MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Improving lives THROUGH supports and services THAT FOSTER self-determination.

Self-directed Support in a Changing Environment: Building Program Integrity

HCBS Conference Aug 2018

Who are we ????

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Kyla Mundwiller

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

www.dmh.mo.gov/dd

Sandy Kasprzak

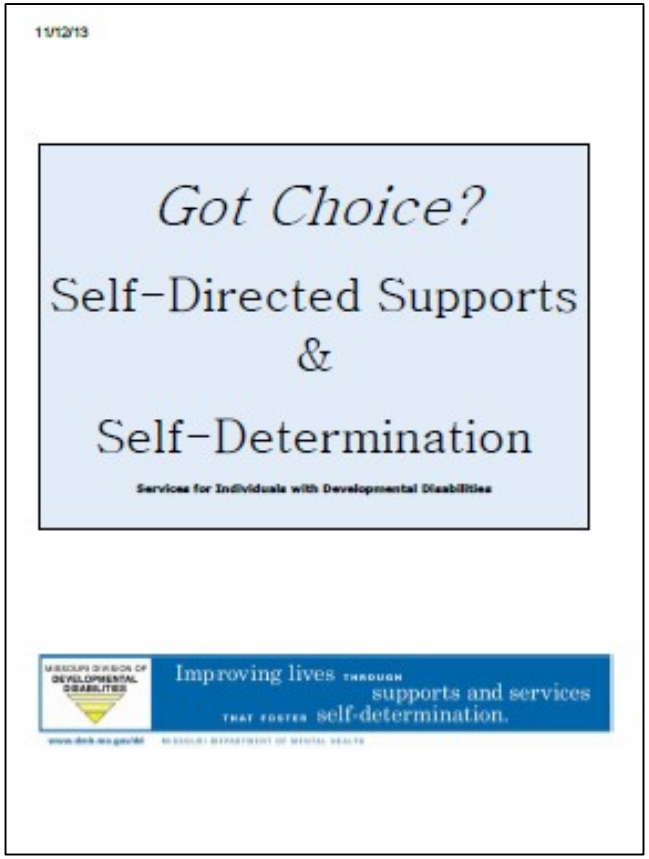
PCG | Public Partnerships

Supporting Choice. Managing Costs.™

What is Self-Directed Supports?

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Self-directed supports (SDS) is an option for service delivery for individuals, who live in their own private residence or that of their family member & who wish to exercise more choice, control and authority over their waiver supports. SDS is firmly grounded in the principles of self-determination.



Where did this all begin?

- 1993 Original Proposal to the Robert Wood Johnson Foundation.

"If individuals and families have control of the resources, quality will go up and cost will go down."

Thomas Nerney & James Conroy

Self-Determination Principles

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- **Freedom:** Individuals will live a meaningful life in the community and make choices about their lives.
- **Authority:** Individuals will have meaningful control over a set amount of dollars that can be used to build the supports that they need by purchasing only what is needed and paying for what is received.
- **Support:** Individuals will have support to organize resources in ways that are life enhancing and assist them in reaching their dreams and goals. Individuals have a circle of supports made up of family, friends and both paid and unpaid supports.
- **Responsibility:** Individuals assume responsibility for giving back to their community, for seeking employment, and for developing unique gifts and talents
- **Confirmation:** Individuals are recognized for who they are and what they can contribute, having a leadership role in developing policies that affect their lives and helping other reach success

Self-Directed Supports

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

SDS is based on the premise that the individual and their representative know best about their needs and how to address those needs.

The individual must be empowered to make decisions about the services they receive, including having choice and control over the type of supports they receive, who provides the supports and when and where the supports are delivered.

SDS in a Changing Environment- CMS

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

CMS Announces New Medicaid Integrity Efforts

CENTERS FOR MEDICARE & MEDICAID SERVICES

The Centers for Medicare & Medicaid Services (CMS) has announced new initiatives designed to improve Medicaid program integrity through greater transparency and accountability, strengthened data, and innovative and robust analytic tools. The initiatives include stronger audit functions, enhanced oversight of state contracts with private insurance companies, increased beneficiary eligibility oversight, and stricter enforcement of state compliance with federal rules.

NASDDS –Federal Perspectives, Vol 24,# 7- July 2018

Greater Transparency~ Strengthened Data~ Stronger Audits
Robust Analytic Tools~ Data Sharing
Optimize State-Provider Claims and Provider Data
Financial Oversight: Trend Analyses, Environmental Scanning

www.medicaid.gov/state-resource-center/downloads/program-integrity-strategy-factsheet.pdf

SDS in a Changing Environment- GOP Health Policy Brief

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Modernizing and Strengthening Medicaid to Protect the Most Vulnerable

OBAMACARE REPEAL AND REPLACE

Policy Brief and Resources

The Medicaid program today is a critical lifeline for some of our nation's most vulnerable patients, as the program provides health care for children, pregnant mothers, the elderly, the blind, and the disabled. Medicaid currently covers nearly 72 million Americans—more than Medicare — and up to 98 million may be covered at any one point in a given year.

But today, the Medicaid safety net is under strain and not serving patients as well as it should. ***Many state Medicaid programs suffer from significant waste, fraud, and abuse, due to failures in state and federal oversight.***

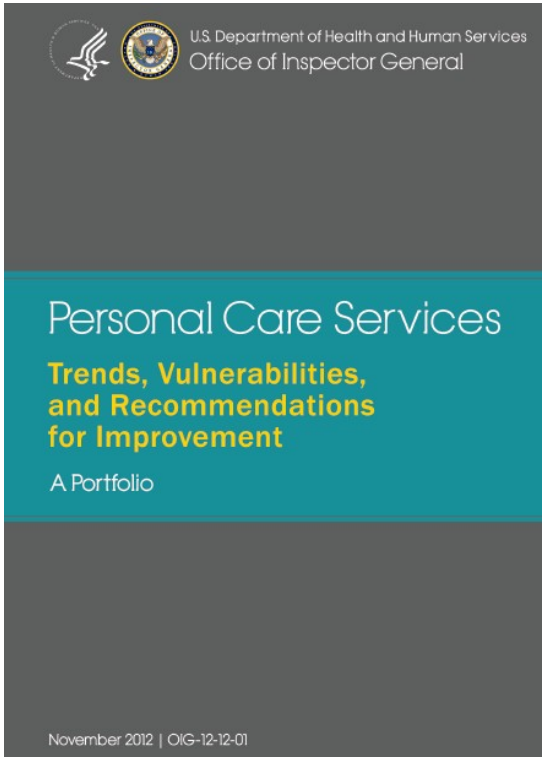
Issued by: GOP Health Policy Brief February 2017

SDS in a Changing Environment- OIG

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Program Integrity Vulnerabilities:

- Services not provided in compliance with state requirements
- Services not supported by documentation
- Services during Medicaid-reimbursed institutional stays
- PCS attendants who did not meet state qualification requirements
- Findings related to billing practices include billing for services not rendered
- Services provided to furnished to ineligible beneficiaries, Services provided by unauthorized caregivers.
- Abuse and neglect of beneficiaries by PCS attendants, resulting in beneficiary harm



Personal Care Services: Trends, Vulnerabilities, and Recommendations for Improvement, November 2012

SDS in a Changing Environment- OIG

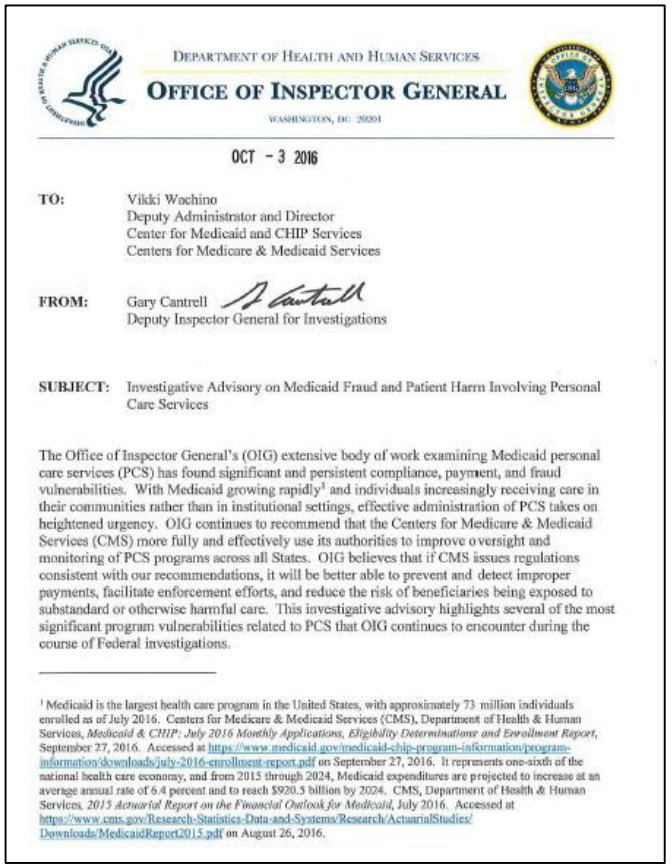
MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Investigative Advisory on Medicaid Fraud and Patient Harm Involving Personal Care Services

Issued by: Office of Inspector General (OIG), Department of Health and Human Services, Washington, DC

To: Center for Medicaid and & CHIP, Center for Medicare & Medicaid Services

October 3, 2016



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
WASHINGTON, DC 20201

OCT - 3 2016

TO: Vikki Wachino
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

FROM: Gary Cantrell
Deputy Inspector General for Investigations

SUBJECT: Investigative Advisory on Medicaid Fraud and Patient Harm Involving Personal Care Services

The Office of Inspector General's (OIG) extensive body of work examining Medicaid personal care services (PCS) has found significant and persistent compliance, payment, and fraud vulnerabilities. With Medicaid growing rapidly[1] and individuals increasingly receiving care in their communities rather than in institutional settings, effective administration of PCS takes on heightened urgency. OIG continues to recommend that the Centers for Medicare & Medicaid Services (CMS) more fully and effectively use its authorities to improve oversight and monitoring of PCS programs across all States. OIG believes that if CMS issues regulations consistent with our recommendations, it will be better able to prevent and detect improper payments, facilitate enforcement efforts, and reduce the risk of beneficiaries being exposed to substandard or otherwise harmful care. This investigative advisory highlights several of the most significant program vulnerabilities related to PCS that OIG continues to encounter during the course of Federal investigations.

[1] Medicaid is the largest health care program in the United States, with approximately 73 million individuals enrolled as of July 2016. Centers for Medicare & Medicaid Services (CMS), Department of Health & Human Services, *Medicaid & CHIP: July 2016 Monthly Applications, Eligibility Determinations and Enrollment Report*, September 27, 2016. Accessed at https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/july-2016-enrollment-report.pdf on September 27, 2016. It represents one-sixth of the national health care economy, and from 2015 through 2024, Medicaid expenditures are projected to increase at an average annual rate of 6.4 percent and to reach $920.5 billion by 2024. CMS, Department of Health & Human Services, *2015 Actuarial Report on the Financial Outlook for Medicaid*, July 2016. Accessed at https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2015.pdf on August 26, 2016.

SDS in a Changing Environment- OIG

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

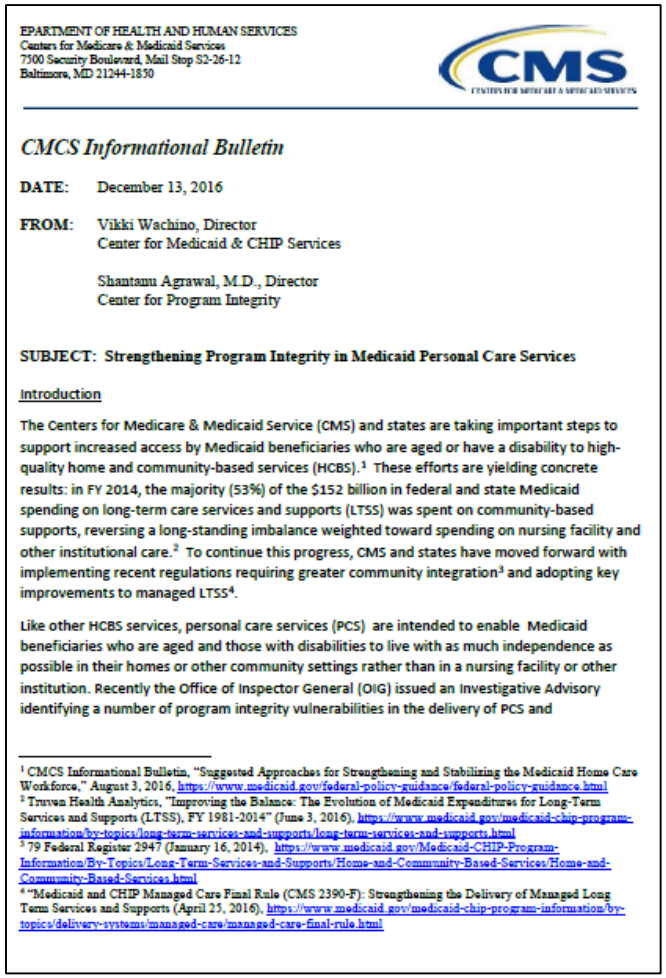
Recommendations:

- Establish minimum Federal qualifications and screening standards for PCS workers, including background checks.
- Require States to enroll or register all PCS attendants and assign them unique numbers.
- Require that PCS claims identify the dates of service and the PCS attendant who provided the service.
- Consider whether additional controls are needed to ensure that PCS are allowed under program rules and are provided.

OFFICE OF INSPECTOR GENERAL

SDS in a Changing Environment- CMS

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES



EPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CMS

CMCS Informational Bulletin

DATE: December 13, 2016

FROM: Vikki Wachino, Director
Center for Medicaid & CHIP Services

Shantanu Agrawal, M.D., Director
Center for Program Integrity

SUBJECT: Strengthening Program Integrity in Medicaid Personal Care Services

Introduction

The Centers for Medicare & Medicaid Service (CMS) and states are taking important steps to support increased access by Medicaid beneficiaries who are aged or have a disability to high-quality home and community-based services (HCBS).[1] These efforts are yielding concrete results: in FY 2014, the majority (53%) of the $152 billion in federal and state Medicaid spending on long-term care services and supports (LTSS) was spent on community-based supports, reversing a long-standing imbalance weighted toward spending on nursing facility and other institutional care.[2] To continue this progress, CMS and states have moved forward with implementing recent regulations requiring greater community integration[3] and adopting key improvements to managed LTSS[4].

Like other HCBS services, personal care services (PCS) are intended to enable Medicaid beneficiaries who are aged and those with disabilities to live with as much independence as possible in their homes or other community settings rather than in a nursing facility or other institution. Recently the Office of Inspector General (OIG) issued an Investigative Advisory identifying a number of program integrity vulnerabilities in the delivery of PCS and

[1] CMCS Informational Bulletin, "Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce," August 3, 2016, https://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html
[2] Truven Health Analytics, "Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014" (June 3, 2016), https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html
[3] 79 Federal Register 2947 (January 16, 2014), https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html
[4] "Medicaid and CHIP Managed Care Final Rule (CMS 2390-F): Strengthening the Delivery of Managed Long Term Services and Supports (April 25, 2016), https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-final-rule.html

Strengthen Program Integrity in Medicaid Personal Care Services

Issued by: Center for Medicaid and & CHIP, Center for Medicare & Medicaid Services

Dec 13, 2016

SDS in a Changing Environment- OIG-CMS

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

CMS in Response to OIG findings:

- Provider Qualifications and Basic Training
  - In many consumer-directed personal care programs, much of the training can also be provided directly by the beneficiary.
- Screening of PCS Providers
  - FMS entity is considered the provider for purposes of screening and enrollment. Verification of Need for Services
- Documentation of Claims
  - PCS providers, like providers of any other Medicaid services, must be able to document the provision of services for which they have submitted a claim for payment.
- Prepayment Edits
- Post-Payment Reviews

SDS in a Changing Environment- OIG -CMS

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

CMS in Response to OIG findings:

- *The program integrity safeguards that make policy and operational sense in the case of a PCS agency with many clients may not be suitable to an individual beneficiary directing his or her own PCS services.*
- *States are again encouraged to collaborate with their stakeholders, including beneficiary advocates, to determine the methods of PCS delivery and the resulting program integrity protections that will prevent fraud and abuse while still maintaining beneficiary autonomy in self-directed models.*
- *CMS strongly encourages use of self-directed models with necessary supports using a person centered planning process.*

SDS in a Changing Environment- EVV (?)

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Electronic Visit Verification (EVV) system
  - Section 12006 of the Cures Act mandates that effective January 1, 2019, states must use an electronic visit verification (EVV) system for Medicaid-funded personal care services or face reductions in their federal match. Effective January 1, 2023, states will also be required to use an EVV system for Medicaid-funded home health services or face a reduced federal match.
- Missouri currently has 97% of participants using electronic timesheets and documentation (Currently work to increase the number of participants using the mobile phone application.)

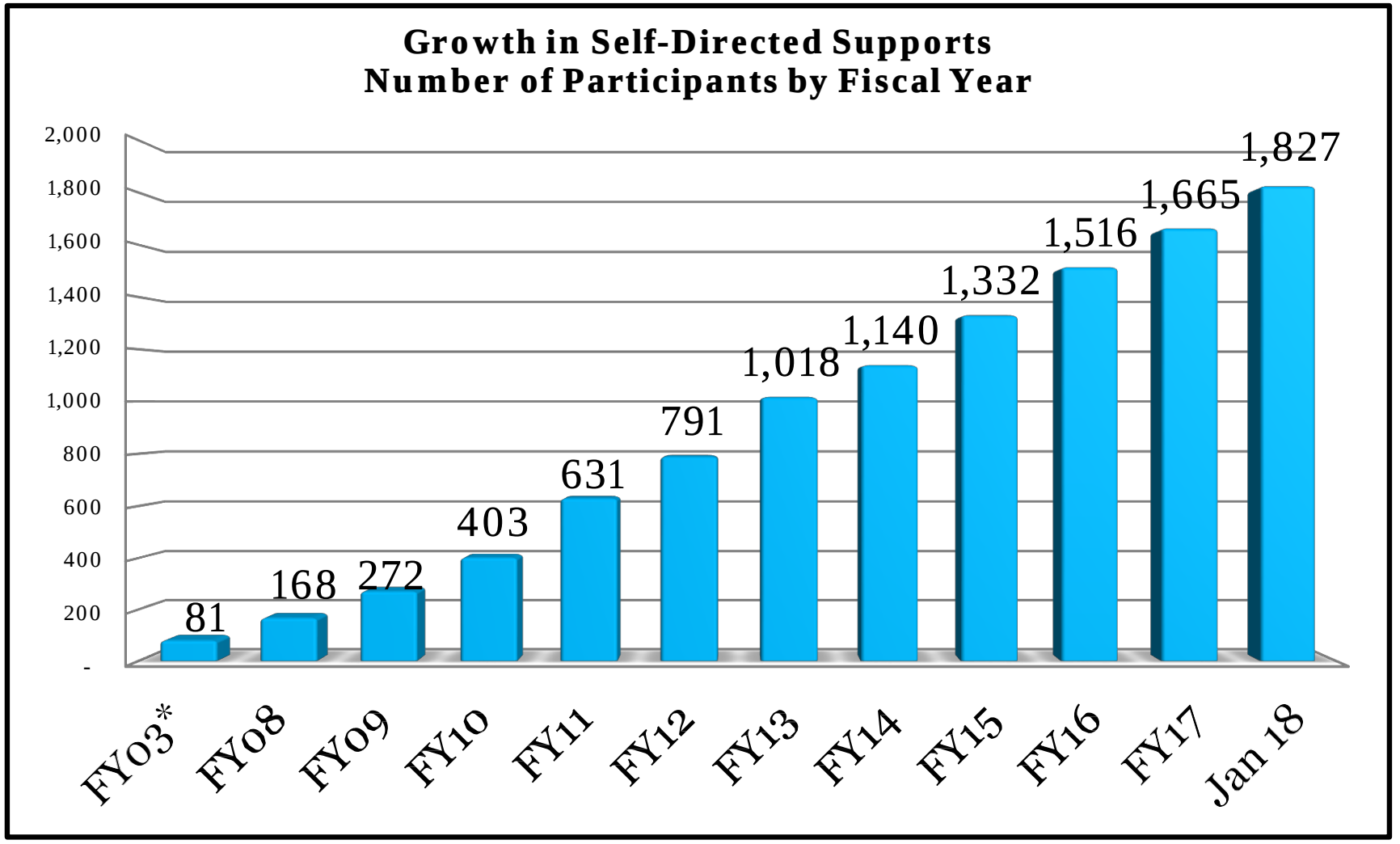
Missouri Overview

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- SDS in all 3 of Missouri's Developmental Disability waivers
  - 13.13% of waiver participants use SDS
- Budget & Employment Authority
- Allows for Designated Representative
- Single Fiscal Management Service
- Growth in participants every month for 10yrs
- State DD has Regional Office Structure
- 97% of participants use FMS web portal for time approval and service documentation.

Missouri Growth in Self Directed Supports by Year

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES



A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 1998 Missouri's State Planning Council(MPC) "Show Me Change: *Building A Participant-Driven System For Missourians With Developmental Disabilities*." The report concluded:
  - "*Resources for supports in Missouri must be allocated and expended from a person-centered rather than a provider centered perspective.*"
  - "*Individuals must be in control of their allocated resources for services and supports and how they are delivered.*"
- 2003 *Independence Plus Grant*

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Fiscal Intermediary Program
  - Demographics for FY 2003
    - 81 Families participated in the FI program
      - Only 15 Individuals were their own employer.
  - Timesheets were entered into State Data System by Regional Office (RO) staff.
  - Service Coordinators and sometimes RO staff were responsible for employer & employee enrollment packets.

A Brief Missouri History

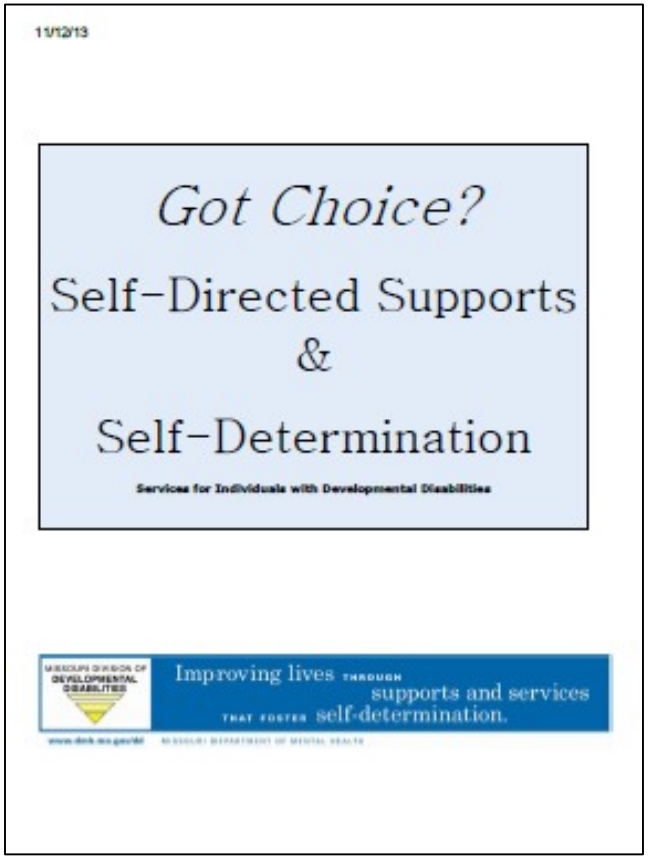
MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 2007 RFP for single Fiscal Management Service
- 2008 New Fiscal Management Service
  - State was no longer collecting time sheets but continued to assist with employer and employee.
  - SDS was the service delivery model of last resort
  - SDS not being utilized statewide primarily in regions where were part of Independent Plus Grant.
  - SDS was not implemented consistently across the state
  - FMS completed background screenings

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

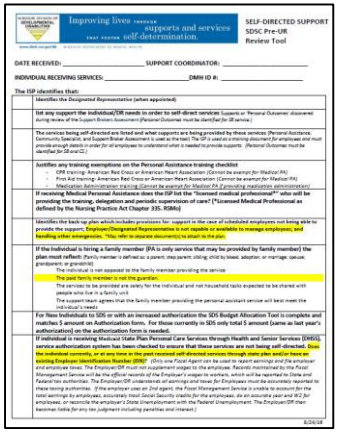
- *2009 Regional Self-directed Support Coordinators*
- *2009 SDSC Monthly Reports & Goals*
- *2009 Consultation from National Experts Susan A. Flanagan and Robin Cooper*
- *2009 Created structure to ensure employee training exemptions are tracked consistently.*
- *2010 "Got Choice?" Handbook finalized*



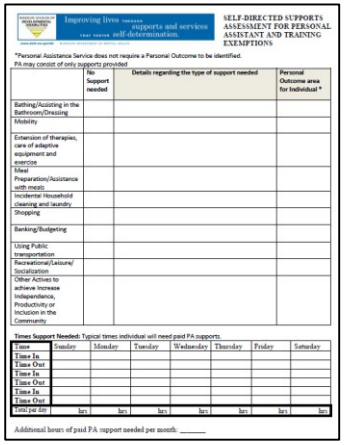
A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

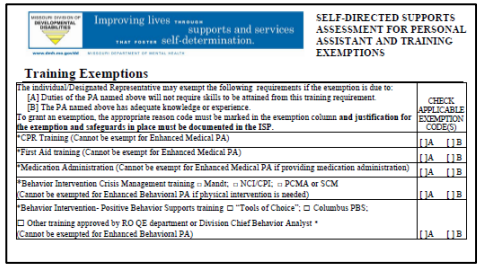
- *2010 Service Coordinator training.*
  - *Service Monitoring Guidelines*
  - *Created tools for SC*



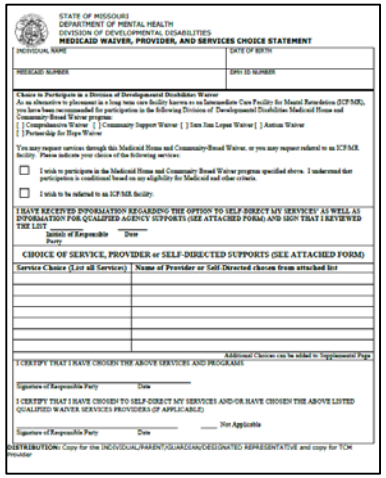
ISP Checklist



PA Assessment



A tool for ensuring that the ISP is meeting waiver requirements and helps to determine goals and outcomes.



Medicaid Waiver, Provider and Services Choice Statement

A Brief Missouri History

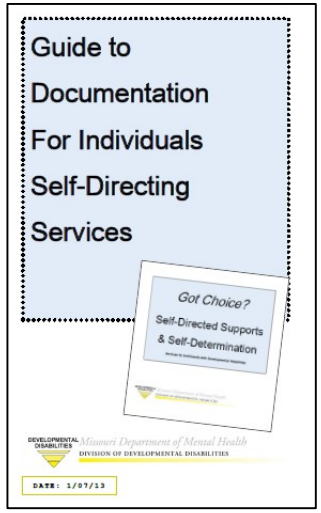
MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

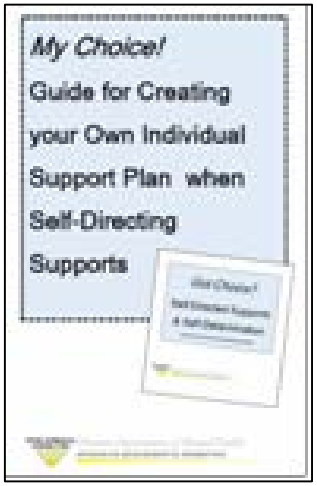
- 2011 SDS Improvement Plans
- 2011 Began to track Initial Review done SDSC
- 2011 Consultation from National Experts Sue A. Flanagan for FMS –RFP
- 2012 New FMS Vendor
  - Added maintenance of employee training qualifications
  - Added Prepayment edits and monthly reports to identify potential payment issues. (only works if you have a single FMS)
  - Only allow payment if FMS has current authorization.

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- *2012* Missouri Medicaid Audit and Compliance (MMAC) Reviews
- *2013 "Guide to Documentation for Individuals Self-Directing Supports"*
- *2013* SDS Provider Relations Reviews
- *2013 "Guide to Creating your own ISP when Self-Directing Supports*





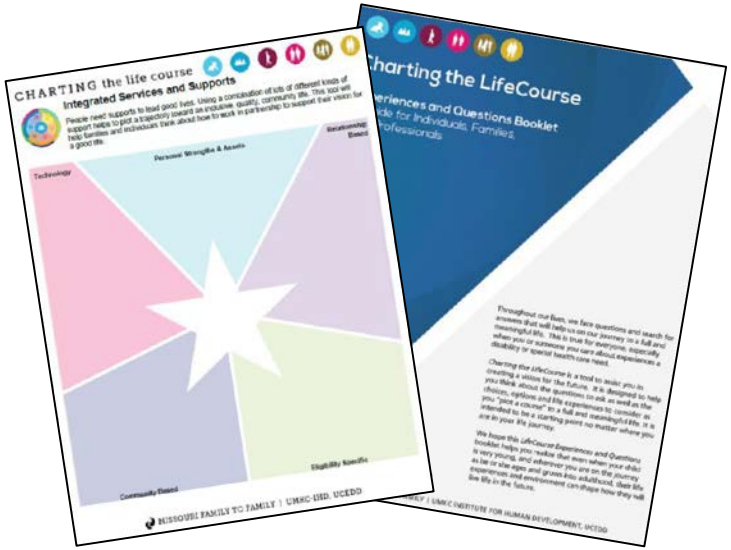
A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 2014 Growing provider capacity for Support Brokerage
- 2014 Department of Labor's Application of the Fair Labor Standards Act (FLSA) to Domestic Service
  - Economic Realities Test
    - Power to Hire & Fire
    - Control of Wages
    - Control over Hours and Scheduling
    - Supervision, Direction and Control of Work
    - Provide Equipment and **Mandatory Training**
- 2015 Statewide Individual Budget allocation process.

Steps in Creating the Individual Budget Allocation

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES



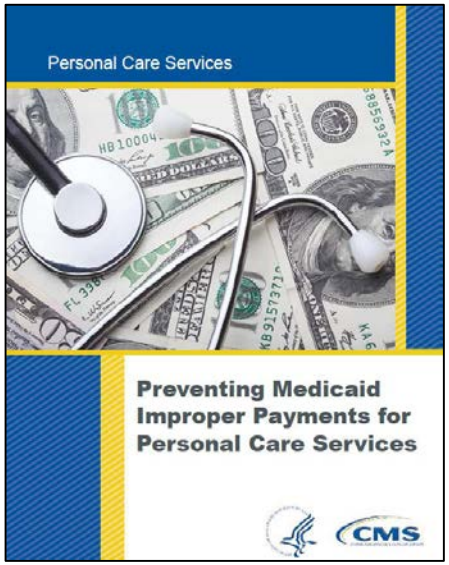
- 2015 Began to incorporate LifeCourse tools into training

LifeCourse tools for individuals, families, and professionals. Are helpful in having conversations with individuals and families about a vision for a good life and how to achieve it.

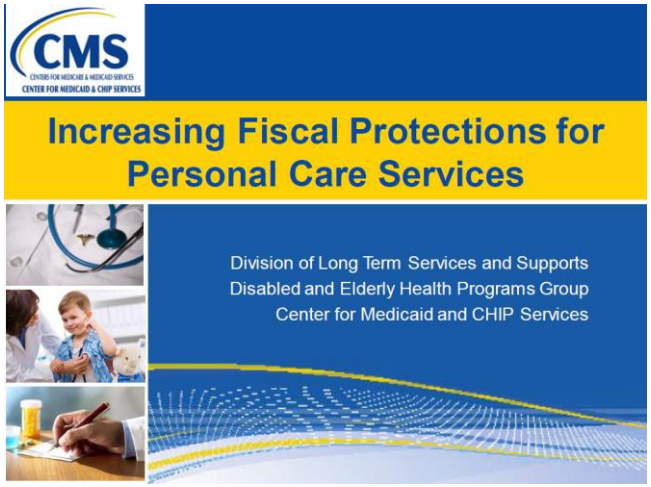
www.lifecoursetools.com/planning/

Brief History

2016 "Guide to Preventing Common Mistakes and Fraud"



"Preventing Medicaid Improper Payments for Personal Care Services" (July 2016)



CMCS, Increasing Fiscal Protections for Personal Care Services. April 2016.

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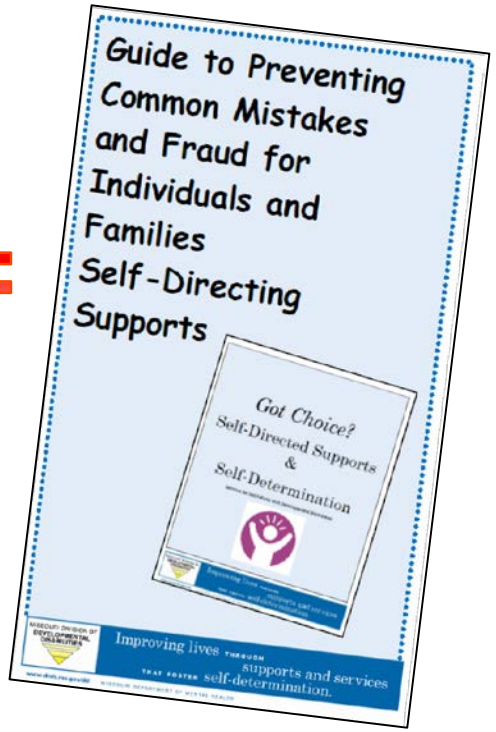


A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 2016 Public Partnership (PPL) FMS Contract
  - Added maintenance of service documentation to timesheets
    - Employee input documentation and Employer/ (Individual/Designated Representative) Approves
  - Added maintained of Monthly Summaries
    - Employer/ (Individual/Designated Representative) inputs and Support Coordinator (Case Manger) Reviews
  - Web portal can be viewed by Support Coordinators & Supervisors, Support Broker, DD Administration, Missouri Medicaid Audit and Compliance Unit
- 2017 Public Partnership SDS and FMS Advisory Group

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 2017 Regional Training Events: Self-Directed Supports & Integrated Supports and Services (Remote Supports, LifeCourse Tools & Home Modifications)
- 2017 Missouri receives: National Applied Self Direction award for '*Outstanding Leadership in Program Design*'

asd APPLIED SELF DIRECTION

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

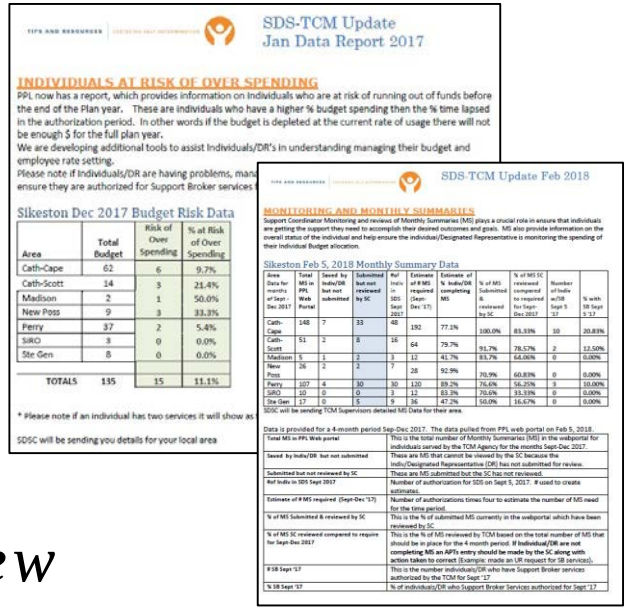
- 2017 PPL Monthly Dashboard & Program Integrity Indicators by Region
  - Individuals w/PPL
  - Individuals with Active/No Authorizations
  - Individuals with no activity for 90 days
  - Employees who worked more then 16 straight hrs
  - New Referral Status (referral to first employee starts work)
  - New Employees Day to "Good to Go"
  - Monthly Summary Data
  - Unusual Timesheets (submitted outside of the last 30 days)
  - Budget Utilization Reports

A Brief Missouri History Program Integrity Indicators

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

2018 SDS –TCM Reports

- Individuals at Risk of Over Spending
- Monitoring and Monthly Summary



SDS-TCM Update
Jan Data Report 2017

INDIVIDUALS AT RISK OF OVER SPENDING

PPL now has a report, which provides information on Individuals who are at risk of running out of funds before the end of the Plan year. These are individuals who have a higher % budget spending then the % time lapsed in the authorization period. In other words if the budget is depleted at the current rate of usage there will not be enough $ for the full plan year.
We are developing additional tools to assist Individuals/DR's in understanding managing their budget and employee rate setting.
Please note if Individuals/DR are having problems, mana
ensure they are authorized for Support Broker services

Sikeston Dec 2017 Budget Risk Data

Area	Total Budget	Risk of Over Spending	% at Risk of Over Spending
Cath-Cape	62	6	9.7%
Cath-Scott	14	3	21.4%
Madison	2	1	50.0%
New Poss	9	3	33.3%
Perry	37	2	5.4%
SIRO	3	0	0.0%
Ste Gen	8	0	0.0%
TOTALS	135	15	11.1%

* Please note if an individual has two services it will show as

SDSC will be sending you details for your local area

SDS-TCM Update Feb 2018

MONITORING AND MONTHLY SUMMARIES

Support Coordinator Monitoring and reviews of Monthly Summaries (MS) plays a crucial role in ensure that individuals are getting the support they need to accomplish their desired outcomes and goals. MS also provide information on the overall status of the individual and help ensure the individual/Designated Representative is monitoring the spending of their Individual Budget allocation.

Sikeston Feb 5, 2018 Monthly Summary Data

Area Data for months of Sept - Dec 2017	Total MS in PPL Web Portal	Saved by Indiv/DR but not submitted	Submitted but not reviewed by SC	Ref Indiv in SDS Sept 2017	Estimate of # MS required (Sept - Dec '17)	Estimate of % Indiv/DR completing MS	% of MS Submitted & reviewed by SC	% of MS SC reviewed compared to required for Sept - Dec 2017	Number of Indiv w/SB Sept 5 '17	% with SB Sept 5 '17
Cath-Cape	148	7	33	48	192	77.1%	100.0%	83.33%	10	20.83%
Cath-Scott	51	2	8	16	64	79.7%	91.7%	78.57%	2	12.50%
Madison	5	1	2	3	12	41.7%	83.7%	66.06%	0	0.00%
New Poss	26	2	2	7	28	92.9%	70.9%	60.83%	0	0.00%
Perry	107	4	30	30	120	89.2%	76.6%	56.25%	3	10.00%
SIRO	10	0	0	3	12	83.3%	70.6%	33.33%	0	0.00%
Ste Gen	17	0	5	9	36	47.2%	50.0%	16.67%	0	0.00%

SDSC will be sending TCM Supervisors detailed MS Data for their area.

Data is provided for a 4-month period Sep-Dec 2017. The data pulled from PPL web portal on Feb 5, 2018.

Total MS in PPL Web portal	This is the total number of Monthly Summaries (MS) in the webportal for individuals served by the TCM Agency for the months Sept-Dec 2017.
Saved by Indiv/DR but not submitted	These are MS that cannot be viewed by the SC because the Indiv/Designated Representative (DR) has not submitted for review.
Submitted but not reviewed by SC	These are MS submitted but the SC has not reviewed.
Ref Indiv in SDS Sept 2017	Number of authorization for SDS on Sept 5, 2017. If used to create estimates.
Estimate of # MS required (Sept-Dec '17)	Number of authorizations times four to estimate the number of MS need for the time period.
% of MS Submitted & reviewed by SC	This is the % of submitted MS currently in the webportal which have been reviewed by SC.
% of MS SC reviewed compared to require for Sept-Dec 2017	This is the % of MS reviewed by TCM based on the total number of MS that should be in place for the 4 month period. If Individual/DR are not completing MS an APTs entry should be made by the SC along with action taken to correct (Example: made an UR request for SB services).
# SB Sept '17	This is the number individuals/DR who have Support Broker services authorized by the TCM for Sept '17
% SB Sept '17	% of individuals/DR who Support Broker Services authorized for Sept '17

- *Information sheets provide overview of the region/satellite area.*
- *TCM Supervisors are then sent detail information for their agency so they can see which of their Support Coordinators are meeting program integrity standards.*

Determinations if the if Individual/ Designated Representatives need Support Broker Services

Program Integrity Indicators:

Individuals at Risk of Over Spending

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

For January 2018

26 TCM had 0% of Individuals/DR at Risk of Over Spending

Region	TCM Area	Total Budget	Risk of Over Spending	% at Risk of Over Spending
Albany	Clinton	4	0	0.0%
Albany	Davies	2	0	0.0%
Albany	DeKalb	8	0	0.0%
CMRO	Audrain	4	0	0.0%
CMRO	Callaway	7	0	0.0%
CMRO	CHS-Benton	2	0	0.0%
CMRO	Howard	4	0	0.0%
CMRO	Moniteau	1	0	0.0%
CMRO	Pettis-CBS	1	0	0.0%
Hannibal	Pike	5	0	0.0%
Joplin	Pathways	1	0	0.00%
KC	Cass	5	0	0.0%
KC	Johnson	13	0	0.0%

Region	TCM Area	Total Budget	Risk of Over Spending	% at Risk of Over Spending
KC	Pathways	4	0	0.0%
KC	Ray	5	0	0.0%
Kirkv	Linn	15	0	0.0%
PB	Pathways	1	0	0.00%
Rolla	Gas	2	0	0.0%
Rolla	Osage	3	0	0.0%
Rolla	Ste Gen	2	0	0.0%
Sike	SiRO-TCM	3	0	0.00%
Sike	Ste Gen	8	0	0.00%
Spring	Ozark	2	0	0.00%
Spring	Pathways	1	0	0.00%
Spring	Blank	2	0	0.00%
StLTri	StL Off DD	8	0	0.0%

Program Integrity Indicators:

Individuals at Risk of Over Spending

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

For January 2018

Highest % of Individuals/DR at Risk of Over Spending (TCM Level)

Region	TCM Area	Total Budget	# at Risk of Over Spending	% at Risk of Over Spending
Hannibal	Monroe	1	1	100.0%
Sike	Madison	2	1	50.00%
CMRO	CTC-Pettis	7	3	42.9%
Hannibal	Central Team	5	2	40.0%
CMRO	Cooper	3	1	33.3%
Sike	New Poss	9	3	33.30%
Hannibal	Audrain	8	2	25.0%
Hannibal	Lincoln	8	2	25.0%
Rolla	Cam	36	9	25.0%
Sike	Cath-Scott	14	3	21.40%

Program Integrity Indicators:
Highest % of Overall Monthly Summary Completion (TCM Level)

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Region	TCM MS Data for months of Sept -Dec '17	# of Indiv in SDS Sept '17	Estimate of % Indiv/DR completing MS	% of MS Submitted & reviewed by SC	% of MS SC reviewed compared to required for Sept-Dec '17	% with Support Brokers Sept 5 '17
CMRO	Moniteau	1	100.0%	100.0%	100.00%	0.00%
CMRO	CHS-Benton	2	100.0%	100.0%	87.50%	0.00%
Rolla	Frank	13	90.4%	97.8%	86.54%	0.00%
PB	**Stoddard**	**11**	**86.4%**	**100.0%**	**86.36%**	**27.27%**
Sike	SiRO	3	83.3%	100.0%	83.33%	0.00%
Rolla	Osage	4	100.0%	86.7%	81.25%	25.00%
Joplin	**Ozark**	**41**	**86.6%**	**97.8%**	**80.49%**	**19.51%**
Sike	New Poss	7	92.9%	91.7%	78.57%	0.00%
Kir	Linn	13	88.5%	88.6%	75.00%	23.08%
Rolla	Gas	2	87.5%	100.0%	75.00%	0.00%

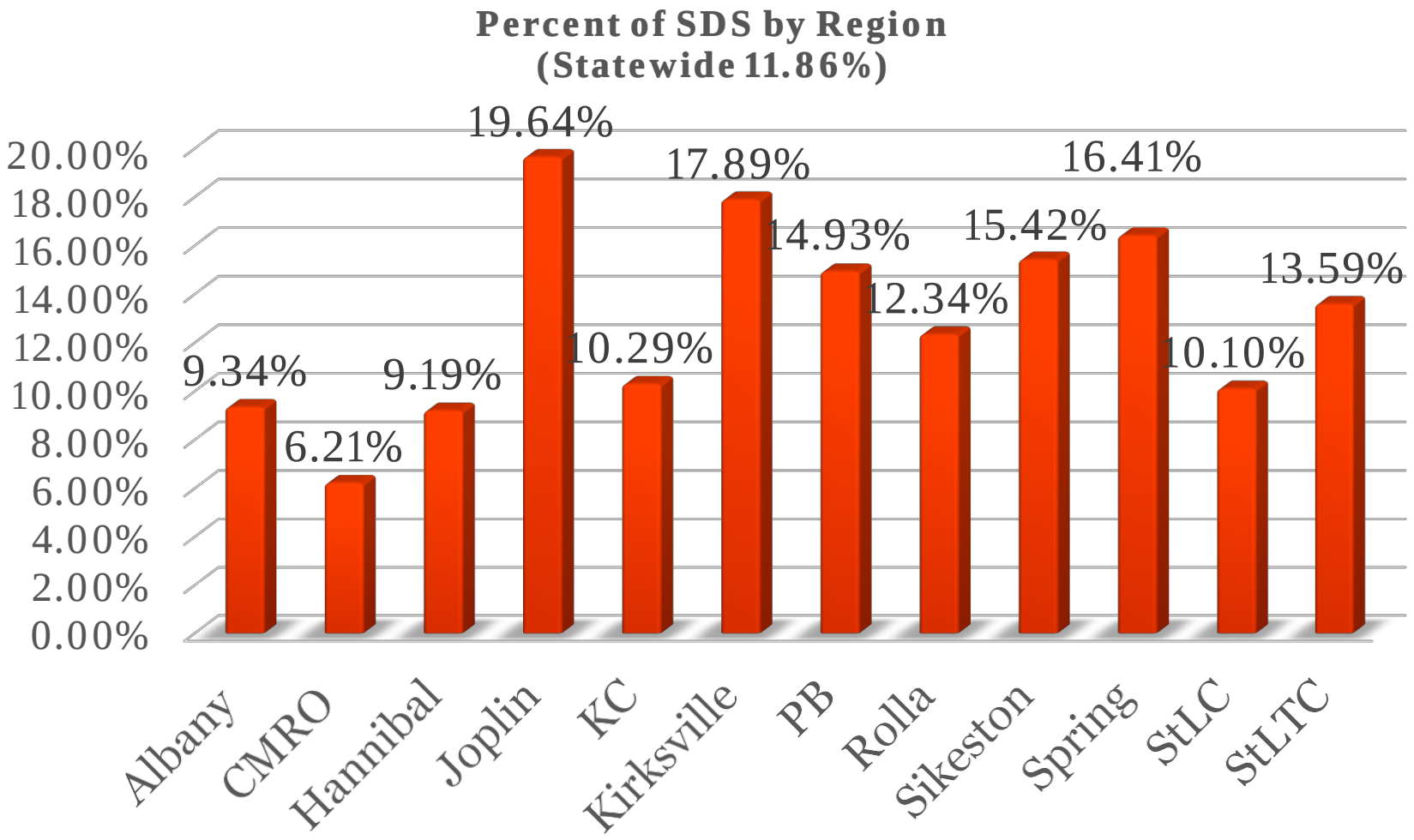
Program Integrity Indicators:
Lowest % of Overall Monthly Summary Completion (TCM Level)

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Region	TCM MS Data for months of Sept -Dec '17	# of Indiv in SDS Sept '17	Estimate of % Indiv/DR completing MS	% of MS Submitted & reviewed by SC	% of MS SC reviewed compared to required for Sept-Dec '17	% with SB Sept 5 '17
Hannibal	Warren	13	11.5%	0.0%	0.00%	0.00%
KC	Lafayette	7	21.4%	0.0%	0.00%	0.00%
Hannibal	Pike	5	30.0%	0.0%	0.00%	0.00%
Hannibal	Central Team-HRO-TCM	3	83.3%	0.0%	0.00%	0.00%
KC	Pathways	3	58.3%	0.0%	0.00%	0.00%
CMRO	Howard	3	41.7%	0.0%	0.00%	0.00%
Rolla	Ste Gen	2	62.5%	0.0%	0.00%	100.00%
Joplin	Pathways	1	100.0%	0.0%	0.00%	0.00%
Spring	Pathways	1	75.0%	0.0%	0.00%	0.00%
Hannibal	Marion	20	63.8%	6.4%	3.75%	30.00%

Missouri SDS % by Region

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES



KC Area by TCM

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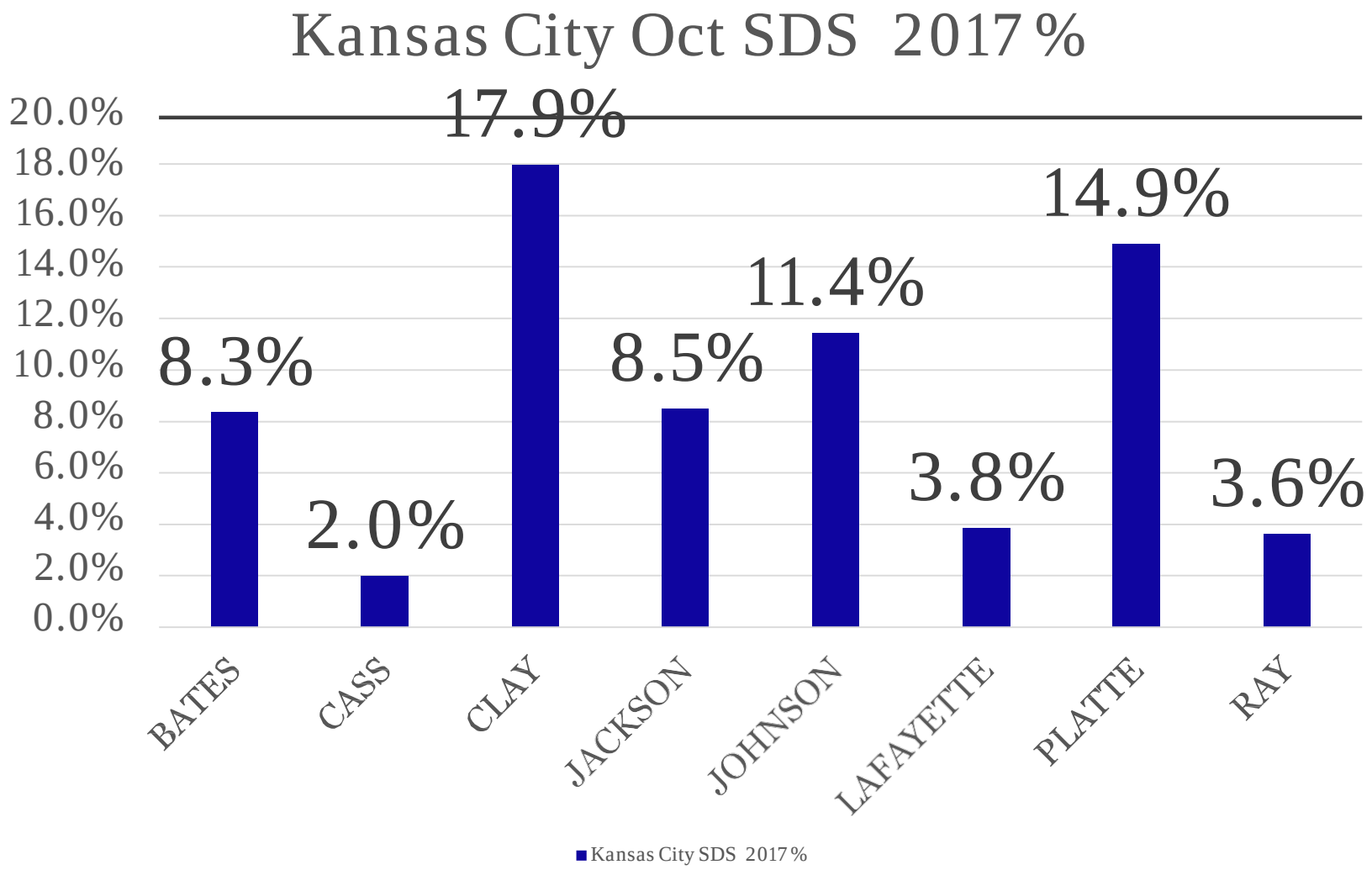

A Brief Missouri History

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- 2018 SDS Data at Different Levels
- Moving from Reaction to Prevention

Who	Data Utilized	Who Uses it	What can it tell us
Statewide			
Regional			
TCM			
Support Broker			
Indiv/DR			

SDS in a Changing Environment
Charting LifeCourse for SDS

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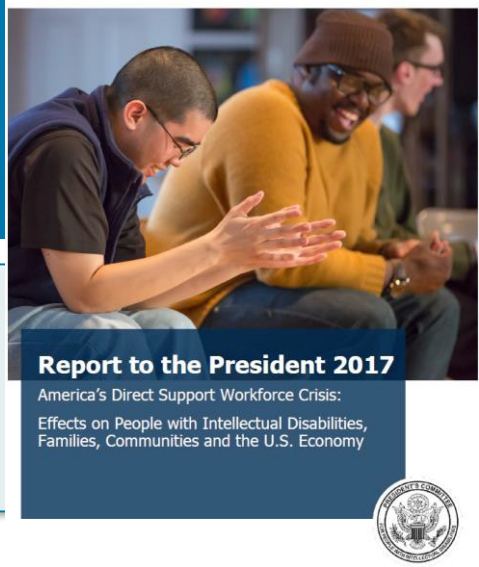
- **Module 1: Planning for Self-directed Supports**
  tools that help inform your Individual Support Plan Process, define personal outcomes and goals, and can be used a training tool for your employees.
- **Module 2: Setting Goals to Achieve a Good Life** *tools that help develop your Personal Implementation Strategies, develop steps to reach personal outcomes and goals, and can be used a training tool for your employees.*
- **Module 3: Day-to-Day Strategies for Success in Self-direction** *provide tools that help measure the success of your Personal Implementation Strategies, and can be used a training tool for your employees*

(in development)

SDS in a Changing Environment Presidents Committee Report



DSP Crisis

- average DSP wages of $10.72 per hour
- average DSP wages below the federal poverty level for a family of four
- half of DSPs relying on government-funded and means-tested benefits
- most DSPs working two or three jobs
- average annual DSP turnover rates of 45 percent (range 18–76 percent)
- average vacancy rates of more than 9 percent

Factors for Crisis

- high staff turnover;
- growing demand for services due to the growth and aging of the U.S. population in general;
- increased survival rates for people with ID;
- demographic shifts resulting in fewer people moving into the DSP workforce;
- persistently non-competitive aspects of direct support employment, including low wages, poor access to health insurance, and lack of paid time off (PTO) and other benefits;
- high stress and demands of direct support employment, including round-the-clock, seven-days-a-week work;
- insufficient training and preparation for DSP roles; and
- lack of professional recognition and status for skilled DSPs.

Promising practices

- **Expand the use of self-direction so that family, friends and neighbors can be hired as DSPs**
- Promote through technical assistance and financial or programmatic incentives, remote supports, sensors, robotics and smart homes.

Recruiting Workers

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- SDS is Based on Relationship Support
- It differs in Agency based supports in the it allows individuals and families to more easily integrate the natural support of family, friends or others that they have a relationship with in their community.
- When assisting with finding workings it is importation to map out who the individual currently have in their life.

Recruiting Workers

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'I find our best employees by going to restaurant and if the waitress ask my brother what he want to order (vs. asking me), I ask if they would like a job'

Sister & Designated Representative.

Idea's or Strategies for finding potential employee's.

- Talk to people you know and people who know you (neighbors, church members, pastors/ministers). Let them know you are looking for help.

SDS in a Changing Environment
Agency Based vs SDS Support

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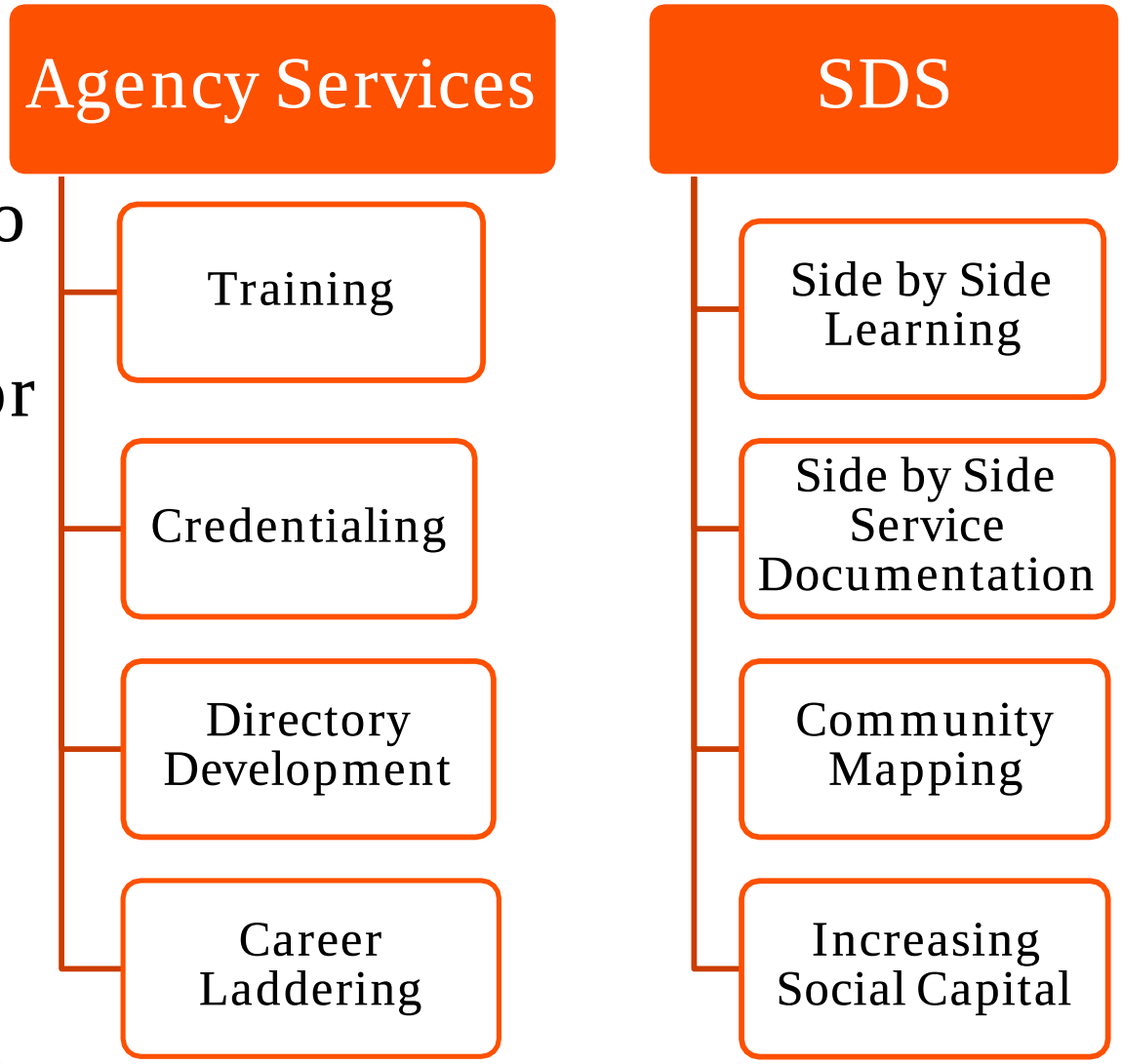
Innovative models to leverage the PCA workforce created for agency based supports may not fit well for individuals and families self-directing supports.



Working Together for Success

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TIPS AND RESOURCES | FACILITATING INDIVIDUALIZED SERVICES AND SUPPORTS

ROLES AND FUNCTIONS WITHIN SELF-DIRECTED SUPPORTS

Support Coordinator	Support Broker	Fiscal Management Services (FMS)	Division of DD Self-Directed Supports Coordinator (SDSC)
Assists the individual, family, or designated representative in understanding the choice of self- directed supports and transitioning from provider driven services to self-directed services. Completes the Individual Support Plan (ISP) with the required self-directed information and paperwork and submits to the Utilization Review Committee for approval. Amends the ISP based on the needs of the individual. Conducts a 30 day follow up after services begin with the Individual and Designated Representative to ensure the services are being carried out as written in the individual service plan, reviews timesheets, progress notes, monthly summary, and answers any questions. Monitors services and supports face to face no less than quarterly. Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews. Participates in "Improvement Plans" in order to amend ISP if needed and provide monitoring to ensure needed changes take place.	A Support Broker provides information and assistance (I&A) for the purpose of directing and managing supports as specified in the ISP. SB does not do these activities for the individual/DR but provides I & A to assist in doing their employer related task independently. **May include training in:** • Establishing work schedules for the individual's employees based upon their ISP; • Helping with managing the budget and employee rate setting; • Seeking other supports or resources outlined by the ISP; • Defining goals, needs and preferences, identifying and accessing services, supports and resources as part of the person centered planning process which is then gathered by the support coordinator for the ISP; • Implementing practical skills training (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution); • Developing an emergency back-up plan; • Implementing employee training; • Promoting independent advocacy, to assist in filing grievances and complaints when necessary. Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.	The FMS is a "Fiscal Employer Agent" (F/EA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the F/EA will file quarterly taxes and reports on behalf of the Employer/FEIN Holder. Provides the Employer/Designated Representative (DR) with an Enrollment Packet, Employee Packet(s) and Employee Training Materials. Completes payroll for the Employer/DR's employees and provides the employee with Federal and State tax withholding information on his or her paystub for each pay period and issues the W-2 after year end. Covers all employees with Workers' Compensation insurance. Completes employee background checks. Maintains all employee education and training records. Starting February 2016 maintains all service documentation. Provides Spending Reports to the Employer/DR, Support Broker, Support Coordinator and SDSC.	Provides technical support and training regarding the policy and procedures related to self-directed supports. Meets with the individual and designated representative within 90 days of services starting to complete an initial review to ensure services have started and are being implemented as written in ISP, the Individual/Designated Representative are meeting SDS program requirements and answer any questions. May review the progress notes, timesheets and monthly summaries. Assists the Provider Relations team with Self-directed Provider Reviews to ensure service delivery is consistent with Medicaid Waiver requirements, State Rules, Division of Developmental Disabilities Policy, and Best Practices. Works with the Fiscal Management Service to coordinate enrollments, budget information, and problem solve issues/concerns, complete paperwork for high school exemptions. Facilitate improvement plan. Improving lives supports and services self-determination. 3/22/16

Guides and Publications

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

TIPS AND RESOURCES | FOSTERING SELF-DETERMINATION

Self-Advocacy Guides and Publications

"Got Choice? Self-Directed Supports and Self-Determination"

Adobe Printable http://dmh.mo.gov/docs/dd/GotChoiceHandBook.pdf

"My Choice!: Guide for Creating your Own Individual Support Plan when Self-Directing Supports"

Adobe Printable http://dmh.mo.gov/docs/dd/MyChoice.pdf
(Print two sided on 'short end')

Online Viewing http://en.calameo.com/read/000494321a932428d2c67

"Guide to Documentation for Individuals Self-Directing Supports"

Adobe Printable http://dmh.mo.gov/docs/dd/SDSGuide.pdf

(Print two sided on 'short end')

Online Viewing http://en.calameo.com/read/0004943211fe365658ccb

"Guide to Understanding Reviews of Individuals and Families Self-Directing Supports"

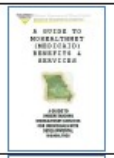
Adobe Printable http://dmh.mo.gov/docs/dd/GuideUnderstandingReviews.pdf
(Print two sided on 'short end')

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES
Improving lives THROUGH supports and services THAT FOSTER self-determination.
www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

TIPS AND RESOURCES | FOSTERING SELF-DETERMINATION

Self-Advocacy Guides and Publications

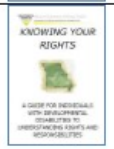
SELF-ADVOCACY AND SELF-DETERMINATION MATERIALS The Advocacy Specialist promotes self-advocacy and self-determination by creating materials that are written for and by people with disabilities and written in design in order to be used by everyone.



"A Guide to Understanding MoHealthNet (Medicaid) Services"

Adobe Printable http://dmh.mo.gov/docs/dd/guidemohealthnet.pdf
(Print two sided on 'short end')

Online Viewing http://en.calameo.com/read/000494321666793128cd6



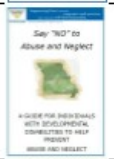
"Knowing Your Rights: A Guide for Individuals with Developmental Disabilities to Understanding Rights and Responsibilities"

Adobe Printable http://dmh.mo.gov/docs/dd/rightsbooklet.pdf
(Print two sided on 'short end')

Online Viewing http://en.calameo.com/read/0004943218b3e602843ea

"It's My Home: A Guide for Individuals with Developmental Disabilities to Understanding to Help Understand Housing Options"

Adobe Printable http://dmh.mo.gov/docs/dd/hsgguide.pdf
(Print two sided on 'short end')



"Say 'No' to Abuse and Neglect: A Guide for Individuals with Developmental Disabilities to help Prevent Abuse and Neglect"

Adobe Printable http://dmh.mo.gov/docs/dd/anpreventionbooklet2.pdf
(Print two sided on 'short end')

"People First Language: Communicating with and about People with Disabilities"

http://dmh.mo.gov/docs/dd/self-determinationtippeoplefirstlanguage.pdf

"Disability- Friendly Businesses: Doing Business with People with Disabilities"

http://dmh.mo.gov/docs/dd/disabilityfriendlybusinesses.pdf

http://dmh.mo.gov/dd/progs/selfdirect.html

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Improving lives THROUGH
supports and services
THAT FOSTER self-determination.