The Roles of Case Managers in Self-Direction: Empowering Independence

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500+
connections

Background

Experience

Vice President
Milwaukee Center For Independence
January 2009 – Present (5 years 10 months)

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Previous   Milwaukee Center For Independence, University of Wisconsin
Milwaukee, Outreach Community Health Centers, Inc.

Education   University of Wisconsin-Milwaukee

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Background

Summary

Social Worker with experience and training in long term care service design and provision, medical social work, home and community based services and case management, family outreach, and special education. Additional experience in Head Start programs; trauma-informed behavioral health care focused on homeless populations with co-occurring disorders; and community based direct support and advocacy for adolescents and adults with developmental disabilities.
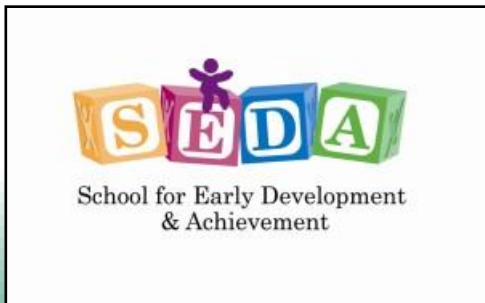
Objectives

- Understand self-directed service models

- Discuss evolution of service delivery

- Address and debunk myths

- Review core standards for case managers in self-directed programs

- Maximize role of I&R staff

"With great power comes great responsibility"

Self-Determination Theory

Autonomy
- Being responsible
- Independent
- Able to speak for oneself

Competence
- The ability to do something successfully or efficiently
- A specific range of skill, knowledge, or ability

Relatedness
- The state of being connected or associated
- The state of having developed from the same origin
- The state of being part of the same family, community, or program

Competence

Autonomy

Relatedness

Self-Determination Theory
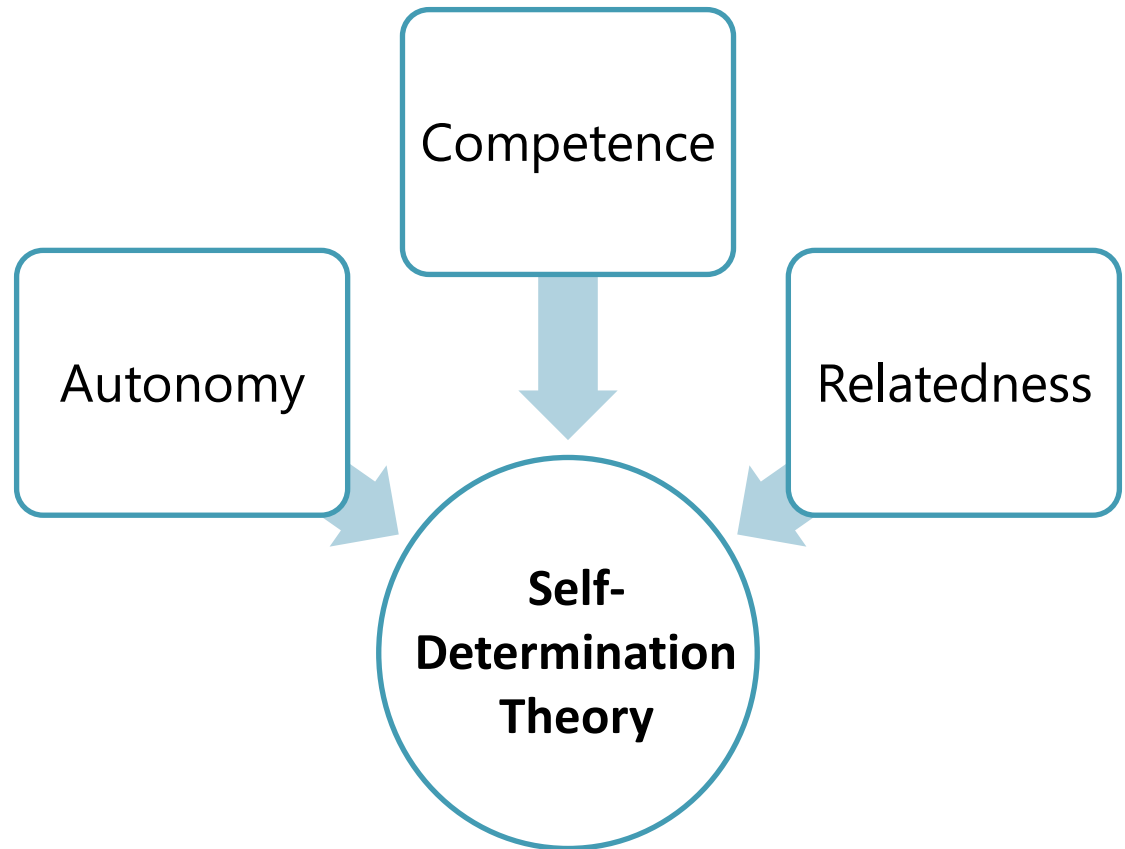
Medicaid Home & Community Based Waivers

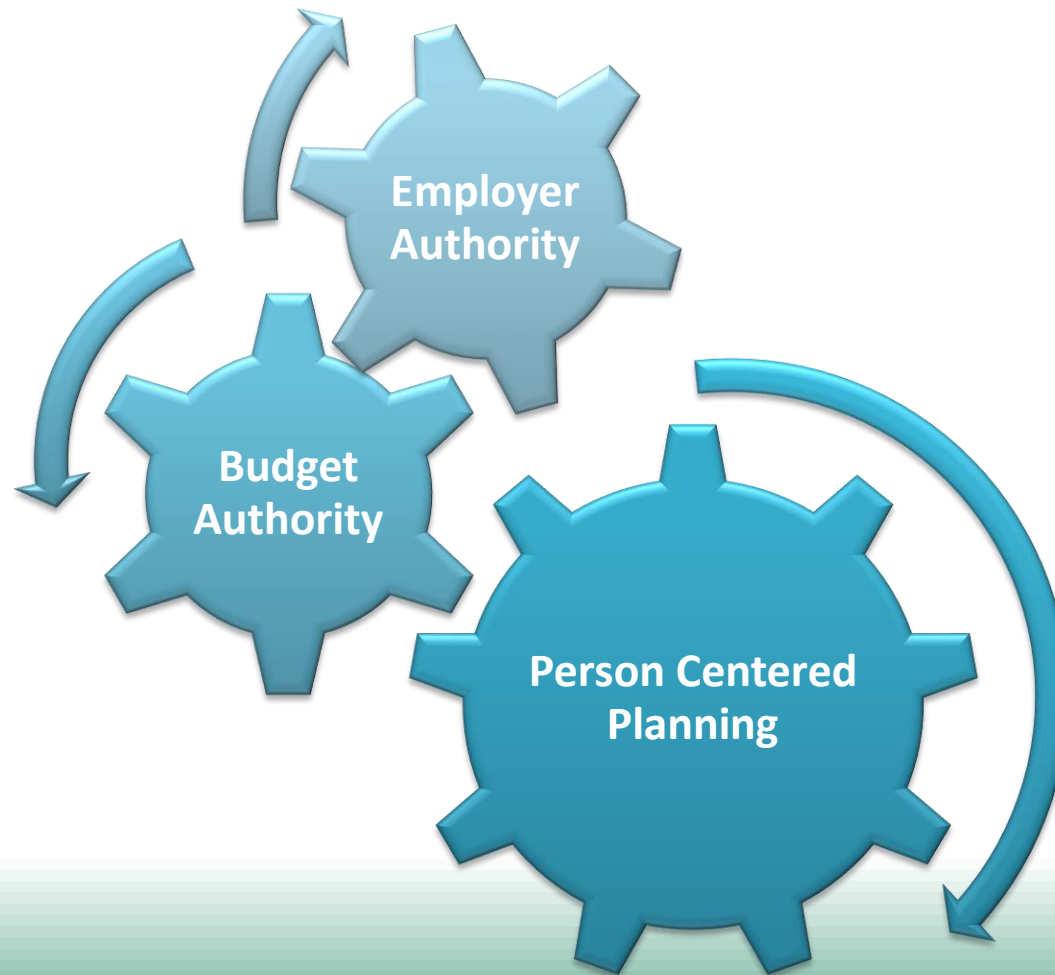| 1915(c)	1915(i) SPA	1915(j) SPA	1915(k) SPA	1115
Home and Community-Based Services Waiver	State Plan Home and Community-Based Services	Self-Directed Personal Assistance Services (PAS)	Community First Choice Option	Research and Demonstration Project Waiver

Core Tenets of Self-Directed Services

Small Group Exercise

What self-directed programs are available in your state?
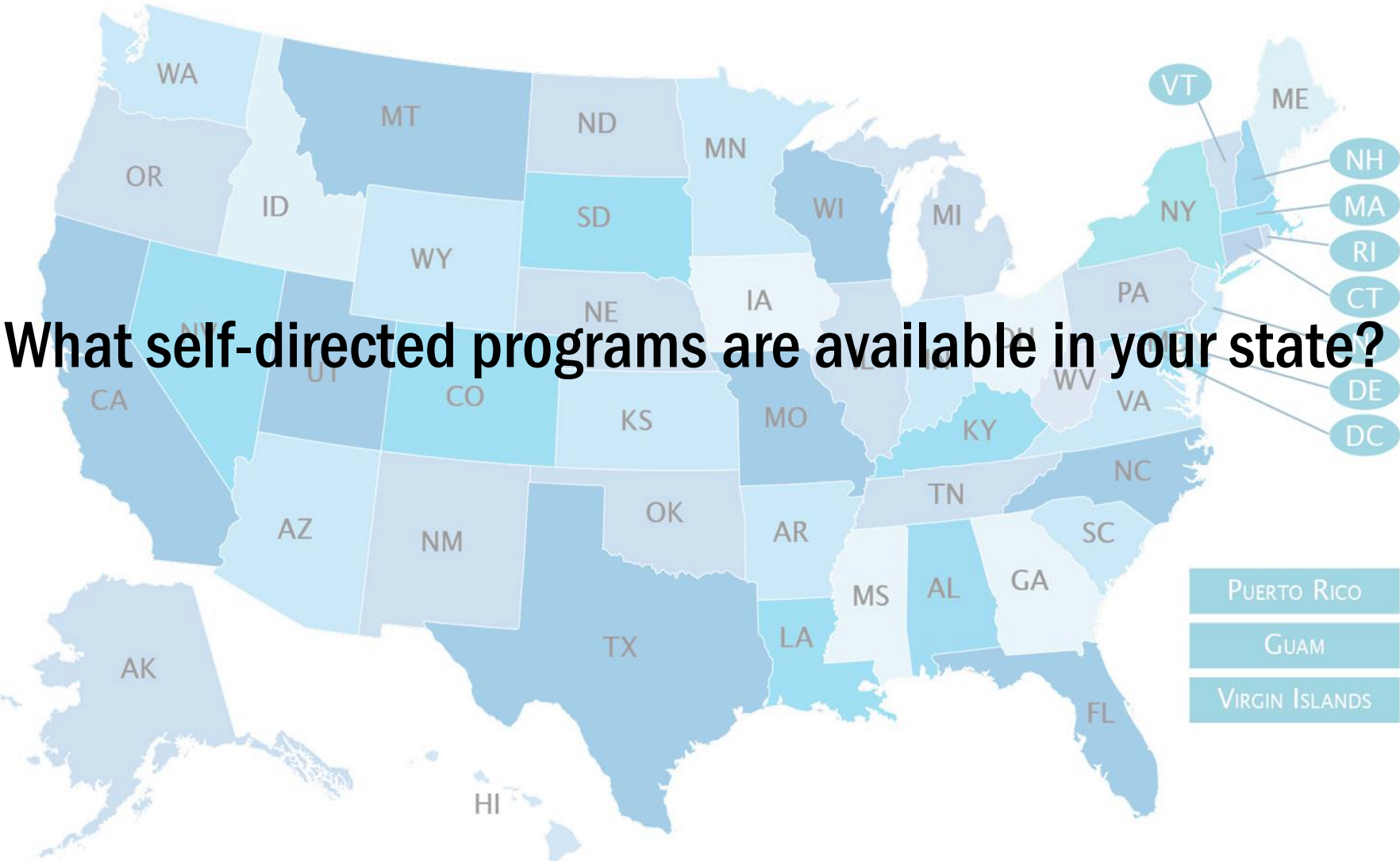
Understanding Self-Directed Programs: What Questions to Ask?

- Who is eligible?

- What services can consumers utilize?

- Can consumers direct <u>some</u> or <u>all</u> of their services?

- Who can provide services?

- Are budgets flexible or authorization based?

- How involved are case managers?

- How does the program integrate healthcare?

- What is the role of financial management service (FMS) providers?

- Are long-term care outcomes monitored?

Changing Tides

Person Centered vs. System Centered

https://www.youtube.com/watch?v=y77y7XW8GtE
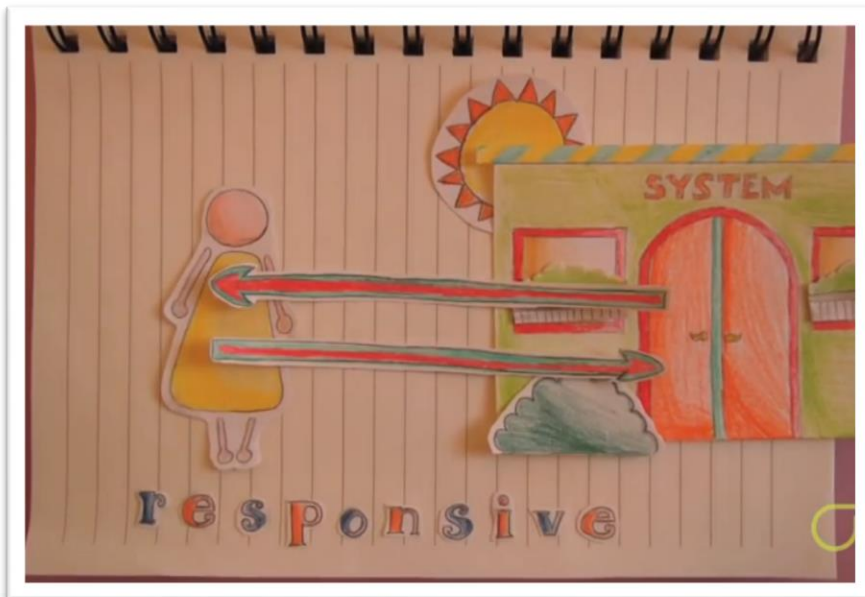
ENGAGEMENT

"Involving Consumers in the Decision Making Process."

PAST → **IDEAL**

PAST				IDEAL
The individual has no input into decisions	Decisions are made by parents and professionals, with some input from the individual	Decision making is viewed as mutual, reciprocal process in which the individual is an equal partner	Professionals or parents have input, but the final and binding choice is made by the individual	The individual has complete responsibility to make choice

TRADITIONAL
Provider focused
Provider driven
Provider chosen

Person Centered Planning
- Integral part of self-directed programs
- Methodologies vary
- Identifying major life goals and make related decisions

SELF-DIRECTED
Individual focused
Individual driven
Individual chosen

Paradigm Shift

Traditional Approach

- *"Professional/Medical Model"*
- The consumer is dependent upon the service provider to direct and deliver necessary supports
- Provider identifies and mitigates risk
- Provider monitors quality of supports
- Provider initiates and terminates service accordingly

Self-Directed Approach

- *"Empowerment/Person-Centered Approach"*
- Individual defines his or her needs
- Individual designates "circle of support"
- Individual controls resources and staffing
- Individual determines the role the service provider will play in their life
- Individual determines quality of supports
- Individual initiates and terminates service accordingly

Arkansas' Independent Choices Participant Self-Assessment

YOU DECIDE WHAT SERVICES AND PURCHASES WILL HELP YOU MEET YOUR PERSONAL CARE NEEDS.

1. What services do you want and need?

2. What purchases will help you?

YOU SELECT THE PEOPLE YOU WANT TO HELP YOU OR WHAT THING YOU NEED TO BUY TO HELP YOU LIVE IN THE COMMUNITY.

1. How will you find and select people to help you in your home?

2. How do you shop for the purchases you need to make?

3. How do you plan to train and supervise the people who work in your home?

4. How will you tell your workers what you like or don't like about their work?

5. If you are not happy with the work of the worker you hire, how will you handle the situation?

A COUNSELOR CAN HELP YOU LEARN HOW TO FIND YOUR WORKERS, HOW MUCH TO PAY YOUR WORKERS, HOW TO TRAIN YOUR WORKERS AND MANY OTHER THINGS.

1. Are you willing to ask for help if you need it?

_____ Yes

_____ No

FAMILY OR FRIENDS CAN HELP YOU MAKE DECISIONS IF YOU WANT.

1. Do you have someone you want to appoint as your representative decision maker?

_____ Yes

_____ No

Addressing Myths

Myth: Case managers don't need to spend as much time with consumers in self-directed programs

Q: Is the time per participant increased for the consumer-directed counselor?
A: Experience shows that initially situating an individual in the consumer-directed option can be initially more time consuming, however, as individuals become more comfortable with the additional duties, support decreases over time.

Addressing Myths

Myth: There is no oversight in self-directed programs

Q: What has been the response from state and federal funding sources to allow participants with more flexibility and control over directing their care with less oversight by the "experts?"
A: Consumer direction does not alleviate the program's responsibility to provide oversight to safeguard the health and welfare of individuals. While the participants absorb additional duties to manage their services, program staff continue to ensure services are adequate, are being delivered as intended, and that appropriate and timely changes are administered.

https://nrcpds.bc.edu/details.php?entryid=125

Addressing Myths

Myth: There is more fraud in self-directed programs

Q: How do you address inherent conflicts of interest between employees and the participant/employers who hire family members or friends?
A: The program needs to provide tools that will establish a formal employer/employee relationship, even with family members. While the participant and/or the representative assumes responsibility for assuring that services are provided in a quality manner, most programs do require the counselor to monitor the provision and quality of services.

Addressing Myths

Myth: There is no way to monitor quality in self-directed programs

Q: What recourse does a counselor have when consumer direction is clearly not working for the participant for some reason (i.e., the provider is not providing service on the care plan) but the participant refuses to acknowledge or to act?
A: This all falls into the program's risk management system. If an individual consistently is making poor decisions that have serious and harmful consequences for themselves or others, and interventions such as appointing a representative and modifying the service plan have failed, one recourse is to require the individual to return to traditional agency services.

Addressing Myths

Myth: Some consumers cannot self-direct

Q: So often we receive calls from both participants and caregivers who don't know what they want, what they need, or what they want us to do. Are they are not good candidates for consumer direction? How do we assist them?

A: First, consumer direction is one of many options to delivery effective services. For those individuals desiring more choice and control, and who are comfortable making decisions, it may be the right decision. For those who are less comfortable, additional supports to help them feel more confident with decision-making activity might be in order. Often times, selecting a representative to assist with decisions is appropriate.

Core Standards for Case Managers in Self-Directed Programs

NASW Standards for Social Work Case Management

1. Ethics and Values
2. Qualifications
3. Knowledge
4. Cultural and Linguistic Competence
5. Assessment
6. Service Planning, Implementation, and Monitoring
7. Advocacy and Leadership
8. Interdisciplinary and Inter-organizational Collaboration
9. Practice Evaluation and Improvement
10. Record Keeping
11. Workload Sustainability
12. Professional Development and Competence

Partnerships for Person-Centered and Participant-Directed LTSS Project

- Funded through the New York Community Trust

- July 1, 2013 – July 30, 2015

- Academic partnership between:
  - Nine universities
  - Council of Social Work Education
  - National Resource Center for Participant-Directed Services (NRCPDS)

- Goals: to develop pioneering methods for training future bachelors and masters-level students in social work around person-centered planning and participant direction

Person-Centered and Participant-Directed Social Work Competencies

Identify as a professional social worker and conduct oneself accordingly.

1. Describe the philosophy of person-centeredness in relation to social work values and theories.

2. Identify the roles and responsibilities of the social worker, participant, support broker, and financial management services agency in a participant-directed service model.

Apply social work ethical principles to guide professional practice.

1. Encourage and support the participant to identify their own goals and determine their best options even when they request another person to be involved in making those decisions or there is a legally mandated representative who is to be included in the decision making process.

Person-Centered and Participant-Directed Social Work Competencies

Apply critical thinking to inform and communicate professional judgments.

1. Describe the history of independent living, self-determination, and participant direction.

2. Compare and evaluate the effectiveness of participant direction as a service model.

3. Discuss the evaluation research on participant direction as a service model relevant to the population served and/or practice context.

Person-Centered and Participant-Directed Social Work Competencies

Engage diversity and difference in practice.

1. Understand the diverse characteristics among participants, families, and professionals (e.g., age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation, etc.).

2. Describe how diverse characteristics are sources of strengths for and/or may create barriers to accessing services and supports.

3. Explain how diverse characteristics may influence an individual's familial relationships, social organizations, and help-seeking behavior.

Person-Centered and Participant-Directed Social Work Competencies

Advance human rights and social and economic justice.

1. Understand the forms and mechanisms of privilege, oppression, and discrimination and their impact on participants and their families.

2. Describe how privilege, oppression, and discrimination may impact access to services and supports.

Engage in policy practice to advance social and economic well-being and to deliver effective social work services.

1. Understand the policy history and potential future trajectory of major public programs for long-term services and supports.

2. Identify effective techniques to advocate for strengthening existing or developing new long-term services and supports.

Person-Centered and Participant-Directed Social Work Competencies

Assess with individuals, families, groups, organizations, and communities.

1. Demonstrate active listening and engagement skills in order to understand the person's approach, views, and what is important to and for them.
2. Facilitate information sharing from the person and family, agencies, organizations and communities using tools such as open-ended questions, problem solving, and motivational interviewing techniques and (when necessary) communication aids.
3. Demonstrate ability to work with the participant to identify and discuss potential benefits and risks of their options.
4. Demonstrate negotiation skills using tools such as open-ended questions, problem solving, and motivational interviewing techniques in interacting with the participant regarding the pros/cons of choices that may place the participant at considerable risk.

Person-Centered and Participant-Directed Social Work Competencies

Intervene with individuals, families, groups, organizations, and communities.

1. Apply a strength-based approach and build on individuals' strengths, values, preferences, and goals.

2. Discuss how family, paid caregivers, and community provide informal and formal supports.

3. Demonstrate ability to work with participants to develop support plans and individual budgets.

4. Establish capacity to provide support to the participant with employer related tasks, as needed (e.g., worker recruitment, training, discharging, etc...).

The Role of I&R Staff in Self-Directed Programs

Improving Efficacy of Program Models
Challenge and Opportunity for I&R, ADRC Leaders

Point of entry

- Influencing Clarity: Is the program easily explained/understood?
- Perceptions vs. Reality: What are the consumer and stakeholder assumptions/perceptions.
- Barriers to success

Annual and ongoing touch points

- Problem resolution (eligibility, enrollment, reenrollment, grievances)
- Program policy and procedure changes

Program Evaluation

- Formal feedback loop
- Issue related feedback

Training and Education

Stay Connected

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Stay Connected

To learn more about the wide-range of direct services our agency offers, please visit mcfi.net.

To see how our financial management services support self-directed programs, please visit iLIFEfms.com.

References

- CSWE Gero-Ed Center & National Resource Center for Participant Directed Services. (2013) Person-Centered and Participant-Directed Social Work Competencies. Retrieved from: http://www.cswe.org/File.aspx?id=70727
- Deegan, M.J., Willett, J., (2001) Liminality and Disability: Rites of Passage and Community in a Hypermodern Society. Disability Studies Quarterly, Volume 21, No.3. Retrieved from http://dsq-sds.org/article/view/300/349 .
- Heller, T. et al. (2011). Self-Determination Across the Life Span: Issues and Gaps. A National Gateway to Self-Determination. Retrieved from: http://ngsd.org/sites/default/files/scaling_up_paper_3.pdf
- Murphy, M. (2012) Participant Direction 101: A Primer for FMS Providers. National Resource Center for Participant Directed Services.
- National Council on Disability. (2013). The Case for Medicaid Self-Direction: A White Paper on Research, Practice, and Policy Opportunities. Retrieved from http://www.ncd.gov/NCD/publications/2013/05222013A/
- Ng, C et al. (2014). Medicaid Home and Community-Based Services Programs: 2010 Data Update. The Henry J. Kaiser Family Foundation.
- National Resource for Participant Directed Services. (2010). Changing Practices and Roles: Case Managers as Consumer-Directed Counselors. Retrieved from: https://nrcpds.bc.edu/details.php?entryid=125
- OpenFutureLearning. (2013). Person-Centered vs System-Centered With Beth Mount. Retrieved from: https://www.youtube.com/watch?v=y77y7XW8GtE
- Robert Wood Johnson Foundation. (2004). Self-Determination for Persons with Developmental Disabilities. An RWJF National Program. Retrieved from: http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2007/rwjf70028
- Robinson, M., Pfeffer,C., & Buccigrossi. (2003). Business Case for Inclusion and Engagement. wetWare, Inc. Rochester, NY. Retrieved from http://workforcediversitynetwork.com/docs/business_case_3.pdf
- Ryan, R., and Deci, E., (2000). "Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being." American Psychologist, 55.1: 68-78
- Schloss, P., Alper, S., Jayne, D., (1993) Self-Determination for Persons with Disabilities: Choice, Risk, and Dignity. Exceptional Children, Vol. 60, No. 3, p. 215-225. The Council for Exceptional Children.
- Wisconsin Department of Public Instruction. (2013). Opening Doors to Self-Determination Skills,. Retrieved from: http://sped.dpi.wi.gov/files/sped/pdf/tranopndrs-self-determination.pdf