

# Self Direction in Managed Care and the FMS Provider

**iLIFE Financial Management Services**

Amanda Cavanagh

Director of Business Development

**Centene Corporation**

Kristin Murphy

Director of Market Development-LTSS



# 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

---

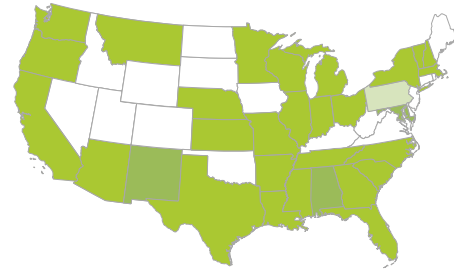
## 30,500 employees

---

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 NRCPPDS ([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

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

## IDEAL

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



# 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 Lens

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

<http://www.socialworkreinvestment.org/2011/remarks/FINAL%20KIM%20Speech%20Feb%2016%202011.pdf>

# 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 optical impairments and languages.

