

Self-Directed Services

Regulatory Framework:

Contrasting Colorado's System Orientation with Self Direction

Based on

Balancing Safety and Freedom in Consumer-Directed Systems of Support

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Current LTSS

- Oriented to safety, health, protection
- Relies on regulations, inspection/survey, review of treatment records
- “One size fits all” design
- Staff, facility and service system
- Sees the “client” as the “eternal child”
- Designed to create a path to quality of service

Current Colorado

Departments of:

- Human Services 2 CCR 503-1
- Health Care Policy & Financing 10 CCR 2505-10
- Public Health & Environment 6 CCR 1011-1
- Public Safety (1 July 2013)

HB 1294

Issue	Implementation Timeline
Differentiation of regulatory requirements for persons who are higher functioning	September 2013
Regulatory overlap	September 2013
Implement core survey based on the fundamental regulations	April 1, 2013
Study the feasibility of implementing a more streamlined survey process that involves either a) CDPHE conducting the onsite of group homes while CDHS only reviews CCBs and PASAs or b) both CDHS and CDPHE conducting the onsite of group homes at the same time (assumes TWO set of regs!)	July 1, 2013
Establish an extended survey cycle	July 1, 2013
Unified process for reporting critical incidents/occurrence reporting	July 1, 2013
Training regarding regulatory compliance	July 1, 2013

Self-direction

- Customization, flexible
- Expanded service environments to include nontraditional sources of support
- Individual, family, friends/social contacts
- The person designs the service architecture
- Allows for the pursuit of quality of life
- The person shares responsibility with the 'system'

Contrast

System-directed

- Participant
- Objective
- Standards to evaluate providers, system effectiveness
- Proscriptive rules/regs
- Designed to achieve quality services

Self-directed

- Partner
- Subjective
- Personal criteria to assess outcomes
- ‘Guardrails’ that outline services available
- Designed to allow people to pursue quality of life

Standards & Outcomes

Should reflect the person's need to receive...

- Direct support to access work, home-life and community activities, with assistance that is direct relationship to the person's needs and want for assistance
- Training and skills development in order to access the activities, perform the work or complete the tasks without assistance
- Ongoing ancillary services including transportation, AT, equipment repair, administrative assistance, etc.
- Necessary and comprehensive medical and health related resources

Departures from current LTSS

- Individually assessed Quality of Life
- Shift from individual needs (deficits) orientation to individual perspective and authority (equilateral)
- Direct employ of support staff—EOR structures
- Balance system responsibilities with individual responsibilities (e.g., individually controlled budgets)
- Identify the standards to be met and the outcomes to be achieved by BOTH individuals and the system

The service 'system' changes from a delivery platform to one that assures the presence and availability of resources

Individual Budgetary Allotments

Each mi via eligible recipient's annual IBA is determined by the state as follows.

- (1) Budgetary allotments are based on calculations developed by the state for each mi via population group, including AIDS, former disabled and elderly (D&E) now CoLTS (c), DD or MF waiver, and BI category of eligibility, utilizing historical traditional waiver care plan authorized budgets within the population, minus the case management costs, and minus a 10 percent discount.
- (2) The determination of each mi via eligible recipient's sub-group is based on a comprehensive assessment. The eligible recipient then receives the IBA available to that category of need, according to the eligible recipient's age.
- (3) A mi via eligible recipient has the authority to expend the IBA through an AAB that is to be expended on a monthly basis and in accordance with the mi via rules and program service standards.
 - A. The current mi via rate schedule, available on the HSD/MAD website under fee schedules, shall be used as a guide in evaluating proposed payment rates for services that are currently covered or similar to currently covered services. The eligible recipient must justify in writing the rate that he/she wishes to pay when that rate exceeds the rate schedule. The eligible recipient must include this justification with the SSP and annual budget request when it is submitted for approval.
 - B. The AAB shall contain goods and services necessary for health and safety (i.e., direct care services and medically related goods) which will be given priority over goods and services that are non-medical or not directly related to health and safety. This prioritization applies to the IBA, AAB, and any subsequent modifications.

What's Next for Colorado?

Recommendations

- Work group on Regulations
 - New regulatory framework
 - Package of regulatory updates
 - Research statutory authority
 - Regulatory references
- Report back to CLAG
 - Include recommendations to CDHS for waiver rewrite
- Time frames/accountabilities