

Innovative Practices in Self-Direction

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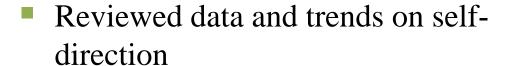
Agenda

- Describe ASD/AARP collaboration
- Overview of current status of self-direction per the AARP Scorecard
- Highlights of innovative practices in four states
 - Texas
 - Iowa
 - Wisconsin
 - Florida



Innovative Strategies Report

AARP and Applied Self-Direction recently partnered to published an AARP report entitled <u>Taking it to the</u> <u>Next Level: Using Innovative Strategies</u> to Expand Options for Self-Direction



- Identified 4 states using interesting strategies in self-direction programs
- Described lessons learned from those states







Program Enrollment is on the Rise

2016 National Inventory of Self-Directed Program study findings

- 253 programs (all states and DC)
 - □ 8% ↑ since 2011
- Over 1 million participants enrolled in Medicaid-funded and VD-HCBS programs
 - □ 43% ↑ since 2011
- Number of statewide programs also on the rise
 - □ At least 189 programs up from 116 in 2013



Why an Innovative Strategies Report?

State LTSS Scorecard: <u>www.longtermscorecard.org</u>

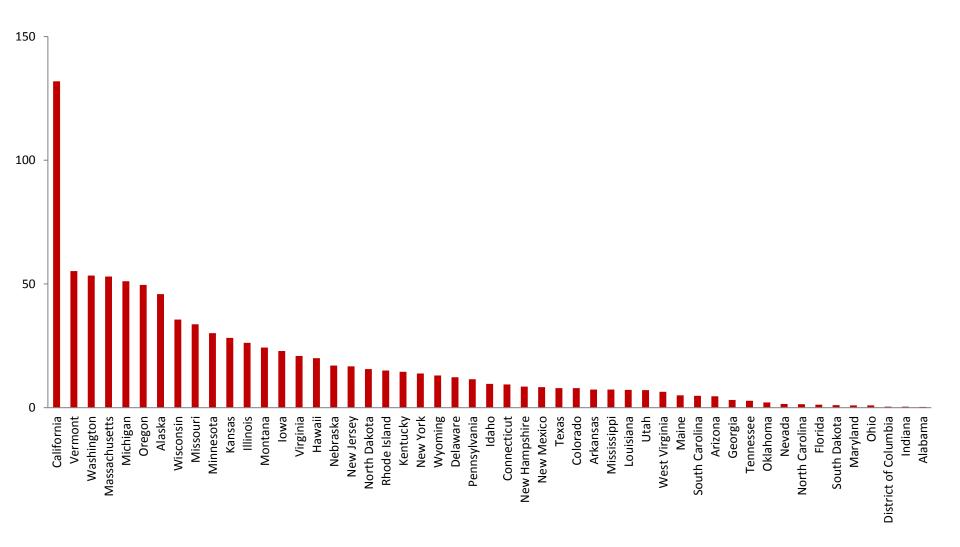
Key component of a high-functioning LTSS system

- Number of people self-directing services per 1,000 population with disabilities
- In the top five states, 71 per 1,000 people with disabilities self-directed their services in 2016 versus < 1 per 1,000 in the bottom five states
- Many states have almost no self-direction



State Rates of Self-Directed Services for People with Disabilities

Number of People Self-Directing Services per 1,000 People with Disabilities



Source: State Long-Term Services and Supports Scorecard, 2017.

Why an Innovative Strategies Report (cont.)?

- Opportunity to help states pick up the pace of change
- Share information about a sample of innovative and promising practices & program resources
- Can be used for training, education, collaboration, and replication





Content of the Report

- Highlights innovative strategies
- Sample of program resources with hyperlinks
- Point of contact for additional information and guidance





Benefits of Expanding Program Opportunities

- Many benefits
- Addresses workforce shortages
 - Majority of people receiving self-direction services (~3/4) are older adults and people with physical disabilities
 - □ Aging population + challenges in rural settings
 - Many states allow self-directing participants to hire family members



Possible Barriers

- Taking self-direction programs to the next level is not without its challenges
 - Highly individualized nature of each service plan
 - Concerns about ability of plan participants to manage their services effectively
 - Silos and inability to go it alone need for internal collaborations and external partnerships
 - Time and resources



Self-Directed Programs in Four States: Texas, Iowa, Wisconsin, Florida

- Innovative approaches to:
 - Develop and expand their programs
 - Coordinate and personalize services
 - Promote stakeholder engagement and outreach
 - Implement effective training programs





Four State Programs

- Texas
 - □ STAR+ Plus Consumer Directed Services (CDS)
- Iowa
 - Consumer Choices Option (CCO)
- Wisconsin
 - Include, Respect, I Self-Direct (IRIS)
- Florida
 - Veteran-Directed Home and Community-Based Services (VD-HCBS)



Texas STAR+ Plus CDS

MLTSS program

- Covers almost all of Texas LTSS population of older adults and people with disabilities
- Requires managed care providers to offer services coordination as a basic service

Successful transition

- Slow and methodical statewide rollout
- Strong service coordination
- Emphasis on quality
- Robust participant and stakeholder involvement



Who Does What In Texas STAR+ Plus

ROLE OF THE STATE

Determine which LTSS will be offered

Contract with Managed Care Entity/Entities (MCE)

Assess participant eligibility for LTSS (shared by state through its designee, Texas Medicaid Healthcare Partnership and the MCE)

Facilitate development of FMS provider network (provide mandatory enrollment training and periodic technical assistance training to FMS providers contracted with MCEs)

ROLE OF THE PARTICIPANT

Work with state to become eligible for LTSS

Select MCE

Work with MCE to determine mix of services he/she will receive

Implement self-directed portions of care plan

ROLE OF THE MCE

Assess participant's specific needs

Work with participant to develop service plan

Monitor quality of services delivered

Pay service providers

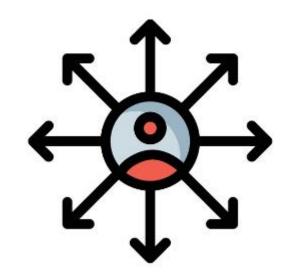
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Oversee the network of FMS providers



Iowa's CCO Program

- Single self-direction program
 - □ Not a one-size-fits-all program
 - Uses a flexible approach founded on person-centered principles



- Maximizes access and choice
 - Developed a single self-direction flexible program option serving
 6 of the state's 7 LTSS populations
 - Uses budget authority to maximize participant choice
 - Developed a strong support network based around the FMS provider



Wisconsin's IRIS Program

- Person-centeredness
 - □ Focus on the participant's needs and goals
 - □ Remain in community for as long as possible
- Maintains person-centered culture
 - Maximizing choice from the get-go
 - Using shared decision-making instead of bureaucratic rules to resolve difficult issues
 - Offering strong support that enables participants to be in charge





Florida's VD-HCBS Program

- VD-HCBS Partnership program
 - Local VA medical center and ADRC
- Startup guidance
 - Being ready when a partnership opportunity arises
 - Developing and trusting the partnership
 - Proving value to bolster the partnership





Questions?

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