Self Direction in Managed Care and the FMS Provider

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Self-Directed Programs Snapshot

True **self direction** in the MLTSS era shifts the focus for FMS providers to ensure compliance and quality with both State and Managed Care plans. As the MCO **partners** with States to serve their Medicaid LTSS communities and programs, the role of the FMS as a conduit could be leveraged. The ability to serve the participant and the "State/MCO in a dual customer" model requires dedication, collaboration and a mission based focused on people and quality, not just paychecks.
Agenda

• Setting the stage: Polling questions (5 -10 min)
• Scenario: State of a State (10 min)
• Through the looking glass:
  – MCO Lens (Centene) (10 min)
  – FMS Lens (iLIFE) (10 min)
• Ideal “State” MCO/FEA/STATE United for Participants
• Questions and Suggestions (20 min)
Who is iLIFE?

iLIFE, LLC is a financial management services provider for people enrolled in long-term care programs. We process payroll, handle taxes, and educate consumers to help program participants gain independence.

In the State of Wisconsin, iLIFE provides Fiscal/Employer Agent services to the IRIS program.
Centene Overview

WHO WE ARE

St. Louis

based company founded in Wisconsin in 1984

30,500 employees

7 LTSS & 6 MMP states

4 states serving I/DD

WHAT WE DO

28 states with government sponsored healthcare programs & implementations, including:

- Medicaid (23 states)
- MLTSS & MMP (9 States)
- MA SNP (8 States)
- ABD Non-Dual (17 States)

11.5 million members includes
200,000 MLTSS Members

248,000 Physicians
& 2,300 Hospitals
In our provider networks
Self Direction

• Promote choice and control for individuals over their LTSS and the direct service workers who provide them.

• In 2013, the NRCPDS (National Resource Center for Participant-Directed Services) survey of participant-directed service programs identified 269 programs operating in 50 states serving ~ 840,000 people.

Options for Providing Self-Directed Services under Medicaid

• 1915(i) HCBS SPA (State Plan Amendment)
• 1915(k) Community First Choice SPA
• 1915(j) Self-directed Personal Assistant Services SPA (overlies other authorities)
• 1915(c) HCBS and 1115 Demonstration Waivers
• 1115 Research and Demonstration Project waiver
State X

- State X has 7 Medicaid Waivers, including a self-directed program
- State X released an RFP for MLTSS
- Award to Go-Live – 1 Year
- 3 new MCOs
- 2 Existing FEAs
- State Coordination
- Collaboration & Strategy
ENGAGEMENT

“Involving Consumers in the Decision Making Process.”

PAST

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

IDEAL

The individual has complete responsibility to make choice

Professionals or parents have input, but the final and binding choice is made by the individual

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

CENTENE Corporation

iLIFE
Choice. With Confidence.
Managed Care Lens

• Training:
  – Person-Centered Practices
  – Self-Direction
  – HCBS Services
  – Abuse/Neglect/Exploitation
• Special Programs/Services: Hi-Risk members or other populations
• Quality and satisfaction improvement initiatives
• Member satisfaction.
FMS must be available to assist individuals in exercising budget authority. Individuals can perform some or all of the FMS functions themselves. However, individuals typically prefer the FMS entity to perform these functions for them. FMS helps individuals:

1. Understand billing and documentation responsibilities;
2. Perform payroll and employer-related duties (e.g., withholding and filing federal, state, local and unemployment taxes; purchasing workers' compensation or other forms of insurance; collecting and processing worker timesheets; calculating and processing employee benefits; and issuing payroll checks);
3. Purchase approved goods and services;
4. Track and monitor individual budget expenditures; and
5. Identify expenditures that are over or under the budget.
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

Pillars of Self-Direction

• Be educated on and understand the philosophy of participant direction.
• Provide all services with the goal of supporting participants to direct their own services.
• Have a customer service system in place that supports participants and any other authorized stakeholders to obtain information from the F/EA in a timely manner.
• Provide information in a range of formats to be accessible to individuals with a variety of disabilities, including options in foreign languages.