

Preparing to Unwind from the Pandemic: Expanding Self-Direction



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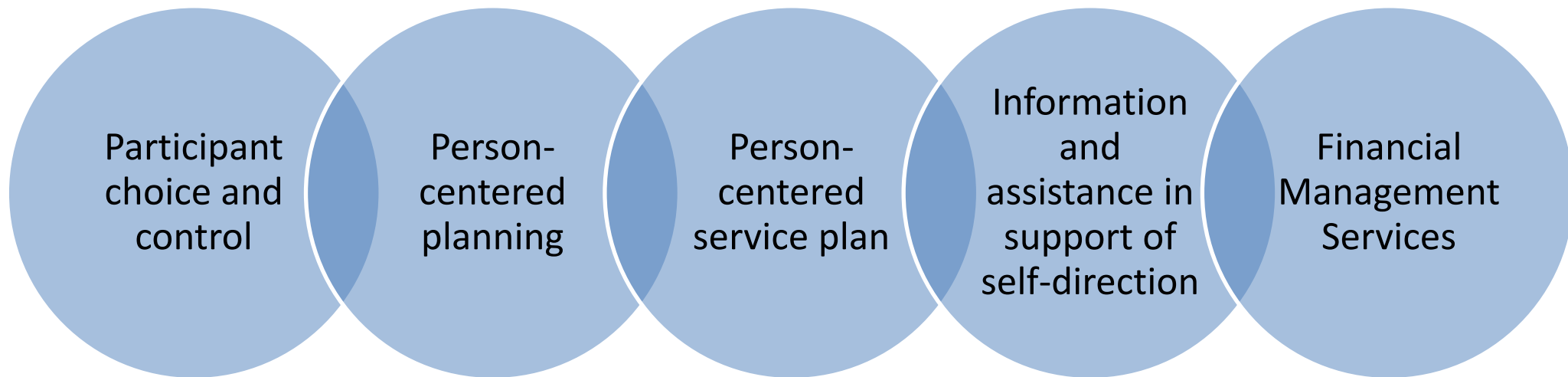
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Today's Webinar Will Cover

- ✓ Self-direction basics, including key components and concepts.
- ✓ How the onset of the COVID-19 pandemic impacted delivery and uptake of self-directed services.
- ✓ Emerging trends regarding the lasting impact of COVID-related changes, including how self-direction can expand HCBS workforce capacity and ease worker shortages.
- ✓ Key considerations for states interested in adding or expanding self-directed service delivery models.

Key Components of Self-Direction



Employer Authority

Employer Authority: Under the 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. When the Employer Authority is utilized, the participant rather than a waiver provider agency carries out employer responsibilities for workers.

- §1915(c) Home and Community-Based Waiver Technical Guide

Budget Authority

Budget Authority: Under the Budget Authority, the participant has the authority and accepts the responsibility to manage a participant-directed budget. Depending on the dimensions of the budget authority that are specified in Appendix E-2-b, this authority permits the participant to make decisions about the acquisition of waiver goods and services that are authorized in the waiver service plan and to manage the dollars included in a participant-directed budget.

- §1915(c) Home and Community-Based Waiver Technical Guide

Medicaid Authorities Supporting Self-Directed Services

- §1915(c) HCBS Waiver
- §1915(i) State Plan HCBS
- §1915(j) Self-Directed Personal Assistance Services
- §1915(k) Community First Choice
- §1115 Demonstration

Comparing Medicaid Authorities: Level of Care

1915(c)	1915(i)	1915(j)	1915(k)	1115
Must meet institutional level of care.	Must serve individuals who do not have institutional level of care. May also serve individuals with institutional level of care.	Must be eligible for and receiving services under either HCBS waiver and/or State Plan.	Must meet institutional level of care.	State defines eligible categories.

Comparing Medicaid Authorities: Targeting, Enrollment Limits, and Waitlists

1915(c)	1915(i)	1915(j)	1915(k)	1115
May target group(s) served.	May target group(s) served.	May target group(s) served.	Targeting not allowed.	State may define target populations and defines eligibility groups.
May limit the number of individuals served.	May NOT limit the number of individuals served.	May limit the number of individuals served.	May NOT limit the number of individuals served.	
Waiting lists allowed.	Waiting lists not allowed.	Waiting lists allowed.	Waiting lists not allowed.	Waiting lists allowed.

Comparing Medicaid Authorities: Hiring of Legally Responsible Individuals & Direct Cash Payments

1915(c)	1915(i)	1915(j)	1915(k)	1115
Hiring of legally responsible individuals allowed at state's discretion.	Hiring of legally responsible individuals allowed at state's discretion.	Hiring of legally responsible individuals allowed at state's discretion.	Hiring of legally responsible individuals allowed at state's discretion.	Hiring of legally responsible individuals allowed at state's discretion.
Direct cash payments not allowed.	Direct cash payments not allowed.	Direct cash payments allowed.	Direct cash payments allowed.	Direct cash payments may be allowed.

Please note: Legally Responsible Individuals must meet state defined provider requirements to render the service.

§ 1915(c) HCBS Waiver Considerations

- The most commonly used authority through which self-directed services are offered.
- States can offer traditional and self-directed services in the same HCBS waiver.
- Participants can voluntarily terminate self-direction if needs are not being met without disenrolling from the HCBS waiver.
 - Self-direction can be terminated for health and safety reasons.
- Allowable to target group(s) served.
- States can establish and maintain waiting lists.

§ 1915(i) Medicaid State Plan HCBS Considerations

- Must serve individuals who do not have institutional level of care.
- Can still serve individuals who have institutional level of care.
- 1915(i) can be especially helpful for HCBS aimed at individuals with behavioral health needs who may not have institutional level of care.
- Allowable to target group(s) served.
- May NOT limit the number of individuals served through the 1915(i).
- Waiting lists are not allowed.

§ 1915(j) Self-Directed Personal Assistance Considerations

- Individual must be eligible for and receiving services under 1915(c) waiver and/or state plan personal care.
- Adds additional flexibility above and beyond what is otherwise permitted by these authorities.
- Allowable to target group(s) served.
- May limit the number of individuals served.
- Waiting lists are allowed.

1915(k) Community First Choice Considerations

- Requires institutional level of care.
- Permanent 6% enhanced federal match.
- Does not allow targeting groups: must provide services statewide without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports.
- No limits on the number of individuals to be served.
- No waiting lists.

1115 Demonstration Considerations

- Eligibility categories defined by the state.
- Designed to test new approaches to offering Medicaid services.
- Can “waive” certain federal requirements, subject to federal approval.
- States can operate a waiting list if they choose. Waiting lists are permitted.
- Now used less often as a vehicle to offer self-directed services.

Self-Directed Services During the COVID-19 Pandemic

Self-Direction During the Pandemic (1 of 2)

Many states have reported growth in the number of beneficiaries participating in self-direction during the COVID-19 pandemic.

Key drivers of this national trend included:

- Health and safety concerns, including a stronger overall preference for hiring workers who already lived with the participant.
- School and daycare closures made caregivers more difficult to retain.
- Closure of day services due to state or local stay-at-home orders.

Self-Direction During the Pandemic (2 of 2)

Through 6/30/21:

- 37 states received authority to allow spouses and parents to deliver paid services through the Appendix K. This authority covered 116 HCBS waivers.
- 33 states received authority to allow other family members to deliver paid services through the Appendix K. This authority covered 112 HCBS waivers.
- 6 states made changes to self-direction HCBS waivers.

Selected State Responses via Appendix K (1 of 3)

Iowa: Added home delivered meals, companion, homemaker services to self-directed services.

Kentucky: Temporarily suspended all required additional screening (potential financial conflict and pre-employment screenings) specifically required for immediate family members to approve them as an employee under self-directed services.

Selected State Responses via Appendix K (2 of 3)

Maine: Added self-directed attendant services to two waivers serving individuals with brain injury and other disabilities, along with FMS and skills training.

New Jersey: Allowed expedited enrollment processes for self-direction, including telephonic enrollment, to ensure timely access to HCBS due to staff shortages within personal care assistance agencies or adult medical day center providers due to COVID-19.

Selected State Responses via Appendix K (3 of 3)

Oklahoma: Temporarily suspended Eligible Provider Exception requirements to allow family members, legal guardians, individuals with power of attorney, and authorized representatives to provide Consumer-Directed Personal Assistance Services and Supports in ADvantage waiver.

West Virginia: Waived face-to-face enrollment meetings and six-month visits by the member's resource consultant for those members who self-direct their services in favor of phone meetings for Aged and Disabled Waiver.

Retaining Self-Direction After the Expiration of an Appendix K

States that have found the expansion of self-direction through an Appendix K to be effective, and wish to retain that flexibility when the Appendix K expires, are urged to reach out to your CMS state lead now to begin the process of retaining this flexibility as opposed to waiting until the Appendix K expires.

Key State-Reported Trends from the Pandemic (1 of 2)

- More interest in using self-directed services to complement traditional services to support workforce adequacy, particularly in rural areas where traditional services may be more difficult to sustain.
- Greater use of family and live-in caregivers, including Legally Responsible Individuals, to increase workforce capacity.
- More interest in adding budget authority so that participants can have flexibility in setting workers' pay rates and purchase Individual-Directed Goods and Services.

Key State-Reported Trends from the Pandemic (2 of 2)

- Using enhanced federal match to increase payment rates for services and/or provide one-time payments to workers in HCBS.
- Using technology (Zoom, phone calls, etc.) to expand monitoring capacity.
- Expediting speed of participant enrollment in self-direction through phone calls or Zoom-style meetings in place of face-to-face visits, use of electronic signatures, etc.

Designing Flexible and Efficient Self-Directed Services

Unique Features of Self-Directed Services: Budget Authority

At the state's discretion, budget authority can include some or all of the following:

- Reallocate funds among services included in the budget
- Determine the amount paid for services within the state's established limits
- Substitute service providers
- Schedule the provision of services
- Authorize payment for waiver goods and services
- Review and approve provider invoices for services rendered

Individual-Directed Goods and Services: Service Definition (1 of 2)

Services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan that address an identified need in the service plan (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR increase the participant's safety in the home environment; AND, the participant does not have the funds to purchase the item or service or the item or service is not available through another source.

Individual-Directed Goods and Services: Service Definition (2 of 2)

Individual Directed Goods and Services are purchased from the participant-directed budget. Experimental or prohibited treatments are excluded. Individual Directed Goods and Services must be documented in the service plan.

- §1915(c) Home and Community-Based Waiver Technical Guide

Individual-Directed Goods and Services (IDGS): Benefits (1 of 2)

- Allows pathway for participants to address unmet needs, enhance community integration, and/or decrease reliance on human assistance or other Medicaid services in an individualized and cost-effective way.
- Can encourage efficiency and creativity in spending.
- Can help participants achieve their preferred outcomes.

Individual-Directed Goods and Services (IDGS): Benefits (2 of 2)

- Should be “in addition to” and not duplicate other services that are offered, or can be offered, through, for example, a waiver or the state plan.
- States can include a “not allowed” list as part of their service definition, or cap the amount of budget dollars that can be spent on IDGS.

Takeaway Considerations for Budget Authority & IDGS (1 of 2)

- Budget authority, particularly budget authority with the ability to purchase Individual-Directed Goods and Services, can substantially increase the flexibility of self-directed services and its appeal to individuals and families.
- If offering self-directed services with budget authority, it is critical that states ensure the infrastructure and support is available to participants and families to ensure equity and accessibility of services.

Takeaway Considerations for Budget Authority & IDGS (2 of 2)

- Typically, this support is offered via the Information and Assistance/supports broker function.
- Supports brokers (or equivalent function) should have significant training on helping participants and families to develop spending plans and be experts on technical requirements as well as using paid services to facilitate the outcomes and goals featured in the person-centered plan.
- FMS entity and state can offer additional resources and assistance to participants, in addition to services offered by supports brokers.

Quality Monitoring

Monitoring self-directed services is a responsibility shared across multiple entities, including:

- The supports broker/Information and Assistance professional
- Case Manager
- Financial Management Services entity
- Representative, if the participant has appointed a representative
- Worker

Potential Safeguards for Legally Responsible Individuals Serving as Paid Caregivers

- Limiting maximum number of hours the caregiver may work—e.g., 40 hours per week.
- Allowing legally responsible individuals to provide some paid waiver services if they meet provider qualifications, but not personal care.
- During the service planning process, discussing hiring the family member and helping to ensure this choice reflects the participant's true preferences.
- Regular monitoring by the supports broker and/or case manager to ensure that the participant is satisfied with the services provided by their family member.

Emerging Practices in Self-Directed Services: Wrapping Up (1 of 2)

- States are expanding their capacity for self-directed services, including moving toward more flexible service designs that offer budget authority and ability to hire legally responsible individuals.
- Self-directed services can ease workforce shortages by infusing the workforce with non-traditional caregivers, including family members.
- Budget authority offers a pathway for participants to pay higher rates when appropriate and allows for greater participant choice and control while remaining cost-neutral for states.
 - ✓ Also allows for greater flexibility, which is of key importance as more participants seek more individualized and flexible options as the pandemic continues.

Emerging Practices in Self-Directed Services: Wrapping Up (2 of 2)

- Adding Individual-Directed Goods and Services can be a powerful way to reduce unmet need and enhance community integration.
- There is no single best way to offer self-directed services—the right configuration for a particular state depends on state needs, stakeholder preferences, and the existing service delivery environment.

Resources

- CMS Baltimore Office Contact—Division of Long-Term Services and Supports:
HCBS@cms.hhs.gov
- To request Technical Assistance:
<http://hcbs-ta.org>
- Find more information about self-directed services at:
<https://www.medicare.gov/medicaid/long-term-services-supports/self-directed-services/index.html>

Questions?

Feedback

Please complete a brief survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link:

<https://www.surveymonkey.com/r/TA-Expanding-Self-Direction>

WE WELCOME YOUR FEEDBACK!