



*Consumer Direction Philosophy
and
Case Management Best Practices*

**Section III: Role and Responsibilities
of the Case Manager in Consumer
Direction**

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- *Characteristics of an Effective Consumer-Directed Case Manager*
- *Role of the Consumer Directed Case Manager*
- *Responsibilities Unique to Consumer Directed Case Management*
- *Comparison to Traditional Case Management*
- *Elements of The Care Plan*
- *Service Authorization and Utilization*
- *Ongoing Support and Oversight*

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Choice is about:

- Preference - things you like to do
- Opportunity - to do those things you like
- Control - when, where and with whom those opportunities will occur

Characteristics of an Effective Consumer-Directed Case Manager

- Empathy
- Acceptance
- Non-judgment
- Good listening skills

An effective consumer directed case manager:

- Is an educator
- Is a facilitator
- Is a good listener
- Is not paternalistic
- Encourages the consumer to make decisions
- Accepts that the consumer is the expert in their own care needs.
- Believes the consumer can and should make decisions about their services
- Works with the consumer to reduce negative outcomes associated with their decisions
- Thinks outside the box
- Adapts to change
- Desires challenge

Role of the Consumer Directed Case Manager

Education

- The consumer directed case manager provides information about the service to ensure the consumer is:
 - Well informed and able to make decisions
 - Able to understand the tasks provided by the service
 - Aware of the responsibilities of the worker providing the service
 - Aware of their rights, risks and responsibilities when assuming the role of employer.

Facilitation

- The consumer-directed case manager provides structure to the planning process without making decisions by:
 - Guiding the planning process
 - Empowering the consumer to make decisions and take action
 - Helping the consumer identify tangible goals
 - Providing ongoing feedback and support

Responsibilities Unique to Consumer Directed Case Management

Case Management Responsibilities



Fiscal Responsibilities

QI Responsibilities



A Comparison of Traditional and Consumer Directed Case Management

Traditional	Consumer Directed
Consumer and case manager decide what services are needed	Consumer and case manager decide what services are needed
Provider agency decides which workers to send and when to provide care	Consumer decides whom they will hire to provide care and when care will be given
Case Manager locates providers for consumer	Consumer finds providers, case manager assists consumer to locate providers if needed
Provider hires, manages, and dismisses workers and is employer of record	Consumer hires manages and dismisses workers and is employer of record
Provider agencies bill for services provided.	The consumer submits employee timesheets to the FMS which pays workers on consumer's behalf
Case manager determines how the authorized units of service will be used.	Consumer determines how the authorized units of service will be used
Case manager is responsible for the management of all agency managed waiver services	Case manager is responsible for management of remaining agency managed waiver services.
Case manager contacts provider with any service issues	Consumer addresses service issues and consults with case manager for support as needed
PAA Quality Assurance conducts reviews for quality	Case manager reviews ongoing quality with consumer contact
	PAA conducts compliance and quality reviews

Elements of the Care Plan

- Care planning activities follow the same standards of practice as provider-managed services. When consumer-directed services are selected, the care plan must address the following elements:
 - The consumer selection of self-direction
 - Authorized representative (if applicable) and
 - The consumer's back-up plan.

Service Authorization

- The consumer-directed care service authorization:
 - Is monthly, rather than daily
 - Is entered on the service plan after the case manager has confirmed the consumer and worker have completed the FMS enrollment packet information which is then faxed or mailed to the FMS for completion
 - Should be within the same month as the expected first date of service
 - Does not permit verbal changes to the service authorization. **All changes must be in writing on the service plan.**

Service Authorization

- Due to the comprehensiveness of the C-HCAS, there is a greater risk for duplication of tasks/interventions with other services and supplanting informal supports. The following practices are prohibited:
 - Authorizing a home delivered meal during the time the C-HCAS service is provided and/or informal supports are in the home at meal time;
 - Authorizing hours for transportation rather than continuing to access other funding sources and/or non-waiver transportation resources utilized during the PASSPORT enrollment.
 - Recouping/rescheduling of employee hours missed due to respite hours that were used during time periods previously authorized for the C-HCAS.

Service Authorization

AS OF 03/01/2014:

Order Pest Control service instead of PASSPORT Chore service, when pest control is needed needed for PASSPORT consumers.

Service Utilization

Provider-Managed Services	Consumer Directed Services
Agency is the employer and is responsible for recruiting, hiring, training, and supervision of the direct service worker	Consumer is the employer and is responsible for the recruiting, hiring, training, and supervision of the direct service worker
Agency delivers service in accordance with PAA service authorization	Consumer establishes the tasks and schedule for service delivery
Agency is responsible for approving time sheets, submitting invoice to the PAA for payment	Consumer is responsible for approving time sheets and submitting invoice to the financial management service (FMS) for payment

Ongoing Support and Oversight

Contact Schedule

Contact with consumers must be care planned and shall occur as often as consumer need dictates. There is a minimum requirement for quarterly in-person contact with consumers. **Effective 04/01/14, no more than 90 days may pass between face-to-face contacts.**

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.age.state.oh.us

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 3, Role and
Responsibilities of the Case Manager in
Consumer Direction*