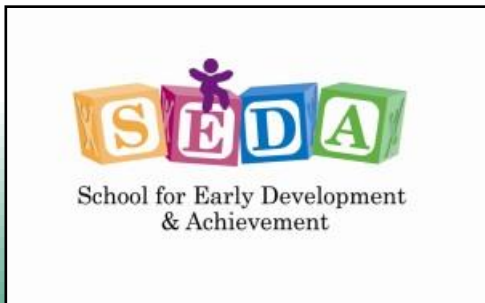


Staying the Course: How to Be a Compass on the Path to Self-Direction

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Who is iLIFE?

iLIFE, LLC is a financial management services provider for people enrolled in long-term care programs. We process payroll, handle taxes, and educate consumers to help program participants gain independence.

Since 1988, we have provided financial management services for local, regional, and national long-term care programs. iLIFE partners with state and national agencies to develop, design, and implement self-directed programs.

iLIFE has a tradition of direct care delivery experience through our supporting organization, Centers for Independence. Our financial management expertise shapes the programs and people we serve.

Goals for Today

- **Discuss the topic of self-direction**
- **Identify the self-directed waivers**
- **Explore self-direction as both a guiding principle and a sustainable outcome**
- **Discuss how we work together as a community for the future of self-direction**
- **Develop a commitment to the continuation of the self-directed service model.**

Lets create our mission. What are your goals?

In the spirit of self-direction, you will chart a path for this session:

- 1. Why are you here?**
- 2. What do you need to know to be successful?**
- 3. What is your objective in attending this workshop?**
- 4. How can we as a session become a community of support?**

Mission

- **Did you have a goal for the AIRS conference?**
 - Professional exploration?
 - Learning new skill sets?
 - Connecting with colleagues?
 - Obtaining a certification?
 - Hearing my presentation? (OF COURSE!)
- **Describe your universe?**
- **What peaked your interest in self-direction?**

What is Self-Direction?

- **Participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports**
- **Self-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process.**
- **Self-direction promotes personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided.**
- **For example, participants are afforded the decision-making authority to recruit, hire, train and supervise the individuals who furnish their services. CMS calls this "employer authority." Participants may also have decision-making authority over how the Medicaid funds in a budget are spent. CMS refers to this as "budget authority."**

Self-Direction: A Brief History

- **Beginning in the 1990s, many states began to offer "consumer-directed" personal care services pursuant to section 1905(a)(24) of the Act, the optional state plan personal care services benefit. During the mid-1990s, the Robert Wood Johnson Foundation awarded grants to develop "Self-Determination" programs in 19 States, with self-direction of Medicaid services being a crucial aspect of self-determination. These projects primarily evolved into Medicaid-funded programs under section 1915(c) of the Act, the home and community-based services waiver program.**
- **In the late 1990s, the Robert Wood Johnson Foundation again awarded grants to develop the "Cash and Counseling" (C&C) national demonstration and evaluation project in three states. These projects evolved into demonstration programs under the section 1115 authority of the Act. The Deficit Reduction Act (DRA) in 2005 authorized two more avenues for states to offer the self-direction option, i.e., section 1915(i) and section 1915(j) of the Act. In 2010, the Affordable Care Act, passed by Congress and signed by the President on March 23, 2010, authorized section 1915(k) of the Act to offer self-directed services.**

Prevalence of Self-Direction

- **Currently, 838,065 individuals PD**
- **9% increase from 2010 to 2013**
- **Majority of programs have 1,000 to 5,000 participants**
- **Currently, 28 states have some form of managed care**
- **Most have adopted participant direction**
- **In 2013, almost 80,000 individuals participated in managed care and PD**

Self-Direction

- Promote choice and control for individuals and families over their LTSS and the direct service workers who provide them.
- In 2013, the NRCPPDS survey of participant-directed service programs identified 269 programs operating in 50 states serving ~ 840,000 people

Options for Providing Self-directed Services Under Medicaid

- 1915(i) HCBS SPA
- 1915(k) Community First Choice SPA
- 1915(j) Self-directed PAS SPA (overlies other authorities)
- 1915(c) HCBS and 1115 Demonstration Waivers

Medicaid Home & Community Based Waivers

1915(c)

Home and
Community-
Based Services
Waiver

**1915(i)
SPA**

State Plan
Home and
Community-
Based Services

**1915(j)
SPA**

Self-Directed
Personal
Assistance
Services (PAS)

**1915(k)
SPA**

Community
First Choice
Option

1115

Research and
Demonstration
Project Waiver

Self-Determination Theory

Autonomy

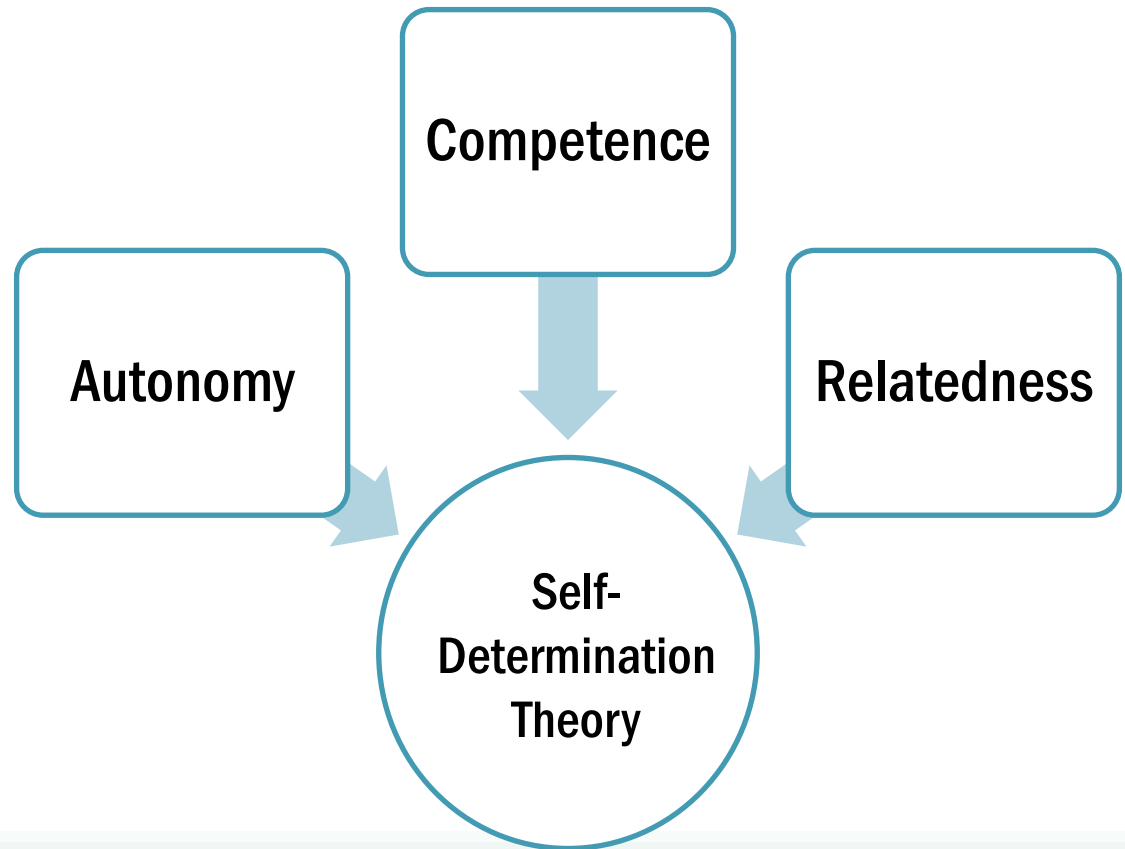
- Being responsible
- Independent
- Able to speak for oneself

Competence

- The ability to do something successfully or efficiently
- A specific range of skill, knowledge, or ability

Relatedness

- The state of being connected or associated
- The state of having developed from the same origin
- The state of being part of the same family, community, or program



Person Centered Planning

- Integral part of self-directed programs
- Methodologies vary
- Identifying major life goals and make related decisions
 - Housing
 - Caregivers
 - Agency Services
 - Employment
 - Transportation
 - Healthcare
 - Community Engagement
 - Advocacy
 - Post-Secondary Education

Person Centering Thinking → Person Centered Doing

Paradigm Shift

Traditional Approach

- *“Professional/Medical Model”*
- The consumer is dependent upon the service provider to direct and deliver necessary supports
- Provider identifies and mitigates risk
- Provider monitors quality of supports
- Provider initiates and terminates service accordingly

Self-Directed Approach

- *“Empowerment/Person-Centered Approach”*
- Individual defines his or her needs
- Individual designates “circle of support”
- Individual controls resources and staffing
- Individual determines the role the service provider will play in their life
- Individual determines quality of supports
- Individual initiates and terminates service accordingly

Commitment to Self-Directed Service Models

Financial Management Services (FMS) must be available to assist individuals in exercising budget authority. Individuals can perform some or all of the FMS functions themselves. However, individuals typically prefer the FMS entity to perform these functions for them. FMS helps individuals:

1. Understand billing and documentation responsibilities;
2. Perform payroll and employer-related duties (e.g., withholding and filing federal, state, local and unemployment taxes; purchasing workers' compensation or other forms of insurance; collecting and processing worker timesheets; calculating and processing employee benefits; and issuing payroll checks);
3. Purchase approved goods and services;
4. Track and monitor individual budget expenditures; and
5. Identify expenditures that are over or under the budget.

Stay Connected

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Stay Connected



To see how our financial management services support self-directed programs, visit iLIFEfms.com.



To learn more about the wide-range of direct services our agency offers, visit mcfi.net.

Summary

Self-directed service models are constantly changing. The intersection of these changes to LTSS policy and waiver programs shape the design and service delivery models in a self-directed program. This workshop will engage attendees in their roles and relationships to a self-directed consumer and their program. The desired output is to draft a commitment to continuing the course of self-direction by individual contribution and willingness to approach the changing landscape to better serve consumers.