



NATIONAL RESOURCE CENTER *for*
PARTICIPANT-DIRECTED SERVICES

WELCOME & OPENING
PLENARY I
**THE STATE OF
PARTICIPANT DIRECTION**

FMS CONFERENCE OVERVIEW



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Assistant Director of Membership & Programs, NRCPDS

2013-2014 Program Members

- ❑ Arizona Health Care Cost Containment System
- ❑ Arkansas Department of Human Services, Aging & Adult Services
- ❑ Colorado Department of Health Care Policy and Financing
- ❑ Florida Agency for Persons with Disabilities
- ❑ Delaware Division of Services for Aging and Adults with Physical Disabilities
- ❑ Iowa Department of Human Services
- ❑ Illinois Department on Aging
- ❑ Aging & In-Home Services of Northeast Indiana, Inc.
- ❑ Kentucky Cabinet for Health and Family Services - Department of Aging and Independent Living
- ❑ Louisiana Bureau of Health Services Financing
- ❑ Minnesota Department of Human Services
- ❑ Missouri Division of Developmental Disabilities
- ❑ Montana Developmental Disability Program
- ❑ New Jersey Division of Disability Services
- ❑ Ohio Department of Aging
- ❑ Oklahoma Department of Human Services/Developmental Disabilities Services
- ❑ Commonwealth of Pennsylvania, Dept. of Public Welfare (Office of Long-Term Living)
- ❑ Commonwealth of Pennsylvania, Dept. of Public Welfare (Office of Developmental Programs)
- ❑ Texas Department of Aging & Disability Services
- ❑ Vermont Adult Services Division
- ❑ Washington State Aging and Disability Services Administration
- ❑ Washington State Healthcare Authority
- ❑ Wisconsin Department of Health Services

2013-2014 FMS Members

- ❑ Acumen Fiscal Agent
- ❑ Allied Community Resources
- ❑ ARIS Solutions
- ❑ Cerebral Palsy of Massachusetts
- ❑ Community Access Unlimited (CAU)
- ❑ Consumer Choice Services
- ❑ Consumer Direct
- ❑ Consumer Directions
- ❑ Easter Seals New Jersey
- ❑ Fiscal Assistance
- ❑ GT Independence
- ❑ JEVS Human Services
- ❑ Lifeworks Services
- ❑ Mains'1 Services, Inc.
- ❑ Milwaukee Center for Independence
- ❑ Morning Star Financial Services
- ❑ MRCI WorkSource
- ❑ Ocean State Community Resources
- ❑ Partners in Community Supports
- ❑ Premier Healthcare Services
- ❑ Public Partnerships, LLC
- ❑ Summit Fiscal Agency

THE STATE OF PARTICIPANT DIRECTION



Kevin J. Mahoney, PhD
Director, NRCPDS

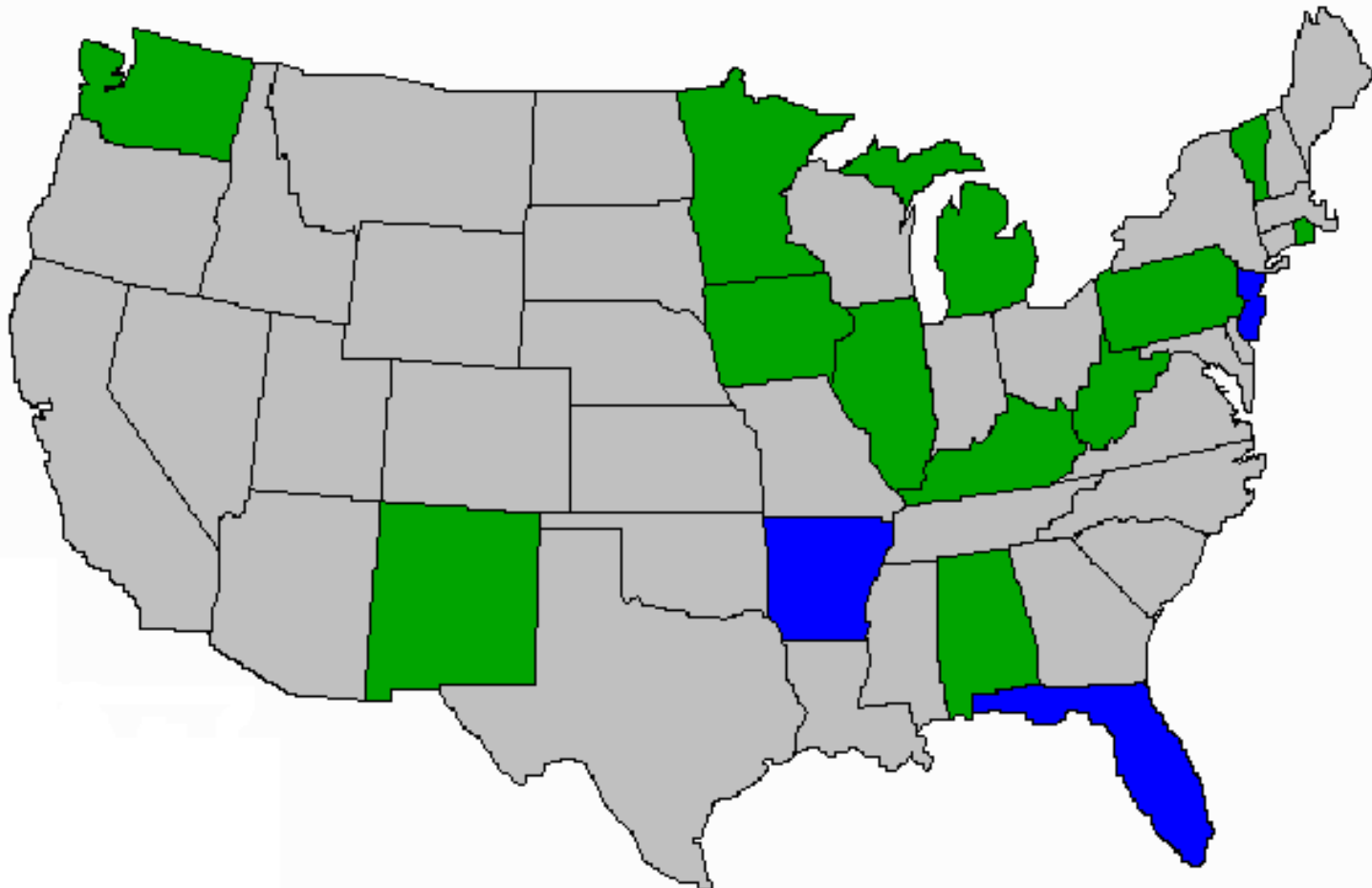
Welcome!



Participant Direction (PD): We've Come a Long Way!



Cash & Counseling Demonstration & Evaluation



Cash & Counseling

Demonstration & Evaluation

- ❑ Cash & Counseling was tested in one of the best designed, most rigorous evaluations ever
 - ❑ 6,700 individuals
 - ❑ 3 States
 - ❑ Random assignment

Cash & Counseling Demonstration & Evaluation

- ❑ Effects for Individuals
 - ❑ Improved access to supports and services
 - ❑ More satisfied with specific aspects of support
 - ❑ Less unmet need
 - ❑ Improved satisfaction with whole life

Cash & Counseling Demonstration & Evaluation

❑ Effects for Families

- ❑ Less emotional, physical, financial strain
- ❑ Greater satisfaction with care

❑ Effects for Workers

- ❑ Brought hundreds, perhaps thousands of people into the workforce
- ❑ More satisfied with each ???

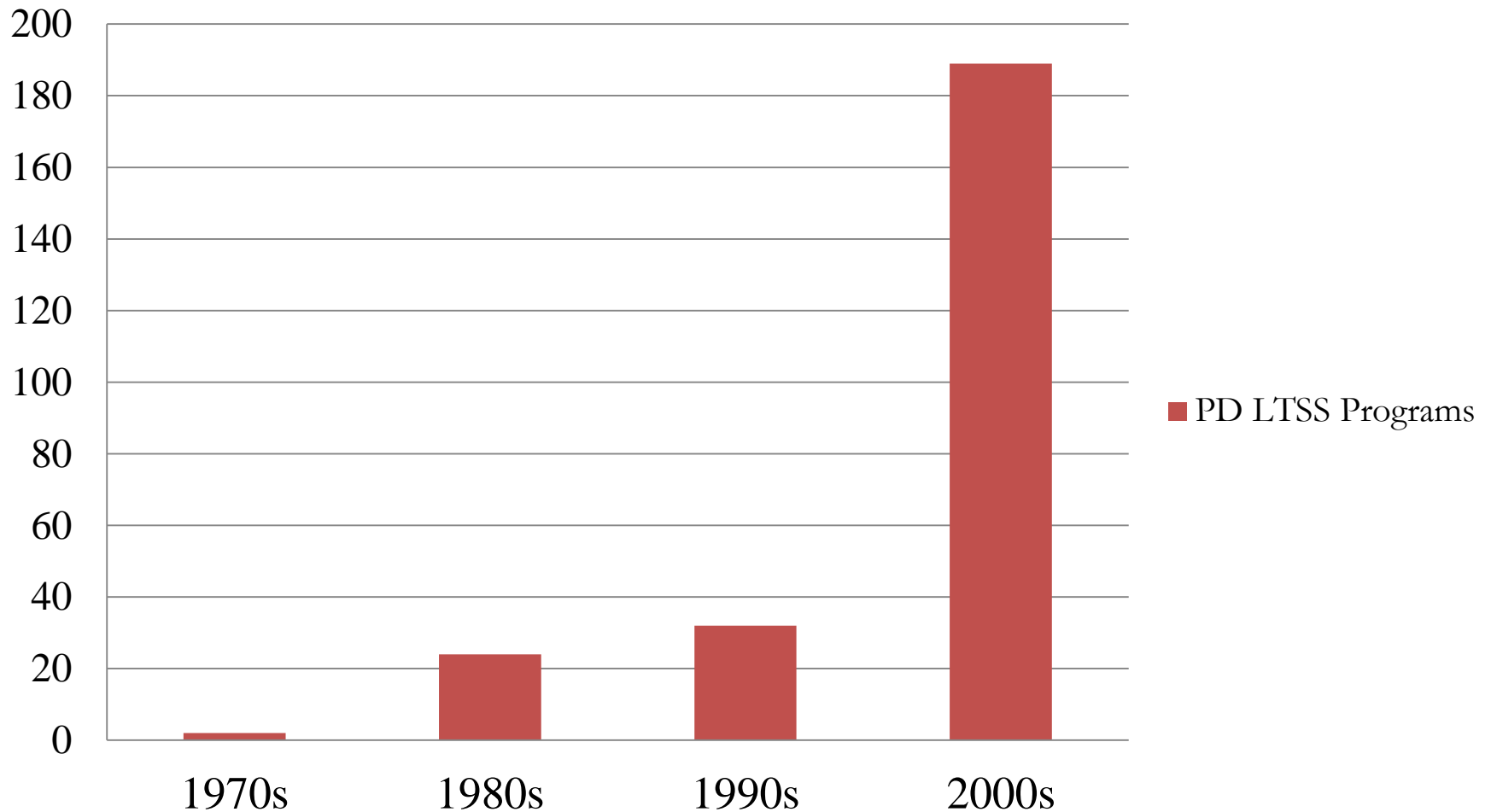
Cash & Counseling: Costs

Nursing facility use was 18% lower for the treatment group than for the control group during the 3-year follow-up period. Among those who had received personal care services (PCS) before the demonstration, nursing facility savings, together with savings in other long-term care costs, fully offset the higher PCS costs.

Dale & Brown, 2006

PD Growth

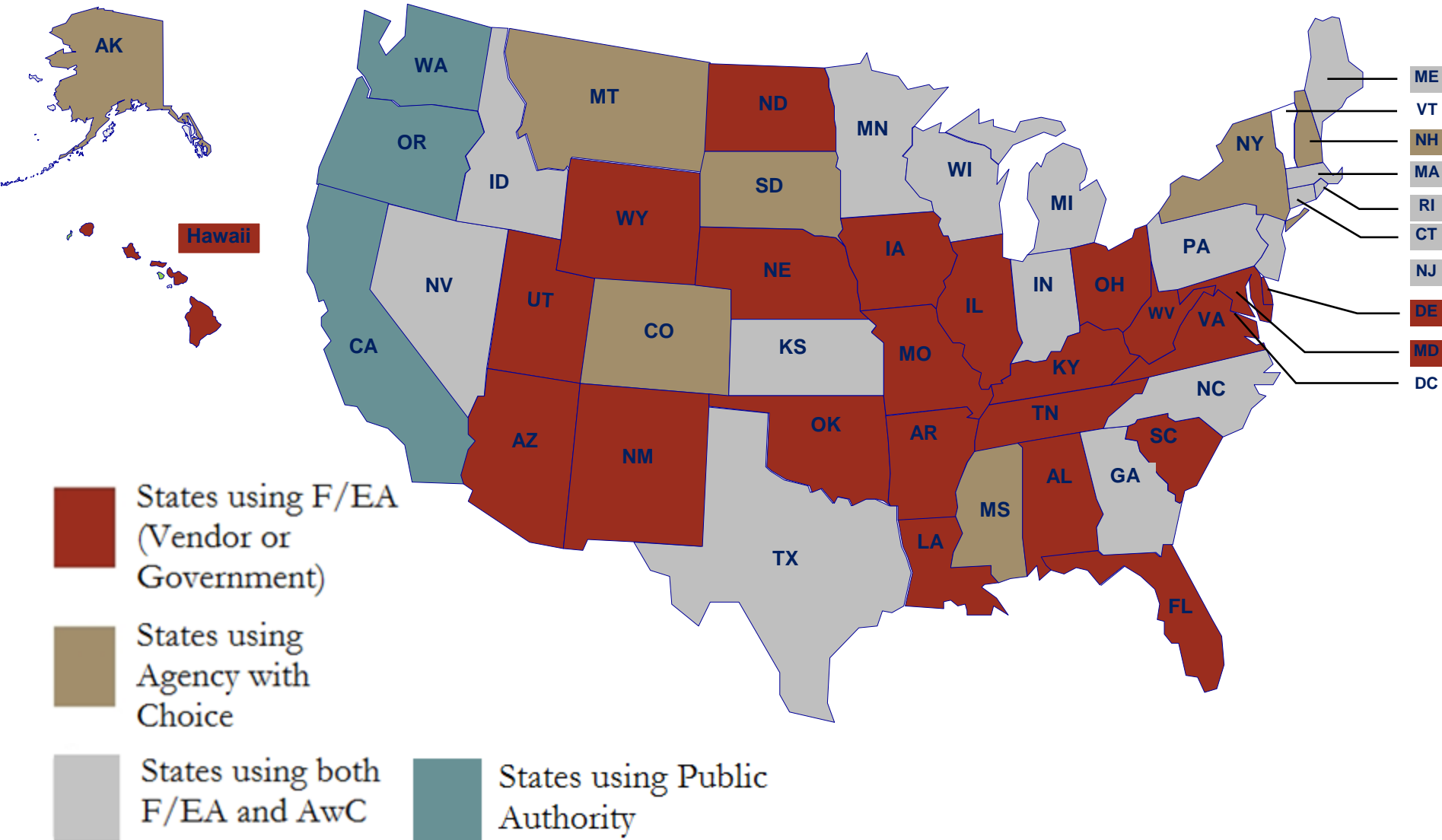
New Program Growth by Decade



PD Program Size (n=286)

- ❑ Total enrollment: Approximately 809,000
 - ❑ California accounts for 59% of enrollments
- ❑ Average program size (n=275) approximately 2,940 enrollments
 - ❑ Majority (69%) of programs have 500 or fewer participants

FMS Model by State



Perspectives on PD Growth

- ❑ Some contend that PD has grown quickly
- ❑ Contributors to growth include:
 - ❑ Powerful research results from Cash & Counseling
 - ❑ Legislation including 1915(j) provisions and authorizing language in the 2006 Older Americans Act reauthorization
 - ❑ Supportive regulations and policies (i.e., 1915c waiver template)
 - ❑ Advocacy from national organizations and participants

Perspectives on PD Growth

- ❑ Some believe that PD should be growing more rapidly
 - ❑ 75% of surveyed AARP members would want to manage their own services, rather than using agency-directed care, should they need help with activities of daily living (AARP Public Policy Institute)

Opportunities/Barriers to PD

- ❑ Managed Long-Term Services and Supports (MLTSS)
- ❑ Integrated Care
- ❑ Training Needs, Especially for Support Brokers
- ❑ Opportunities with New Populations and Service Arenas

PD & MLTSS

- ❑ Within the next two years, 26 states will, or intend to, deliver HCBS through managed care
- ❑ The NRCPDS has recently completed research to better understand the role of PD in MLTSS. Upcoming papers include:
 - ❑ *Selected Provisions from Integrated Care RFPs and Contracts: Participant Direction in Home and Community-Based Services* (via contract with Mathematica Policy Research for the CMS Medicare-Medicaid Coordination Office)
 - ❑ *Participant-Directed Services in Managed Long-Term Services and Supports Program: A Five State Comparison* (via contract with Truven Health Analytics for the DHHS Office of the Assistant Secretary for Planning and Evaluation (ASPE))

PD & Integrated Care

- ❑ As efforts unfold to integrate acute care, LTSS, and behavioral health care, current ways of delivering PD will need to morph and adapt

PD Training Needs

- ❑ The need for a paradigm shift to help present and future support brokers and their supervisors move from a “professional knows best” to an empowerment framework is critical for the growth of PD
- ❑ The NRCPDS & the Council of Social Work Education have received a grant from the New York Community Trust to work with 9 schools of social work to infuse person-centered planning and participant direction competencies in their curriculum

New Populations

- ❑ Recent opportunities for the spread of PD to:
 - ❑ Veterans
 - ❑ Behavioral Health
 - ❑ Long-term care insurance
 - ❑ Private pay arrangements

Concluding Thoughts

*It's my own money, I'm more careful with it ...
I'm building skills and have to do research to see
how much things cost ... I try to do as much as I
can myself.*

-Self-Directing Participant



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-THANK YOU-

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