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)

Self Hired Staff
+ Purchased Services
+ Contractors/Vendors
+ State paid services/Housing subsidies
+ 17.5% Administrative Fee

= CSS Price
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
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

- **Cumulative Count**
- **Cumulative Targets**

**April 1 - June 30, 2013**
- Cumulative Count: 1,844
- Cumulative Targets: 1,500

**July 1 - September 30, 2013**
- Cumulative Count: 5,590
- Cumulative Targets: 3,000

**October 1 - December 31, 2013**
- Cumulative Count: 10,030
- Cumulative Targets: 4,500

**January 1 - March 31, 2014**
- Cumulative Count: 12,774
- Cumulative Targets: 6,000

**April 1 - June 30, 2014**
- Cumulative Count: 15,396
- Cumulative Targets: 7,500

**July 1 - September 30, 2014**
- Cumulative Count: 17,552
- Cumulative Targets: 9,000

**October 1 - December 31, 2014**
- Cumulative Count: 19,597
- Cumulative Targets: 10,500
Trend: Agency-Supported Community Habilitation and Self-Direction Using Budget Authority
### Total New Self-Direction Plans + Agency Supported Self-Direction MOUs

**March 5, 2015**

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<td>(+740)</td>
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<td>CMS Quarter Ending September 30, 2014</td>
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<td>CMS Quarter Ending December 31, 2014</td>
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<td>(-175)</td>
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<tr>
<td>Total</td>
<td>4,552</td>
<td>(+1,139)</td>
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* includes new SD/CH MOUs from previous quarters and not previously counted.
Total Approved SD Plans: 
As of 3/6/15

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<tr>
<th>Region</th>
<th>Approved Plans</th>
<th>Billed Plans</th>
<th>Plans ready for implementation</th>
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<tr>
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<tr>
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<td>Region 5</td>
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<td>461</td>
<td>166</td>
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<tr>
<td>Total</td>
<td>2091</td>
<td>1581</td>
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Demographic Breakdown for Self-Direction:

Regions, Gender, Age
## Age/DDRO*

**DDRO July-Sept 2014**

<table>
<thead>
<tr>
<th>Age Recode</th>
<th>DDRO 1</th>
<th>DDRO 2</th>
<th>DDRO 3</th>
<th>DDRO 4</th>
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<td>31</td>
<td>25</td>
<td>121</td>
<td>429</td>
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<td>22-34</td>
<td>156</td>
<td>257</td>
<td>77</td>
<td>45</td>
<td>273</td>
<td>808</td>
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<td>35-44</td>
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<td>8</td>
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<tr>
<td>45-54</td>
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<td>45</td>
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<tr>
<td>55-64</td>
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<td>26</td>
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<td>65+</td>
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<td>5</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>272</td>
<td>607</td>
<td>155</td>
<td>86</td>
<td>461</td>
<td>1581</td>
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</table>

*Most Current Data*
### Gender/DDRO*

**DDRO July-Sept 2014**

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<thead>
<tr>
<th>Sex Recode</th>
<th>DDRO 1</th>
<th>DDRO 2</th>
<th>DDRO 3</th>
<th>DDRO 4</th>
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<td>372</td>
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<td>235</td>
<td>55</td>
<td>33</td>
<td>155</td>
<td>585</td>
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<tr>
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<td>272</td>
<td>607</td>
<td>155</td>
<td>86</td>
<td>461</td>
<td>1581</td>
</tr>
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*Most Current Data*
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 Exampled of Staffing Cost for Self-Directed Services with 24/7 Supports

<table>
<thead>
<tr>
<th>Support</th>
<th>Cost Elements</th>
<th>Annual Cost</th>
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<tr>
<td>CH Self hired staff (14 hrs/day)</td>
<td>$15/hour 14 hrs/day 30 days/month</td>
<td>$75,600</td>
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<tr>
<td>LIC 10 hours companionship</td>
<td>$850/month</td>
<td>$9,600</td>
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<tr>
<td>Total 24/7 support</td>
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<td>$85,200</td>
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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 the number of people who choose self-direction?
  - What are suggestions for how these challenges can be addressed?