



*Consumer Direction Philosophy
and
Case Management Best Practices*

Section I: Consumer Direction

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What is Self Direction?

Self-direction is a service model that empowers public program participants and their families by expanding their degree of choice and control over the long-term services and supports they need to live at home. ³

DEVELOPING AND IMPLEMENTING SELF-DIRECTION PROGRAMS AND POLICIES: A
HANDBOOK Chapter 1: Self-Direction | May 4, 2010

What are Participant-Directed Services?

- Participant-directed (PD) services are long-term care services that help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal care services and supports work best for them.



Consumer Direction

“Consumer direction is a philosophy and practice where consumers assume the responsibility to assess their own needs, determine how and by whom those needs should be met, and evaluate the quality of the services they receive.”

~National Institute of Consumer Directed Long Term Care Services

Philosophy

- The consumer direction philosophy encourages and empowers each consumer to take responsibility for the choices they make and the consequences of those choices, on an individual basis.

Philosophy

- **Consumer direction** is based on recognition of the value of human autonomy and the moral obligation to nurture the autonomy of impaired consumers by providing long term care in the least restrictive manner compatible with the needs and resources of the consumer.
- **Consumer direction** seeks to maximize each consumer's ability to control the most fundamental decisions about how they manage their own care and services.

Philosophy

- **Consumer direction** seeks to decrease and/or eliminate the pattern of consumer dependency, promotes consumer self-efficacy, and empowers consumers to take an active role in the selection and delivery of long term services and supports.

Key Principles of Person Centered Philosophy:

- The consumer is the center of the process and the planning.
- The consumer is involved in the planning, development, implementation, and management of services and supports.
- The consumer's choices and preferences are always considered, if not always granted.
- The focus is on the strengths and resources of the consumer.
- Person centered planning looks beyond the traditional waiver service package to identify services and supports that are aligned with the consumer's goals.
- Families, friends, and professionals are involved as the consumer desires or requires their involvement.
- Person centered planning is a fluid process that is responsive to the changing needs and preferences of the consumer.

Person-Centered Service Planning

- A person-centered planning approach ensures the consumer is fully integrated in the **development, implementation, and management** of services and supports.
- Person centered planning honors the consumer's **preferences, choices, and abilities**. Services and supports are based on the consumer's **goals and choices** rather than simply matching consumers to existing programs and services.

Key Principles of Consumer Direction

- Consumer is presumed competent
- Informed consumers are the experts on their care needs, how those needs are best met, and if needs are being met appropriately;
- Consumer choice and control in service delivery is the foundation;
- All consumers should be given the opportunity to choose consumer direction.

All Medicaid waivers are based on a person-centered approach to assessment and service plan development and implementation.

Medicaid Waiver Design Options

- When a state designs a Medicaid Waiver program, the Center for Medicare and Medicaid (CMS) gives the State the option of determining how waiver services will be delivered to consumers: traditional provider-managed services or consumer-directed services.
- When the consumer-directed service option is included in the waiver design, the State may give waiver participants the opportunity to direct some or all of their services.

Medicaid Waiver Design Options

- In a Medicaid waiver, the decision to choose **consumer direction** as a service delivery method is the outcome of a **person-centered** planning process that identifies individuals who want the expanded choice and control that consumer direction provides.

Medicaid Waiver Application Appendix E: Participant Direction of Services

- Medicaid Waiver Application Appendix E addresses how the waiver affords participants the opportunity to direct some or all of their waiver services.
- Appendix E facilitates the incorporation of participant direction opportunities into any waiver, including waivers where participants may elect to receive traditional provider-managed services.

Appendix E: Participant Direction of Services

- CMS urges that all states afford waiver participants the opportunity to direct some or all of their waiver services.
- Participant direction of services has been demonstrated to promote positive outcomes for individuals and families, improve participant satisfaction and be a cost-effective service delivery method.

Appendix E: Participant Direction of Services

The election of participant direction or the exercise of decision making authority mean:

- (a) the participant acting independently on her/his own;
- (b) the parent(s) of a minor child who is a waiver participant acting on behalf of the child;
- (c) a legal representative when the representative has the authority to make pertinent decisions on behalf of the participant; and,
- (d) when permitted by the state, a non-legal representative who has been freely chosen by the participant to make decisions on the participant's behalf.

Participant Employer Authority:

- The participant is supported to recruit, hire, supervise and direct the workers who furnish supports.
- The participant functions as the common law employer or the co-employer of these workers.

Participant Budget Authority:

- Under the Budget Authority, the participant has the authority and accepts the responsibility to manage a participant-directed budget

Information and Assistance in Support of Participant Direction

**Case management and
Financial Management
Services (FMS) are examples
of supports that are made
available to participants to
help them manage their waiver
services.**

Financial Management Services

These services are furnished for two purposes:

- (a) to address Federal, state and local employment tax, labor and workers' compensation insurance rules and other requirements that apply when the participant functions as the employer of workers and
- (b) to make financial transactions on behalf of the participant when the participant has budget authority.

Financial Management Services

There are two types of FMS services that may be employed to support participants who exercise the Employer Authority:

- (1) Fiscal/Employer Agent (Government or Vendor) where the entity is the agent to the common law employer who is either the participant or his or her representative or
- (2) Agency with Choice, where the participant and the agency function as co-employers of the participant's worker(s).

The Challenges of Competing Priorities

- There is a shift in philosophy, responsibilities and approach from traditional case management when working with self-directing consumers.



The Challenges of Competing Priorities

PARTICIPANT	CASE MANAGER	ADMINISTRATOR
I have a right to make personal decisions and make choices.	I have professional responsibility.	I am accountable to the funder (CMS) to protect consumer.
I know what is best for me – not you.	I am responsible for all outcomes.	I can't create policy that covers each situation.
I don't want to have to answer to anyone.	I must use my best judgment.	Third party concerns will think the program is irresponsible.

Recognizing Red Flags

 Risk identification and management follow the same standards of practice as provider-managed services. The case manager is responsible for identifying risks and working with the consumer to mitigate those risks by using strategies that respect the needs and preferences of the consumer.

 The presence of risks does **not** mean an individual should not be offered waiver services OR the option of consumer-directed waiver services

Examples of red flags may include:

- The consumer loses a stable active caregiver who they had assigned as the Authorized Representative and there is no one else to replace them.
- The consumer has an acute episode which renders them unable to manage and make decisions regarding their daily care, including scheduling, for the long term.
- The consumer is unable to maintain consistent, stable providers; e.g. firing multiple workers within a short span of time
- The consumer and/or authorized representative allow the worker to direct the consumer's care and schedule
- The consumer's care needs are not being met
- The consumer is unable to complete timesheets correctly or follow the timesheet process consistently
- A substantiated report to Adult Protective Services has been made after interventions are applied
- FMS is reporting concerns/issues about the consumer

Fraud and Abuse

Fraud and abuse can be issues in both traditional and participant-directed programs. There exist recommended design features and strategies to prevent or reduce fraud and abuse in your program. These strategies include:

- 1) **Clearly identify participant roles and responsibilities;**
- 2) **Provide information and training to participants, representative, and workers;**
- 3) **Ensure effective supports are available;**
- 4) **Conduct monitoring activities; and**
- 5) **Establish effective communication paths.**



Definitions

- **Fraud:** the intent to deceive
- **Abuse:** an act of aggression by one person intended to inflict harm on another person
- **Neglect:** failing to provide services that are essential to the participant's wellbeing
- **Exploitation:** taking advantage of the participant, worker, or system by misusing finances, trust, or resources



MYTHS & FACTS

- **MYTH:** Participants do not have the ability to direct their own services, perform the responsibilities of an employer, or follow program rules and obligations
- **FACT:** There has been no evidence that participant direction leads to more fraud and abuse than the traditional system
- **MYTH:** Participants are vulnerable and will categorically be taken advantage of
- **FACT:** Built-in mechanisms are effective in preventing fraud and abuse
- **MYTH:** Workers with traditional, formal training do a better job than workers trained by the participants
- **FACT:** C&C participants were less likely to report problems with their caregivers, such as neglecting them, being disrespectful, and taking things without asking.
- **MYTH:** Family members will not do quality work that a traditional agency worker does
- **FACT:** Directly hired workers in Cash & Counseling reported high levels of job satisfaction.

Clearly Identify Participant Roles and Responsibilities

During Enrollment Discuss:

- Program operations
- Available support system and resources
- Reporting and documentation requirements
- Permissible and non-permissible goods and services
- How to file for a hearing or appeal
- Define fraud and abuse
- Consequences of failing to comply with program standards and requirements
- Participant Bill of Rights

Clearly Identify Participant Roles and Responsibilities (continued)

Ongoing Discussions with consumer:

- Provide examples of fraud and abuse
- Discuss roles and responsibilities during each visit and leave written materials in the home for review at a later time
- Encourage participants to ask clarifying questions
- Create a checklist to document topics discussed relating to fraud and abuse
- Review Participant Bill of Rights



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Case Managers & FMS Provide Information and Training

- How to successfully recruit, interview, and hire workers
- How to be an effective employer and supervisor
- Worker training
- Completing paperwork and timesheets
- States laws about fraud and abuse and mandatory reporting requirements



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Ensure Effective Supports are Available

- Case Managers are **not** responsible for participant's mistakes
- Case Managers are responsible for identifying and correcting mistakes



Ensure Effective Supports are Available

- Follow-up immediately when there is an indication of fraud and abuse
- Goal is to quickly identify the issue so that it can be corrected before it turns into a serious problem
- Need to know the appropriate reporting chains in Ohio



Resources

- National Resource Center for Participant Directed Services (NRCPPDS)
“The Boston College People”

www.participantdirection.org

- The clearinghouse for Home and Community Based Services

www.hcbs.org

Ohio Dept. of Aging

www.aging.ohio.gov

Center for Medicare and Medicaid Services (CMS)

www.cms.gov

Waivers & Best Practices

Thank you!

*This concludes the Ohio Department of
Aging presentation on consumer direction
philosophy and case management best
practices, section 1, Consumer Direction.*