

# Systems Change Grants: 2001 Real Choice & 2003 Independence Plus

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June 4, 2004



# Purpose of Presentation

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- Provide an overview of the collaborative decision-making process and how we have reached this point.
- Provide a brief overview of the Real Choice and Independence Plus grants.
- For more detailed information, contact information will be provided at the end of the presentation.

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# Grant Partners

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Both grants are funded by the Centers for Medicare and Medicaid Services (CMS) and administered by UMASS Medical School, Center for Health Policy and Research.

## State Partners

- Executive Office of Health & Human Services
- Executive Office of Elder Affairs
- MassHealth
- Department of Mental Retardation
- Massachusetts Rehabilitation Commission
- Department of Mental Health
- Department of Public Health

## Community Partners

- Older people and people with disabilities
- Advocates and advocacy organizations
- Families and caregivers
- Service providers

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# Steps Toward Stakeholder Collaboration

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## Winter 2003

- Community Living Forum held to seek consumer input on the Real Choice grant.
- Consumers and advocates voiced frustration about their lack of involvement .
- Consumer Nominating Committee appointed.
- Real Choice Consumer Planning Implementation Group formed.
- The direction of the grant was changed based on community input.

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# Consumer Planning and Implementation Group

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- Representation across age, disability, ethnicity, and geographic location (continue to work to be more inclusive).
- Includes people with disabilities, self-advocates, caregivers, and providers.
- Time needed to build trust within the group and with grant and state partners.
- Met intensely over 6 months to learn about the needs of members and gain consensus on desired Real Choice pilot project.
- In October of 2003, began to provide direction on the Independence Plus grant.

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# Collaborative Team

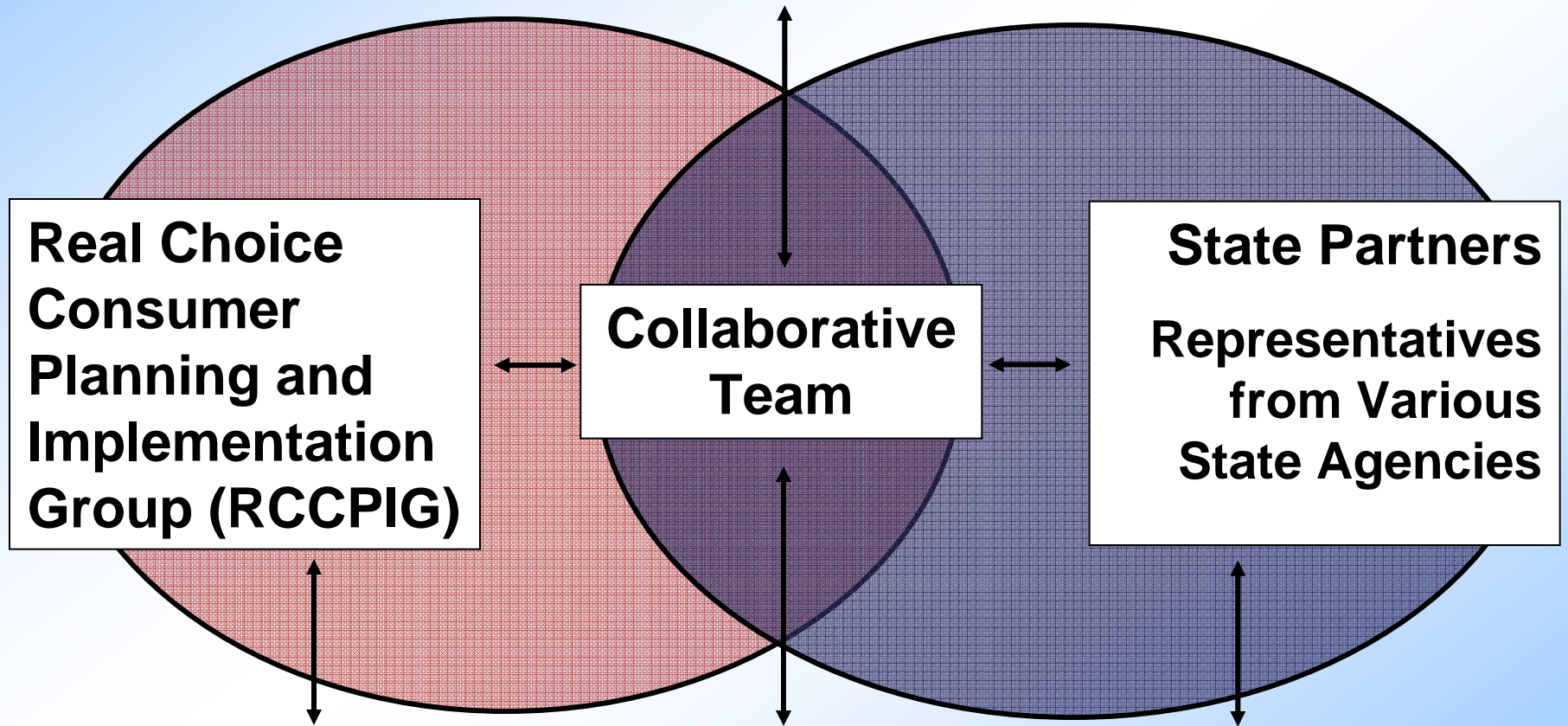
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- 5 representatives from the Consumer Planning and Implementation Group and 5 representatives from the State Partners Group.
- Decision-making entity for the Real Choice grant and Independence Plus grant.
- Designing and implementing the Real Choice pilot.
- Testing the effectiveness of “real” collaboration among state policy-makers and people with disabilities.

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**Executive Office of Health and Human Services,  
Office of Disability and Community Services,  
and Executive Office of Elder Affairs**



**Staff Support and Coordination Provided by  
UMass Medical School**

# Larger Community Outreach

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- Ongoing challenge to increase involvement and representation of individuals diverse in ethnicity and disability.
- Subcontract with Disability Policy Consortium (Independence Plus) to increase outreach efforts.
- Outreach methods include:
  - Public forums;
  - Articles in community newsletters;
  - Accessible website and advertising materials;
  - Presentations during advocacy and provider meetings;
  - Consumer group members educate respective disability communities; and...
  - Other suggestions welcome!

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# 2001 Real Choice Grant

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- \$1.3 million grant administered by UMASS Medical School Center for Health Policy and Research (UMMS/CHPR) in collaboration with state and community partners.
- Goal of the grant is to enhance the quality and accessibility of the present array of home and community-based long-term supports available to individuals with disabilities and long-term illnesses.

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# Three Phases to Real Choice

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## Phase One:

1. Information gathering and report writing
  - Service Coordination
  - Access to Healthcare for People with Disabilities
  - Direct-Care Workforce Compensation
  - Uniform Assessment Tools (Including the development of a tool by a workgroup with state and consumer representatives)
  - Consumer-Defined Quality
2. Increasing stakeholder involvement

Phase Two: Pilot design and implementation: Real Choice in Flexible Supports and Services for People with Disabilities.

Phase Three: Evaluation and recommendations for long-term sustainability.

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# Pilot Overview

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- Based on RWJF's Cash and Counseling Demonstration and Evaluation Project (now in results phase).
- Individuals will participate in the Real Choice functional assessment process to identify their level of need.
- Individuals will receive an individual budget based on their needs.
- Individuals will design a spending plan through support from a fiscal intermediary and a community liaison.
- Budgets will be up to \$36,000 a year or less (special circumstances may be approved by the Collaborative Team).
- Services and supports will be provided in a cost-effective method that best meets the individual's needs.

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# Target Population

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- Adults diverse in disability, age, ethnicity, and level of need who are Medicaid eligible (but not eligible for the Masshealth PCA Program).
- Individuals will reside in southeastern or central Massachusetts.
- Individuals will require assistance with two or more unmet needs relating to activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

# Why is this Pilot Important?

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- Only Medicaid eligible individuals who require “hands-on” assistance with 2 or more unmet ADL needs can participate in the Masshealth PCA Program.
- The current PCA Program allows consumers to hire workers, but not use funds to modify homes, purchase transportation, etc.
- Other flexible programs are available in pockets across the system, but are restricted to particular populations.
- For some individuals, funds are available, but flexible providers and workers are difficult to find.
- As more individuals live in the community, services need to be more flexible and individually-based.

# Pilot Specifics

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- Goals are to increase the quality of life and independence of participants through cost-effective flexible funding.
- Systems are designed to be applicable across disability and ages.
- Pilot components:
  - ❖ uniform functional assessment process;
  - ❖ individualized budgets & spending plans;
  - ❖ fiscal intermediary support;
  - ❖ community liaison support (support in designing & monitoring spending plans);
  - ❖ representative (also known as surrogate) option; and
  - ❖ consumer-driven quality component in addition to a traditional quality system.

# 2003 Independence Plus Grant

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- \$500 thousand grant administered by UMASS Medical School Center for Health Policy and Research (UMMS/CHPR) in collaboration with state and community partners.
- Goal of the grant is to develop the program structure that will allow individuals with disabilities to direct their own individual budget and choose the services and supports that best meet their needs in the community.

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# Independence Plus: Background

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- Designed by CMS to resemble the National Cash and Counseling Demonstration and Evaluation Project, funded by the U.S. Department of Health and Human Services and the Robert Wood Johnson Foundation.
- Cash and Counseling is a social experiment designed to test the implications of providing consumers with a flexible allotment of funds to manage their personal assistance supports and services.
- Cash and Counseling is recognized as cost-effective. Also, participants exhibit increased satisfaction and quality of life.



# Independence Plus: Waiver Design

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UMMS/CHPR will work with consumer and state partners to ensure the following CMS requirements are met:

- Person-centered planning approach;
- Enhanced fiscal support system to assist consumers with the employer responsibilities and flexible budgets;
- Support brokerage and peer mentoring system to assist consumers to create spending plan;
- Participant protections to ensure safety procedures and back-up systems; and
- Quality system to ensure consumer-driven outcomes.

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# For More Information on Real Choice and Independence Plus...

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[Visit www.massrealchoices.org](http://www.massrealchoices.org)

- Meeting summaries from Consumer Group & Collaborative Team meetings
- Decision-making model
- Project updates
- “Request for Proposals” document

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