ Administrative Fee} \\ & = \\ & \text{CSS Price} \end{aligned}$$



Required Changes

CMS required the following changes:

- A change from a monthly unit of billing
- Each element in a person's CSS plan that is eligible for Medicaid funding must be separately billed to eMedNY.
- FMS reimbursement must be separately billed, and based on the level of support an individual elects to purchase.



Required Changes, continued

- Each self-directed service component in a person's CSS plan must be aligned with an HCBS Waiver service
- The rate paid for self-directed services cannot exceed the amount paid for provider-controlled services
- Medicaid payment is limited to the PRA, no exception to allow up to prior cost of services
- The effective date for the conversion of all CSS plans was 10/1/14.



CSS Is Now Self-Direction: What Remains the Same



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Employer Authority

The person self-directing their services, with support:

- Makes decisions about who works for them
- Recruits people to work for them
- Decides what they need staff to do to help them, how many hours of help they need, and when they need that help
- Supervises their staff and can change staff if they aren't satisfied



Budget Authority

The person self-directing their services, with support:

- Makes choices about the services they need and purchases them directly
- Develops an individual budget identifying their supports and services
- Decides what services are paid for and who is paid to provide them; the person decides how much to pay self-hired staff
- Manage their budget in a responsible manner



Benefits to Design Changes

- Integrates Self-Direction Opportunities into Fabric of System
- Clearly defined parameters result in less subjectivity and negotiation
- Streamlined process can result in quicker access to supports
- Continued opportunity to blend supports in more customized plan



Self-Directed Services Align with HCBS Services

HCBS Services that can be delivered using Self-Direction:

- Community Habilitation
- SEMP
- Respite



Self-Directed Services Align with HCBS Services

HCBS services that are available to people who self-direct using budget authority:

- Individuals Directed Goods & Services (\$10 per unit)
- Live-in Caregiver (monthly unit)
- Support Brokerage (1/4 hour unit)
- Fiscal Intermediary (monthly unit)
- Community Transition Services (one-time payment – also available to those not self-directing)



Self – Hired (FI Supports Person)

Self-Hired - Individual directs

- Staff Salary
- Staff Schedule
- Arrangements for Back-up Staff
- Person has option to be Employer of Record

FI Supports Individual with payroll/admin functions and other staffing supports as chosen (such as CPR training)

Individual Directed Goods and Services (IDGS)

Service Description:

- Are services, equipment, or supplies that addresses a need in the individual's service plan.
- For individuals living in non-certified settings.

Can be used for Transportation, Small Kitchen Appliances, Laundry services, Chore services

- Annual cap is \$32,000



IDGS Service Categories

- Camp
- Community Classes and Publicly Available Training/Coaching
- Coaching/education for parents, spouse and advocates
- Clinician consultants, independent contractors
- Clinician (Direct-Provision of Therapies/ Therapeutic Activities Not Otherwise Funded in the State Plan)
- Health Club/Organizational Memberships/Community Participation
- Household-Related Items and Services
- Paid Neighbor
- Self-Directed Staffing Support
- Transition Programs for Individuals with DD
- Transportation



Self-Direction

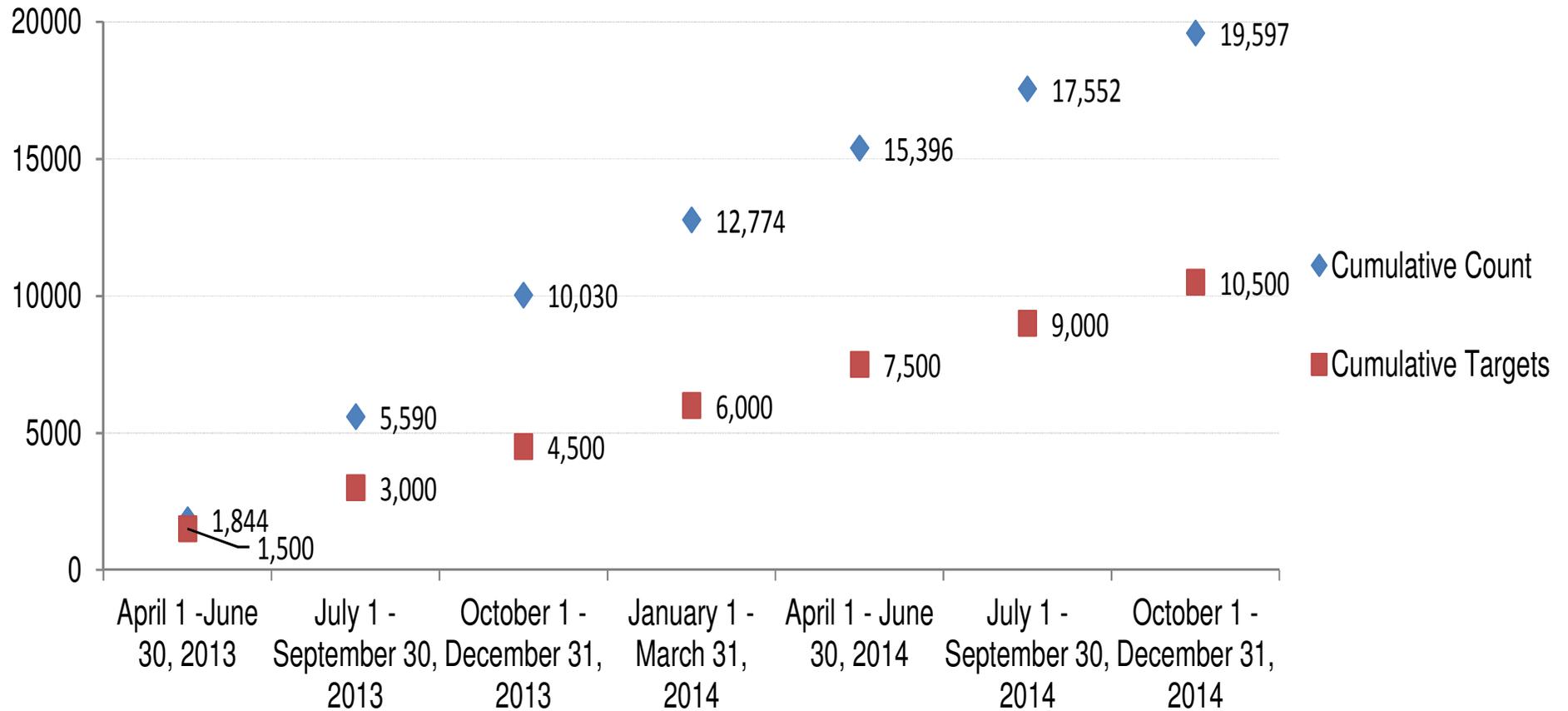
Data – Trends and Funding



Trend: Number of Individuals and Family Members Trained Per CMS Quarter



Cumulative Count Of People Receiving Self-Direction Education Training

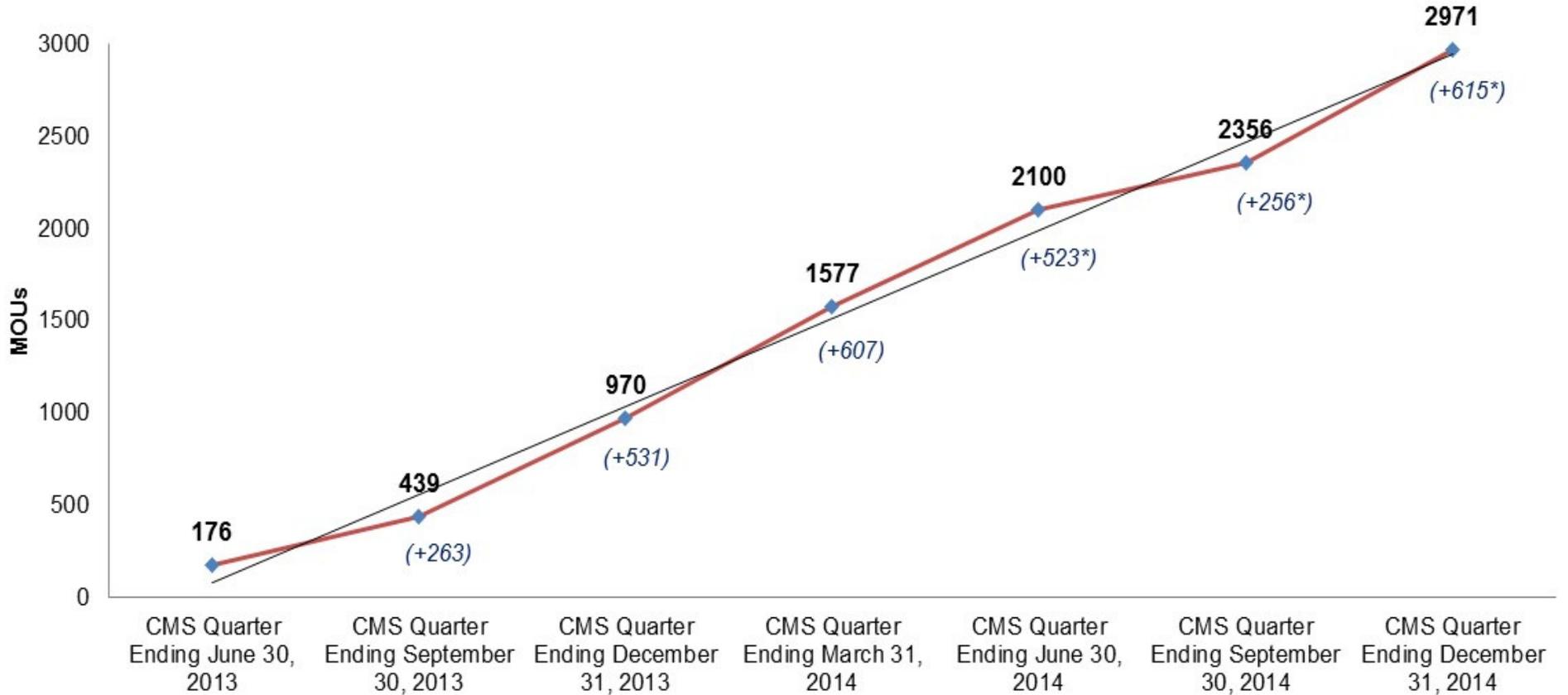


Trend: Agency-Supported Community Habilitation and Self- Direction Using Budget Authority



Agency Supported Self-Direction

March 5, 2015



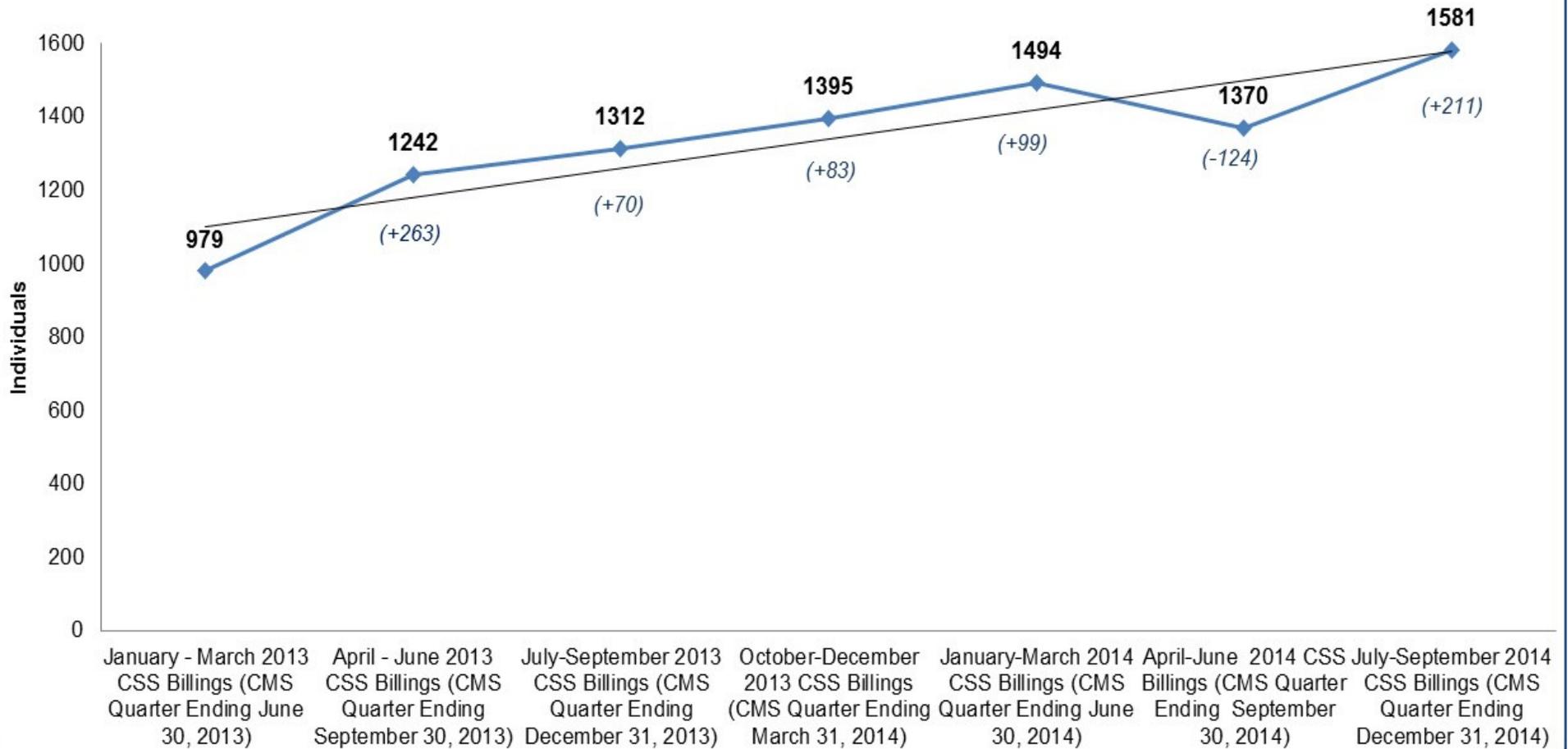
* includes new SD/CH MOUs from previous quarters and not previously counted



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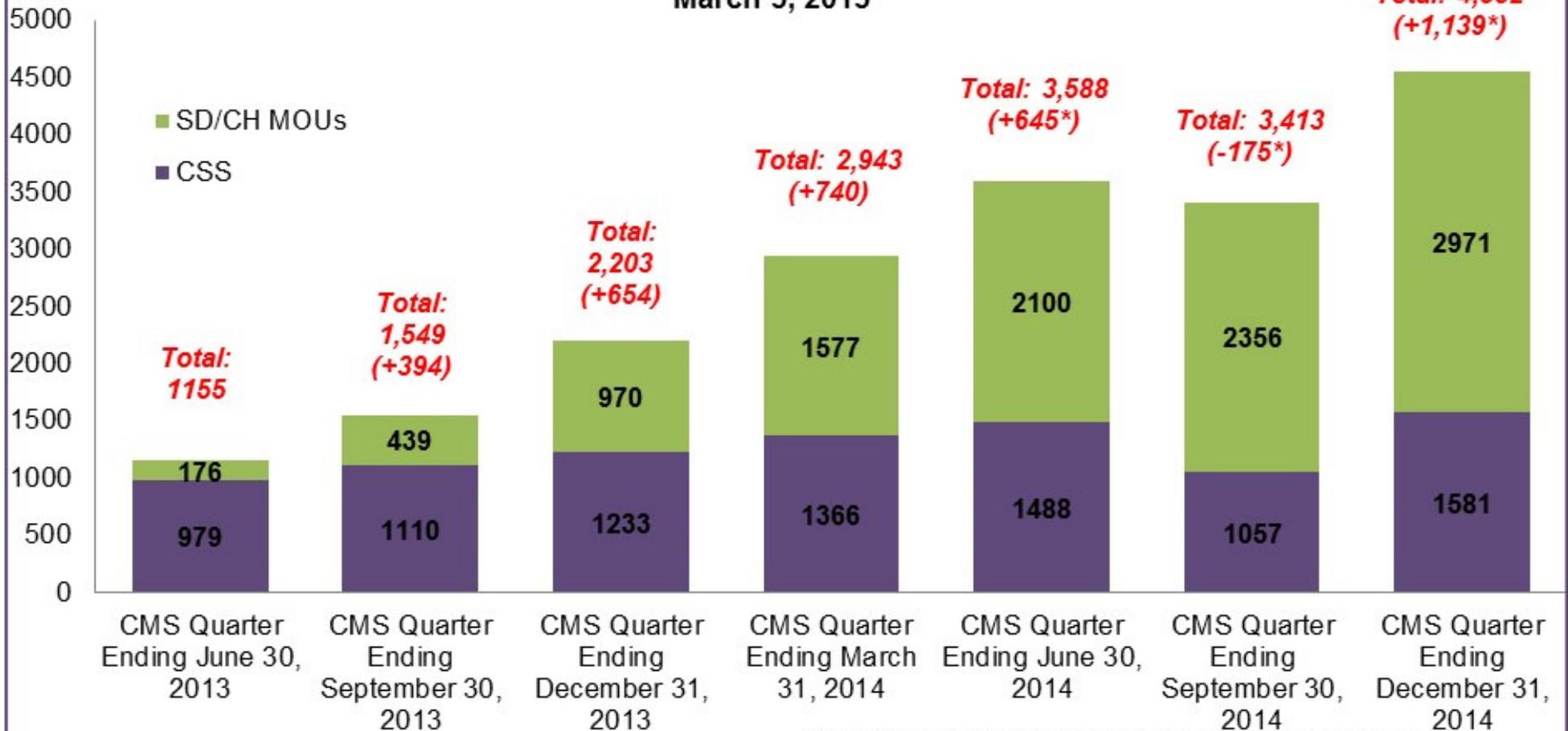
Self-Direction Plans

March 5, 2015



Total New Self-Direction Plans + Agency Supported Self-Direction MOUs

March 5, 2015



* includes new SD/CH MOUs from previous quarters and not previously counted



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Total Approved SD Plans: As of 3/6/15

Region	Approved Plans	Billed Plans	Plans ready for implementation
Region 1	302	272	30
Region 2	718	607	111
Region 3	243	155	88
Region 4	211	86	125
Region 5	627	461	166
Total	2091	1581	510



Demographic Breakdown for Self- Direction:

Regions, Gender, Age



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Age/DDRO*

DDRO July-Sept 2014

Count

		DDRO					Total
		DDRO 1	DDRO 2	DDRO 3	DDRO 4	DDRO 5	
Age Recode	21 and under	33	219	31	25	121	429
	22-34	156	257	77	45	273	808
	35-44	33	55	26	8	44	166
	45-54	30	45	13	3	12	103
	55-64	12	26	6	3	8	55
	65+	8	5	2	2	3	20
Total		272	607	155	86	461	1581

*Most Current Data



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Gender/DDRO*

DDRO July-Sept 2014

Count

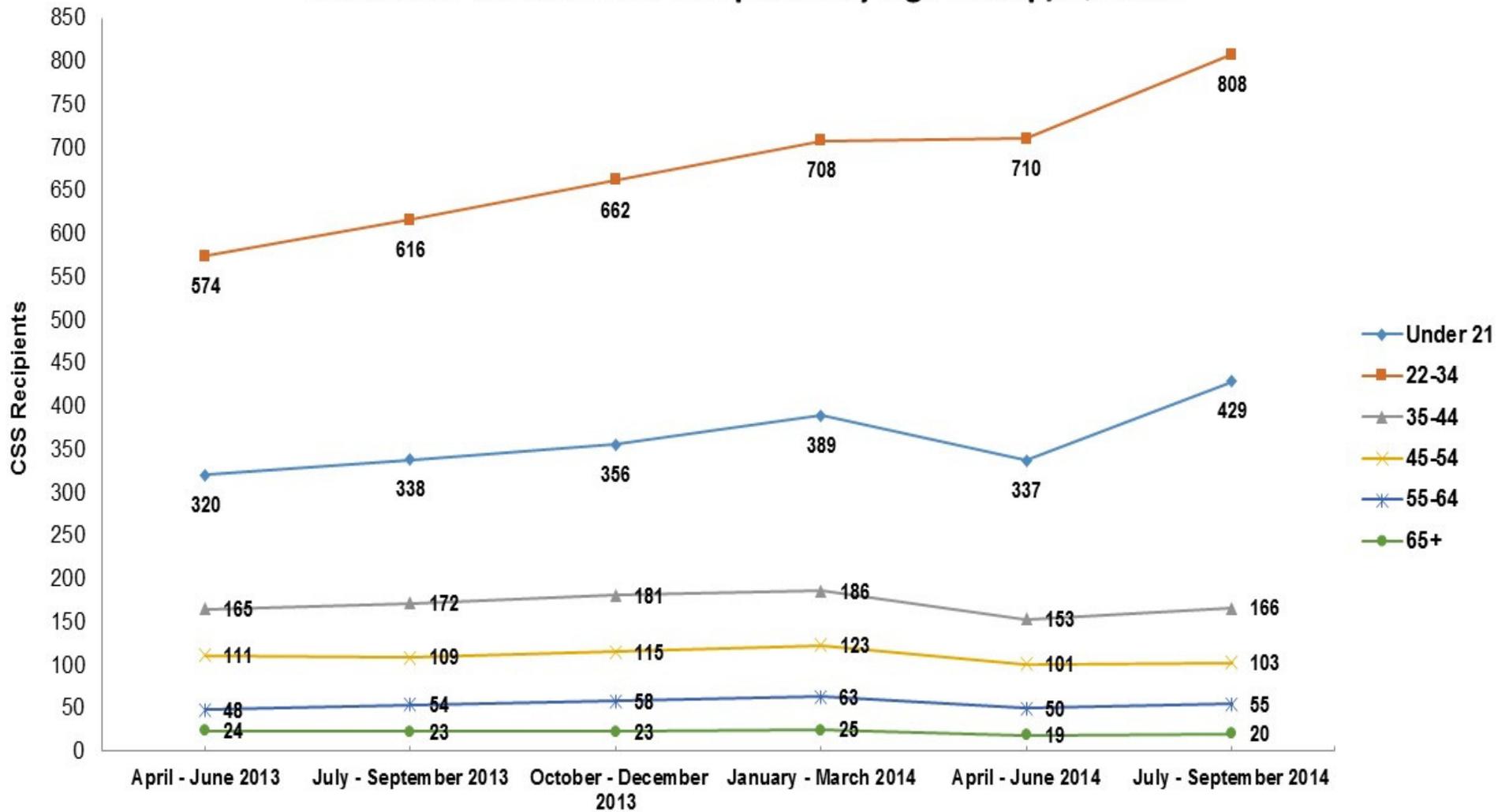
		DDRO					Total
		DDRO 1	DDRO 2	DDRO 3	DDRO 4	DDRO 5	
Sex Recode	Male	165	372	100	53	306	996
	Female	107	235	55	33	155	585
Total		272	607	155	86	461	1581

*Most Current Data

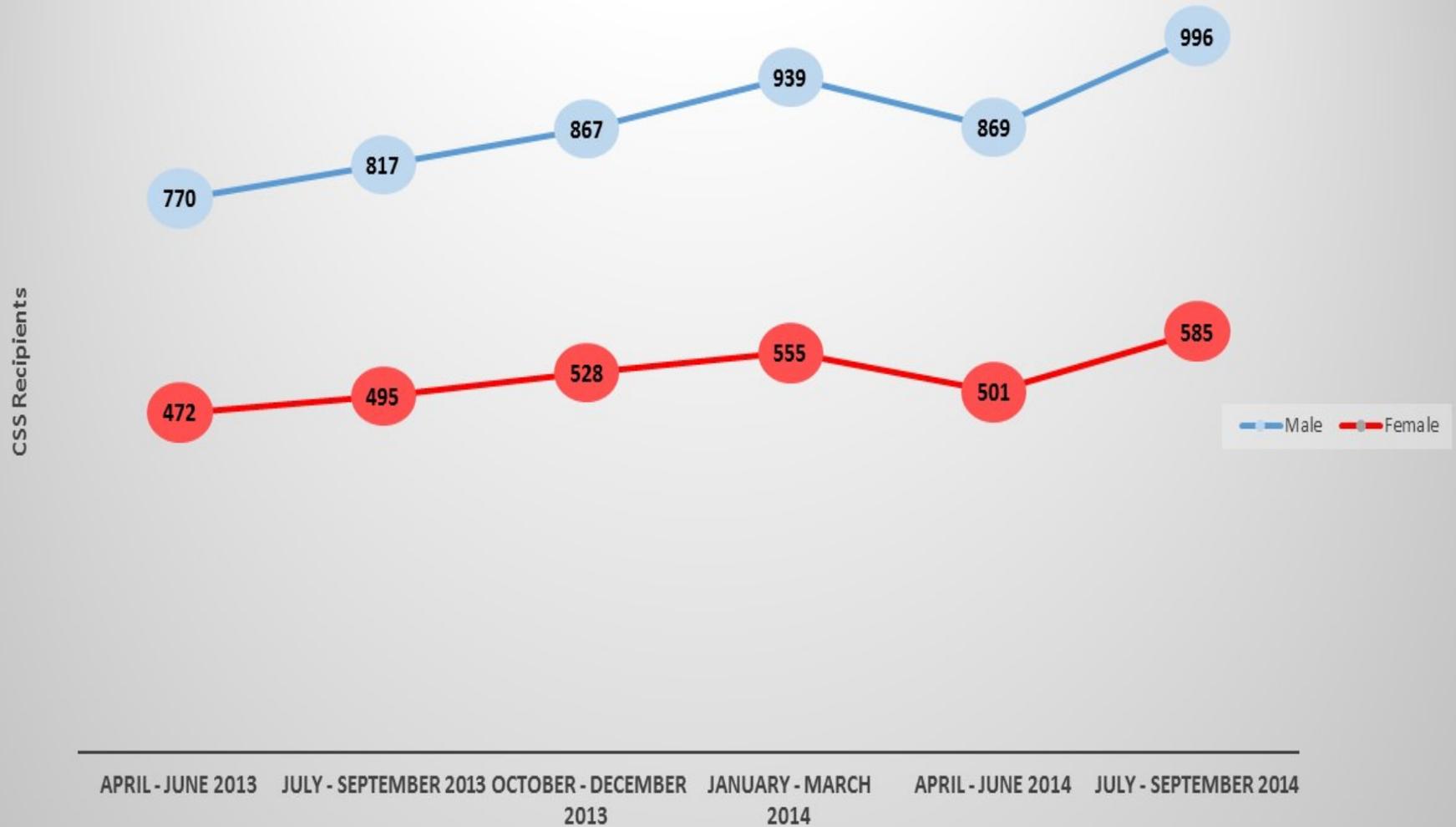


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Statewide Trend of CSS Recipients by Age Group/Quarter



Statewide Trend of CSS Recipients by Gender/Quarter



Self-Direction

Fiscal Intermediary Structure



Fiscal Intermediary Administration Changes as of 10/01/14

- Fiscal Intermediary Administration (FI Admin) prior to 10/01/14 was calculated as 17.5% of an individual service budget (ISB).
- Centers for Medicare and Medicaid Services (CMS) mandated a re-design of Self-Direction services, effective 10/01/14. The mandate included the disallowance of FI Admin reimbursement based on ISB percentages and recommended the use of a fee methodology.



Fiscal Intermediary Fee Calculation

- OPWDD analyzed cost data from the Consolidated Fiscal Report (CFR).
- Administrative expenses reported in the CFR relating to Consolidated Supports and Services (CSS), were used to calculate the monthly average cost.



Proposed FI Choices

Level 1

- FI minimal involvement – E.g., FI just bills IDGS, or pays housing subsidy

Level 2

- Individual manages staff hiring, negotiates wages
- Individual is Employer of Record
- FI supports individual with payroll/admin functions, performs background checks, same duties as Level 1

Level 3

- Current model – FI manages all self-directed services for individual
- Assists individual in managing staff; provides training to individual on his or her employer responsibilities.
- Same duties as Level 2

Fiscal Intermediary Fees Proposed to CMS

Three FI fee levels are proposed based on the inclusion of self-hired staff in budget:

Level 1: No Self-Hired Staff - \$125 Per Month (No self-hired staff)

Level 2: Self-Hired Staff (Ind/Family Employer of Record)- \$225 Per Month (On Hold)

Level 3: FI Employer of Record- \$550 Per Month



Fiscal Intermediary Fees Proposed to CMS

- The majority of CSS plans are anticipated to be FI Fee Level 3.
- The proposed fees have been presented to CMS for consideration.



Commitment to FI Providers

OPWDD is committed to:

- Monitoring the costs of implementing the new model and will adjust fees accordingly; and
- Working cooperatively with FIs to evaluate feedback and develop adjustments to model as appropriate.

Experiences with Self-Direction

Example 1 – Jacob

Personal Data & Demographics

Age: 33

Gender: Male

ID/DD Diagnosis: Autism, moderate ID

Type of Plan: Both

Plan Summary/Highlights

- Lives independently in his own apartment in the community where he grew up. He enjoys interacting with community members and embraces his Jewish cultural background.
- Receives staff supports to help with decision making and implementation of coping skills to reduce risk of behavioral challenges
- Loves to watch old movies, visit museums and to talk with people about history
- Needs significant support to prepare meals and maintain apartment
- Needs prompting and support to engage in health and wellness activities to meet personal goal of weight loss



Jacob's Self-Directed Services

Community Support Staff: assist Jacob with peer interactions, time/money management, accessing the community and implement strategies to help him cope when he has difficulties in community interactions

- 41 hrs/wk, \$65,320

Live in Caregiver: Provides companionship from 8pm – 6am

- \$550 per month, \$6,600

Support Broker: assistance with plan maintenance and revisions.

- \$385

IDGS: Community classes; Clinical consultation; Health club membership; Transportation

- \$16,204

Miscellaneous: staff activity fees, cell phone

- \$880

Housing – subsidy formula

- \$8,062

Jacob's PRA: \$115,769

Jacob's Budget: \$110,077



Example 2 - Lana

Personal Data & Demographics

Age: 37 **Gender:** Female **ID/DD Diagnosis:** Cerebral Palsy
CSS Enrollment Date: 4/1/05 **Type of Plan:** BOTH

Plan Summary/Highlights:

- Lana has graduated from college.
- Is employed full time. Her employer provides her a support person to physically assist her.
- Purchased her own home through OPWDD's HOYO program and has a roommate to help with expenses.
- Lana uses a motorized wheelchair. Her home is accessible.
- She is non-verbal and uses an augmentative communication device with assistive technology supports to communicate in person and over the phone.
- She has a vehicle adapted using e-mod service and is reimbursed mileage through SD plan.
- Lana wants to continue improving her health and fitness.
- She is her own guardian and can give her own consents, but needs total assistance with all ADLs and IADLs.



Lana's Self-Directed Services

Staff Supports: assist with community participation, household needs, and secondary personal care.

- Community hab self-hired staff, \$6,936

Staff supports at work: provided by her employer who also physically assists her.

Personal Care: assistance with personal care needs and ADLs.

- \$42,595

Personal Trainer: assists Lana to work out safely and improve strength, mobility, & flexibility

- 1 hour per week, \$ 2,244

Transportation: mileage costs

- \$9,554

Support Broker: assistance with plan maintenance and revisions.

- 40 hours per year, \$1,400

Lana's PRA: \$83,382

Lana's Budget: \$62,729



An Example of Staffing Cost for Self-Directed Services with 24/7 Supports

Support	Cost Elements	Annual Cost
CH Self hired staff (14 hrs/day)	\$15/hour 14 hrs/day 30 days/month	\$75,600
LIC 10 hours companionship	\$850/month	\$9,600
Total 24/7 support		\$85,200

Strategies to mitigate costs include sharing staffing costs, building in natural or generic supports, and obtaining supports through other systems.



Discussion and Preliminary Recommendations

- *Key Question: How can we ensure that self-direction is a viable and desired option for many people in our system?*
 - What are the challenges for increasing number of people who choose self-direction?
 - What are suggestions for how those challenges can be addressed?

