



Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Implementing Self-Directed Care for Adults with Serious and Persistent Mental Illness





SELF-DIRECTED CARE

Reclaiming Lives in the Community.....

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“I can honestly say that the SDC program is the biggest incentive for me in the quest for management and attempted recovery from severe, persistent mental illness”

“SDC was a stepping stone to confidence. I now know that I can do things if I want to. I can stand alone. I don’t need to surround myself with people just to survive. I am a competent person. I never believed that before. I was only able to dream of it.”

“Instead of saying never, I can now say someday”

Quotes from current SDC participants



“The most important aspect of mental health recovery for me personally is self-determination. My connection with people in the system and in recovery has convinced me that the same is true for others.”

*Mary Ellen Copeland
Author, WRAP*



What is Self-Directed Care?

Self-Directed Care provides an opportunity for individuals who have been diagnosed with a severe psychiatric disorder to assess their own needs, determine how and by whom those needs should be met, and manage the funds to purchase those services.

In Self-Directed Care the funds follow the person.



SDC Programs hinge on the belief that individuals are capable of choosing services and making purchases that will help them begin or remain on the road to recovery and to develop or regain a life of meaningful, productive activity.



Underlying Philosophy

Self-Determination:

Self-determination refers to the right of individuals to have full power over their own lives, regardless of presence of illness or disability.

It encompasses concepts such as free will, civil rights and human rights, freedom of choice, independence, personal agency, self-direction, and individual responsibility.



Fidelity to the Principles of Self-Determination

SDC should adhere to the principles of self-determination, and the Center for Medicare and Medicaid (CMS) self-direction requirements.

Essential elements include; person centered planning, individual budgets, availability of independently brokered services from life/recovery coaches and quality advocates, access to the program by all who are eligible to enroll, participant safety and program incident management planning, and independent mediated grievance process.



The Goal

The ultimate goal of the SDC program is to give participants the opportunity to design and travel a personalized road to recovery free from the adverse effects of mental illness so that the person can return to a productive lifestyle of their choice.



How Does It Work?

SDC program gives each participant control of the public financial resources to access mental health services that are normally directly contracted to a public community mental health provider. SDC participants can use their budgets to purchase clinical recovery services, and recovery supports, and materials.



People do Their Own Life Analysis

The Life Analysis is a tool that helps understand where they are in their recovery, and plan their life activities and to determine how to get where they want to be in life.

The Analysis is similar to an assessment that a mental health professional would do in traditional services.



In the Life Analysis the person:

- *Looks at their life.*
- *Assesses the state of their personal health, recovery, symptom management skills, and substance use as they relate to their health, and at their level of meaningful activity, including work.*
- *Identifies their recovery goals.*



The Action Plan

The Action Plan is where a person's goals are translated into a plan for specific actions related to achieving those goals.

In this way, expected expenditures can be related directly to the recovery goals identified in the Life Analysis. It is a requirement of SDC program that all expenditures are targeted to address these goals.



The Action Plan

The Action Plan is similar to a treatment plan that would be developed in partnership with a mental health professional in traditional services.

In Self-Directed Care the person is their own Case Manager.



The Coaches/Brokers

Coaches/Brokers orient the individual to the process involved in the program, provide referral information, advocate for the participants and promote self-advocacy, and help them to explore their personal recovery goals and to prioritize and plan for the use of their budgets. Brokers are independent of any service provider.

Coaches/Brokers help broaden a persons world view.



Program Supervision

An SDC program can and should be supervised by a consumer/professional who clearly understands recovery and the differences between SDC and traditional services.

It is their responsibility to assure that each individual's budgeted expenses match up with the recovery goals identified in their Life Analysis and Action Plan and to approve each plan and budget.



Evaluating Success

A Self-Directed Care program is evaluated on several levels. The purpose of the evaluation is to measure the improvements in the quality of life of the people served by the program.

It can also be evaluated in comparison to other outpatient service models offered in the community.



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Self-Direction in New York: Innovation in a Shifting Medicaid Environment

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Self-Direction in NY: Why Now?

- **Medicaid flexibility inherent to ACA and NY Medicaid Redesign principles**
 - NY has opted to enhance the Medicaid program by adopting a Health Home model and 1115 amendments that incentivize community based care and managed care integration
 - OMH and OASAS initiate a plan based on the values of recovery and rehabilitation
 - NYS submits an 1115 amendment to CMS that provides for behavioral health managed care with a special needs plan that includes a set of HCBS services
 - Self-direction is chosen as one of the set of HCBS services eligible individuals will be assessed to receive



Pilot-to-Program Implementation

- NYS' 1115 application is pending; plan is to create a self-direction demonstration for 2-3 years, with full implementation arranged after managed care implementation
- Self-direction would be offered as an HCBS service to all individuals eligible for a specialty managed care plan (pending assessment)
- The pilot phase will test program elements like:
 - Integration with managed care organizations
 - Mixed funding streams utilizing carved-out HCBS and BIP money
 - Care/ action planning coordinated by both care managers and support brokers
 - Demographics of participants
 - Training needs of support brokers
 - Development of advisory group that may impact future policy development for self-direction



Roles and Responsibilities

- **Role of State:** Overseeing pilot development, funding, policy assurances, and implementation, and coordinating with administrator
- **Role of the Administrator:**
 - Act as the oversight body that hires and/or assists brokers in determining appropriate services and supports
 - Coordinates training and education of support brokers
 - Could be the/ an office of consumer affairs, or an independent peer-run agency that can supervise, advocate, and act as an employment authority
- **Statewide Peer Network & Advisory Council:**
 - Acts as informing body that guides and is guided by support brokers, reviews materials and program progress, advocates on behalf of program
- **Role of Support Brokers:**
 - Help the participant identify, articulate, and achieve their action plan
 - Identify services, supports and resources for the participant
 - Advocate for the participant to remain engaged in active goal attainment and shared decision making

Ultimately, SDC is a consumer-led, reflexive program



Care Management and Support Brokers: Coordinated Planning in Medicaid Managed Care

- **1115 including HCBS services:**
 - HCBS services require a person-centered plan of care from a dedicated care manager
 - The care manager will be responsible for an integrated treatment plan, authorized by a managed care company and paid for by the state (eventually MCO)
 - Plan of care will be shared with support broker, who will enact an action plan based on authorized HCBS services and other expressed and evaluated needs



Relationship Between Care Manager and Support Broker

Health Home Care Managers design integrated plan of care, for authorization from MCO

Plan of care shared with support broker. Support Broker begins with stated needs and authorized HCBS services in designing action plan

Support Broker helps individual assess other community needs and supports to design goods and service plan and budget, which is then shared with Care Manager



HCBS Services a Participant Can Buy

- Psychosocial Rehabilitation
- Community Psychiatric Support Services (CPST)
- Habilitation/ Residential Supports
- Employment Support Services (pre-, transitional, intensive, and ongoing)
- Education Support Services
- Empowerment Services (Peer Support)
- Family Support and Training
- Non-medical transportation



Goods and Services A Participant Can Buy

- **Wellness Activities:**
 - Examples: Gym/health club membership, personal trainer, smoking cessation tools, family planning services, acupuncture, pet adoption funds, nutritional supplements/education
- **Occupational & Skill Development:**
 - Examples: Computer literacy, resume development, interview preparation, education course fees
- **Transportation:**
 - Examples: Public transportation costs, car repair, bicycle maintenance
- **In-Home/Social/Community Supports:**
 - Examples: Training for daily living activities (cooking, sequencing, time management), housing start-up funds, non-recurring housing bills, groceries, travel to social functions, library fees, driver's licensing.



Development of Action Plan

- Support Broker is trained in a range of supports like psych rehab and motivational interviewing
- Action plan maximizes community goods and supports, prioritizing no- and low-cost resources
- Goods and services complement and maximize authorized HCBS services
- Total budget is signed upon by participant and Support Broker, authorized by administrator, and paid for (using debit card) by fiscal intermediary



Waiver Considerations

- Self-direction in BH: need (desire?) for both employer and budget authority
 - Employer authority used in other states for traditional and non-traditional services
- Individuals with cross-disability needs may not be reflected in a specialty managed care plan
 - Goal of integration for persons with complex needs are not necessarily reflected in waivers; integrating supports across disabilities/ diagnoses/ service systems will be a goal of the self-direction pilot phase
- Flexibility is managed by confines of waiver, including assessment, plan requirements (UR/UM/outcomes/conflict free), financial mechanisms, and provider networks



Questions To Be Resolved

- Fiscal Intermediary: state has a preference for a single contract with a non-BHO entity, but recognizes that managed care companies may prefer administrative oversight of participants
- Flexible budgeting with mixed funding streams: pilot implementation will rely on waiver and balancing incentive payment funds; designing a fixed or flexible budget offers benefits and downsides
- Division of responsibilities between administrator and providers that could have a range of roles for Support Brokers



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Questions?

