



MN Gerontological Society
Annual Conference
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**Consumer-Directed
Community-Based
Support**

MN Dept. Human Services



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Today's Session

- Research on the effectiveness of the consumer-directed model
- Minnesota's current efforts to operationalize a consumer-directed model
- Ways consumers are using consumer-directed supports

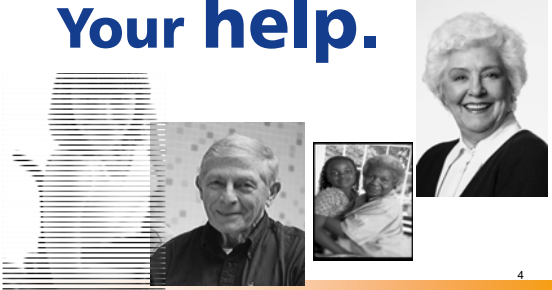
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Consumer-Directed Supports

- An option that gives people greater flexibility and responsibility for directing their services and supports, including control over a budget and hiring and managing direct support workers.

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**You decide.
Your help.**



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You decide

- **who** provides your help.
- **what** help you need within your budget.
- **when** your care will be provided.
- **how** much responsibility you want.

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Historical Roots

- Self-Determination Movement
- Adults with physical disabilities
- Parents of children with disabilities
- www.self-determination.com
- www.cashandcounseling.org

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Principles of Self-Determination Movement

- **Retain Freedom**
 - No need to "trade" freedom for support
- **Retain Authority**
 - The right to make decisions about their lives
 - The right to choose how their needs are addressed
- **Continue to Assume Responsibility**
 - For decisions made as to self-care
 - As managing employer (at minimum)
- **Receive Support**
 - Developing plan, hiring and directing staff

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People Want

- More Choice
- More Control
- More Responsibility



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Development

Cash and Counseling Model

- 1998 -- RWJF Foundation funded a 5 year 3-state Cash & Counseling Demonstration (Arkansas, Florida, New Jersey)
- Tested C&C Model Against Agency-Directed Personal Care with:
 - Adults with disabilities (Ages 18-64)
 - Elders (Ages 65+)
 - Florida only: Children with developmental disabilities
- 2004 Replication Project -- 12 states including MN
- National Program Office now the National Resource Center for Participant-Directed Services (NRCPS).
- www.cashandcounseling.org

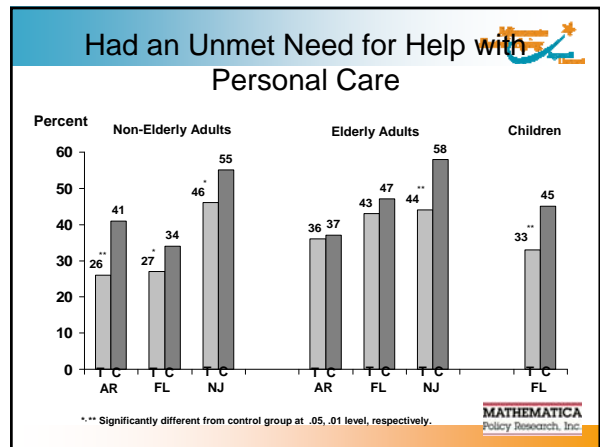
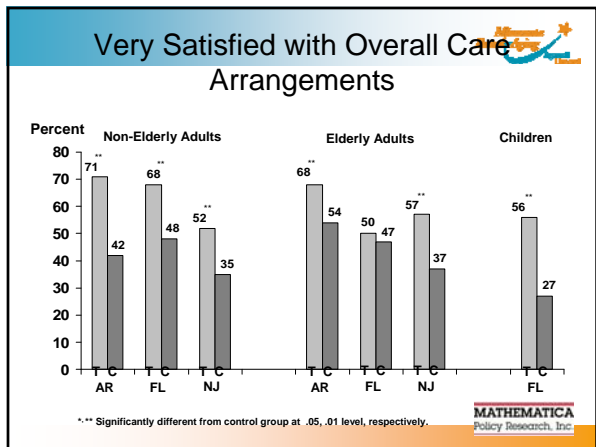
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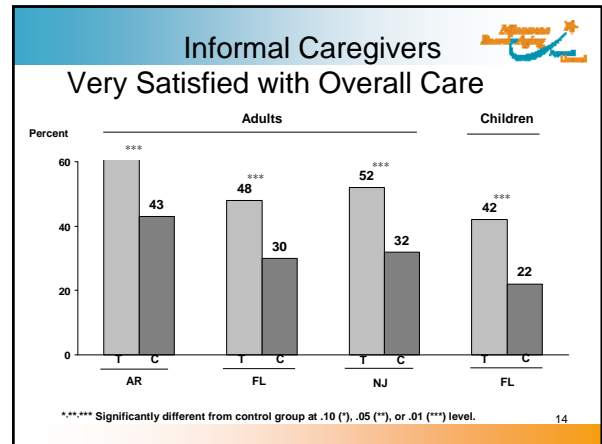
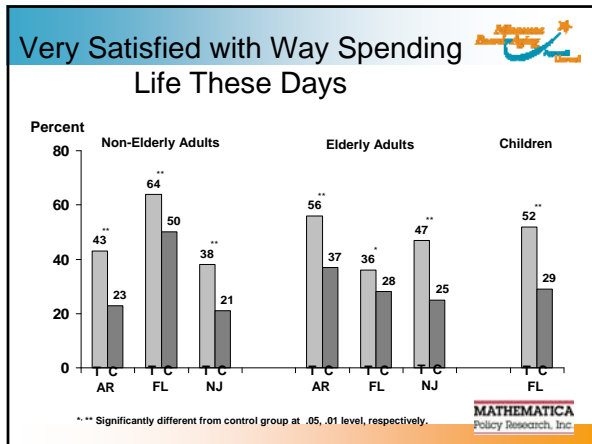
Research Findings

Cash & Counseling Model

- Increased consumer satisfaction
- More people receive paid care
- Fewer total hours of care
- Works for elderly as well as disabled
- No adverse health outcomes
- Programs need to help consumers with steps necessary to receive allowance

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- ### Key Points
- Consumer-directed services are a well-tested, proven service option that is growing within the national LTC system.
 - People have greater satisfaction with services
 - Family caregivers report less stress, increased satisfaction, and improved quality of life
 - No greater instances of consumer exploitation or fraud and abuse
 - Improved access to needed services; creates another work force for LTC
 - Health and safety is not compromised

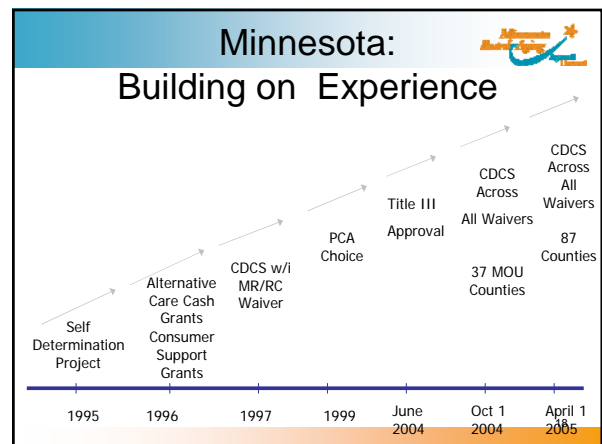
Minnesota's LTC System Vision

Consumer-Directed Community-Based Supports

- Permanent
- Statewide
- Multi-points of access
- Multiple funding streams
- Targeting At-risk

Tribes
 Counties
 Managed Care Org
 Area Agencies on Aging
 Providers, clinics, SLL, web
 Private Pay
 Title III
 State Grants
 Medical Assistance & Alternative Care Program
 Risk for NH and MA

- ### Changing How We Think – Making the “Paradigm Shift” into Consumer Direction
- From being **system-focused**
 - Rules prevail
 - Experts “know best”
 - Consumer lacks direct control over needed supports
 - To **person-centered**
 - Consumer along with their family and friends are “experts”
 - Consumer gains control over resources
 - Plan based on personal preferences and priorities



MN's Efforts With Consumer-Directed Models

- Consumer Directed Community Supports (CDCS)
- Consumer-directed respite (Title III)
- *Live Well At Home* Project (Nursing Home Diversion)

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Who Uses MN's Consumer-Directed Support Models?

- Those wanting to hire people who they know and trust and speak their language
- Those needing help beyond "business" hours (e.g., evenings, weekends, early morning)
- Those wanting "customized" help to get results they want
- Those dissatisfied with turnover of agency workers
- Those in rural areas and unable to find help

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Barriers

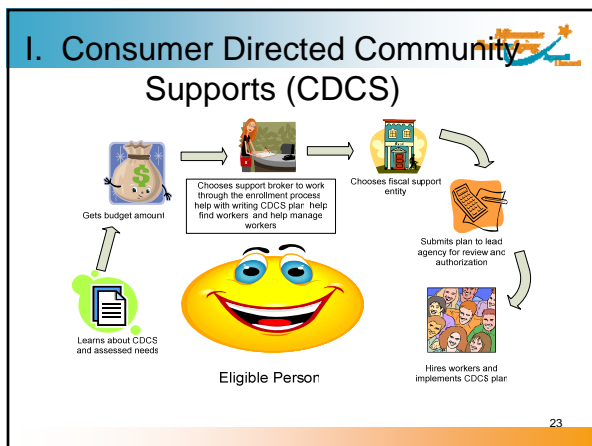
- Lack of understanding of the model – "we already do it."
- Reluctance to use person-centered planning and shift the *control*
- Knowing how to fully use a flexible services budget and purchasing power
- Rich menu of agency-based service options
- Lack of consumer awareness

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Core Components to the Model

- Person-centered planning
- Flexible services budget
- Consumer controlled purchasing
- Accountability through fiscal management service
- Employing own workers

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CDCS: Helping People Live at Home

	CDCS P Pay	PCA Choice	Traditional Waivers/AC Title III
Control of Spending/Spending	X		
Hire spouse	X		
Hire family or friends	X	X	
Set workers schedule	X	X	
Directs Staff	X	X	
Choice of providers or vendors	X	X	X *limited by contracts
Non-PCA services	X		X
Participant is the Expert	X	X	?
Person-centered Planning	X	X	??

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What are People Buying Under CDCS?

- **Personal Assistance:** help with personal cares (e.g., bathing, dressing, bathing, walking, etc.); relief of family caregiver; cleaning bathroom/kitchen, errands.
- **Treatment and Training:** Licensed nursing care, special training and education.
- **Self-Directed Support Activities:** Fiscal support entity and support planner services
- **Environmental Modifications:** assistive technology, transportation, home and vehicle modifications, special diets, MOW, etc.

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II. Consumer-Directed Respite

- Title III
- Rural areas
- Impact

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III. MN's Live Well At Home Project

Using Self-Direction (Consumer-Direction) For Private Pay

- AoA funded project to determine how to target and divert private pay persons *at-risk* of nursing home entry and/or spend down to Medical Assistance to self-directed community-based support.
- Opportunity to use consumer-directed support, evidence-based programs, risk management strategies, and Title III spending to slow Medicaid spending and extend community living.

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Targeting the *At-Risk Private Pay* Population with **Self-Directed** Support

- Develop consistent, evidence-informed process for targeting (Rapid Screen) (Gaugler/U of M contract) *at-risk* persons
- Link *at-risk* persons to flexible self-directed supports to manage risk factors
- Link private pay market to CDCS infrastructure
- Focus on older adult and family caregivers

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A Paradigm Shift

Social Work Model	Coaching Model	Risk Management Model
Diffused Impact	Topic Related Impact	Highly Focused Impact
Generalized Assessment Less able to prioritize	More Focused Assessment	Aggressive identification & screening for those at highest risk
Crisis Reaction	Coaching on topics where content is built and in use	Focused assessment for specific risk factors
	Usually Crisis Reaction	Evidence-based Interventions by risk factor
		Proactive Prevention

Then → Now -- Future

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The Risk Management Cycle



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How Risk Is Targeted



- **Rapid Screen** risk factors chosen:

- Assistance with ≥ 2 ADLS
- Injurious fall
- No family caregiver
- Stressed family caregiver
- Lives alone
- Memory concern
- Planned housing move



- Why were these specific risk factors chosen?

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Research On Risk Factors



- The Rapid Screen is composed of items based not only on meta-analysis for predictors of nursing home admission, but also a systematic review of predictors of nursing home admission for persons with dementia.

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Strong Predictors of NHP



1. Unable to perform 2 or more activities of daily living (bathing, dressing, toileting, eating, walking, etc.)
 - OR = 2.45 to 3.25; strong predictor, meaning that if 2 or more ADLs require assistance, the person is at least twice as likely to enter a NH
 - Question #1 - Do you need help from someone else to do the following ADLs?
2. Cognitive impairment
 - OR = 2.54, strong predictor
 - Question #7- Do you or your family have concerns about memory, thinking or ability to make decisions?
3. Lives alone
 - OR = 1.90; those who live alone are almost twice as likely to enter NH
 - Question #6- Do you live alone?
4. Informal caregiver available
 - OR =1.23, which is moderate, but when coupled with the findings from the Miller and Weissert 2000 review, this becomes an important variable
 - Question #3- Do you have a family member or friend to give you help when you need it?

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Other Key Predictors of NHP



5. Falls, particularly those that are injurious, or similar "crisis" events such as behavior problems
 - Tinetti & Williams, 1997, showed a massive predictive effect for NH placement (NHP)
 - Question #2- During the last 3 months, has ___ had a fall that caused injuries, engaged in behavior problems such as wandering, verbal or physical disruption, or other behaviors that require supervision?
6. Caregiver stress
 - Gaugler et al., 2009
 - Question #4- Do you feel overwhelmed or stressed because of the care you provide?

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Additional Predictors of NHP



Worthwhile predictors, but enveloped in other items:

7. Prior nursing home use

- OR =3.47, which is a very large predictor.
- The reason for not including this item, and instead including whether the respondent is considering a move, is that it is more consistent with the NHDP focus. It is also proven by a systematic review of predictors of NHP in dementia (the Gaugler et al., 2009 review) which suggests that those who plan to move to a NH (or AL) is a very strong trigger of NHP.
- Question #5- Have you thought about moving to other housing?

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Additional Predictors of NHP



7. Age (65+)

- OR = 1.11, thus insignificant.
- Age is highly related to many of the other predictors, such as ADLs, and thus is not a useful stand alone predictor.

8. Homeowner

- OR = .82
- Those who own a home are .82 times less likely to place in a NH.
- It is a moderate predictor, but not amenable to intervention. The more critical issue is whether the person is considering a move, as reflected in Question #5 of Rapid Screen.

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Other Predictors of NHP



- Inconsistent Predictors
 - Education
 - Sex
 - Formal help available
 - Subjective report of overall health
 - Unable to perform iADLs
 - Lives with others, no spouse
 - Medicaid eligible
- Irrelevant Predictors:
 - Race (white highest risk)- given the demographics of Minnesota and our partner sites (which are probably 99% Caucasian), this variable would add little to the prediction of risk
 - Annual income- not relevant as we are targeting those who are private pay, and thus already above a certain income level

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New -- Diversion Support



- Highly specialized, consultation and on-going follow-up for assisting *at-risk* persons and family caregivers *manage* risk factors and primarily use *private dollars* to purchase **self-directed** community supports to delay and/or avoid nursing home and/or assisted living entry.
- Risk management functions are blended into support planner, caregiver coach, and memory care coach services.

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Core Goals for Diversion Support Services



- Prevent imminent crisis event
- Improve and/or stabilize risk factor(s)
- Sustain community living
- Sustain family caregiver career

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Diversion Support Components



- Key messaging on risk factors
- Evidence-based risk management approaches
- Development of customized “Risk Action Plan”
- On-going education, screening, follow-up
- Direct access to start-up funds, disease/health promotion programs, and consumer-directed infrastructure (FMS, support planners)
- Direct assistance with referrals

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Diversion Support Features



- Personal preferences, informal and formal supports, and purchasing power work in-sync to support independent living
- Risk factors and personal preferences are both center-stage
- Regular follow-up initiated by diversion support provider; service “sticks” with the family.
- Addresses both older adult and family caregiver

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Use of TITLE III Funds for Flexible Service Budgets



- Rapid Screen Score: high risk
- Financial Level: gross income 200-250% FPG
- Title III funds jumpstart private pay purchasing for high risk

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Impact



- Decreased personal crisis events causing entry to nursing home and assisted living
- Prolonged/expanded family caregiver involvement
- Greater personal control and decision-making with planning and purchasing self-directed support

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System Impact



Diversion Support

- Medical Assistance savings
- Less use of emergency/urgent care
- Face-to-face services and Title III funds become targeted for most in need

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Consumer Direction: Take Aways



- Offers consumers *choice, control, and responsibility* with support
- Offers a *flexible* way to address needs and fill gaps
- Helps people *manage* risks and live in the least restrictive setting

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Next Steps



- Who are some people that you think would benefit from this model of support?
- What concerns are you likely to encounter as you work with colleagues and consumers?
- What support will make it easier for consumers to use this service?

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Presenter



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