

STORIES FROM THE FIELD.

**LESSONS OF GROWTH AND SUSTAINABILITY IN
DISABILITY SERVICES**

HCBS 2018



Today's Speakers



2

- Erica Lindquist, Senior Director of Business Acumen
 - ▣ National Association of States United for Aging and Disabilities (NASUAD)

- Debra Scheidt, Executive Director – HCBS
 - ▣ United Disabilities Services (UDS)

- Deborah Danner-Gulley, Director of Case Management Services
 - ▣ Area Agency on Aging District 7 (AAA7)

- Dina Casaspro, Managing Director
 - ▣ Community Options Enterprises, Inc.

Business Acumen for Disability Organizations Grant



2

- 3 years
 - ▣ October 1, 2016 – September 30, 2019
- Funded by the Administration for Community Living
- Goal/Vision:
 - ▣ Build the capacity of disability community organizations to contract with integrated care and other health sector entities
 - ▣ Improve the ability of disability networks to act as active stakeholders in the development and implementation of integrated systems within their state

Business Acumen Grant Partners



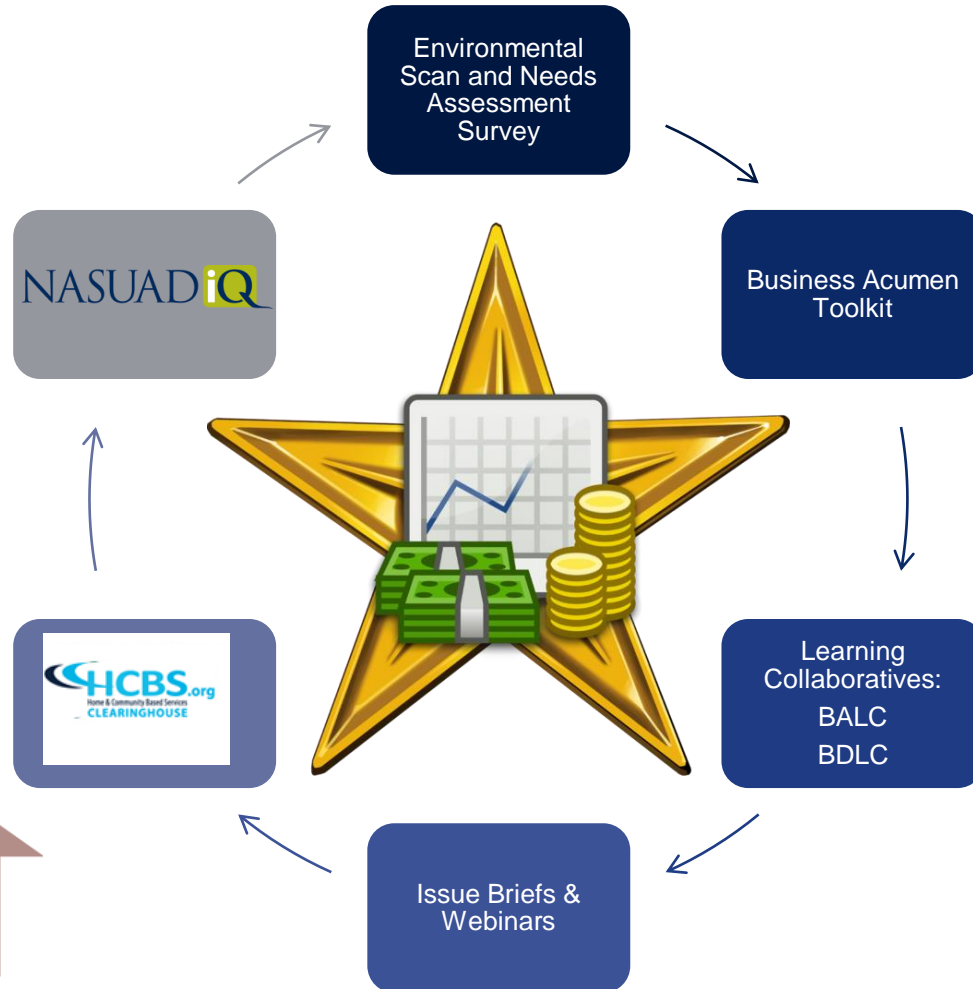
Managed by:



Funded by:



Sustainability via Business Acumen




Stories from the Field Contest



6

- Contest to obtain stories that:
 - highlight a strategy that was used to improve the financial position of disability CBO.
 - are relevant and replicable to disability CBOs navigating a changing environment.
 - demonstrates a positive impact on the persons served.
 - demonstrates a positive impact on the administration and/or delivery of the CBOs services.
 - improves the delivery and accessibility of the CBOs services to a diverse range of inquirers.



Stories.
Connect.
People.

Highlight successful business practices working with or for...



7

- Managed care
- Private pay
- Health systems
- Cities, counties or municipalities
- Other Community Based Organizations
- Universities
- Any other organization that helped to improve the operations or financial performance of your business

DISABILITY NETWORK BUSINESS STRATEGIES: A Roadmap to Financial and Programmatic Sustainability for Community-Based Organizations



8

■ Prepare

- Organization Vision
- Environmental Scan
- SWOT Analysis
- Champion Development

■ Plan

- Analyze
- Prioritize
- Organize
- Manage

■ Execute

- Develop and sustain relationships and partnerships
- Negotiate and contract
- Manage risk

■ Monitor/Evaluate

- Continuous quality improvement
- Compliance - meet contract expectations
- Modify approaches

Selection Criteria



9

- The story highlights a strategy that was used to improve the financial position of your organization.
- The story is relevant and replicable to disability CBOs navigating a changing environment.
- The practice demonstrates a positive impact on the persons served.
- There is a positive impact on the administration and/or delivery of the CBOs services.
- The practice improves the delivery and accessibility of the CBOs services to a diverse range of inquirers.

And the Winners are...

10

- United Disabilities Services (UDS)
 - Developed a quality management program, that includes multiple measures, to help build their value proposition.
- Area Agency on Aging District 7 (AAA7)
 - Developed a bid to provide case management services and successfully became a subcontractor for a managed care company in 2014.
- Community Options Enterprises, Inc.
 - Developed a self-sustaining business model with a hybrid payer structure, where customer purchased services and office rentals support the cost of operations.

United Disabilities Services

Debra Scheidt, Executive Director – HCBS

HCBS Culture Change

**“Merging Social & Medical Models in HCBS to fully embrace
Person Centered Care through Quality Measures”**

What we're going to talk about next...



1. An Emotional Wellness Assessment
2. Quality measures that merge a social and medical model to better promote person centered care
3. How to create quality performance measures within your site of service.



A Strength Based Approach



Actionable Items

Clinical Excellence

Financial
Excellence

Staff Excellence

Customer
Excellence

Outcomes

A diagram showing four arrows pointing from the four 'Actionable Items' boxes (Clinical Excellence, Financial Excellence, Staff Excellence, and Customer Excellence) to the central 'Outcomes' text.

Performance Improvement Analysis (PIA)



PERFORMANCE IMPROVEMENT ANALYSIS

Goals: _____ **Baseline:** = _____

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ 4th Quarter: _____

| ACTIVITY/INDICATOR (Discovery) | FINDINGS (Analysis) | CONCLUSIONS (Design) Update material | ACTIONS/RECOMMENDATIONS (Implementation) | Evaluation (Outcome) |
|--|---|--|--|--|
| Why are we looking into this indicator: <ul style="list-style-type: none"> • New Directive • Suspect need • Best Practice | What we find once we look at the indicator. | What is needed to improve the process, generate a better outcome, etc. | Process steps <ul style="list-style-type: none"> • What will we do and why • Who will do what • How will we communicate the process • How we track and trend | Will be reviewed monthly and written updates to this plan quarterly. Results shared with all team members (stakeholders) |



We are Social Workers after all...



- We already do person centered care
 - We are not medical
 - We have always used a social model
 - We do not want to change – it's working this way
 - Will this mean more forms?
-

Translation...

- Will I be good at it?

Again, We are Social Workers after all...So let's start with emotional wellness

How to overcome Don't Ask/ Don't Tell



- Understand the basics
- Ask the basics
- Use an emotional wellness survey
- Understand how you can help
- Know resources
- Communicate with those able to help and provide follow up services



Emotions and Wellness

“Emotions” are your feelings

&

“Wellness” is a way of being

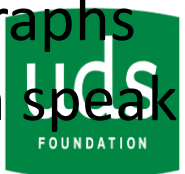
So:



All Achievable Outcomes start with a good plan



- Select the tools – We used PHQ2 and PHQ9
- Train a pilot group – **We used QPR (Question, Persuade, Refer) Certification**
- Review progress/trends for at least 6 months
- Make corrections along the way
- Allow the Pilot Group to roll out the program
- Allow for a lot of testimonials
- Highlight successes – We like to know we make a difference
- Be flexible in the beginning. Encourage questions and challenges from staff
- Provide staff with tracking and trending data –We like Graphs
- Make sure managers understand the hypothesis and can speak to it.



How do you do it?

Inform Participant:

Part of routine screening for your health includes reviewing mood and emotional concerns.

Ask the participant:

“During the past two weeks, have you often been bothered by of the following problems?”

“Feeling down, depressed, irritable or hopeless?” Yes No

“Little interest or pleasure in doing things?” Yes No

Scoring Instructions:

If the response is "yes" to either question, administer the PHQ-9 Questionnaire.

If the response to both questions is "no", the screen is negative. Do not administer the PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

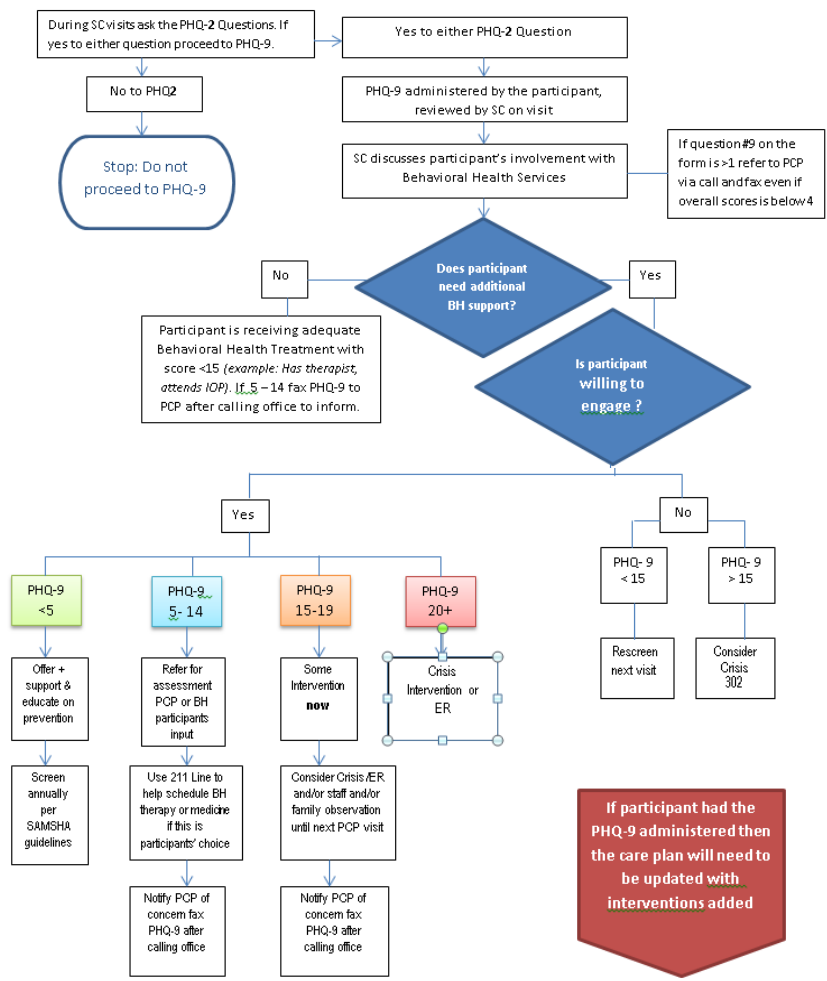
Very difficult

Extremely difficult

Scoring

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

Sad and Anxious Mood: Start the Conversation
PHQ-2 and PHQ9 Screening Tool



Dear Provider:

Your patient _____ Medicaid # _____
is currently a participant working with United Disabilities Services through the Independence Waiver program. As part of her annual visit with her service coordinator, she has completed the Patient Health Questionnaire Screening, used to identify her emotional well being. The screening has noted some symptoms indicating that the patient may require additional support.

Please see the attached PHQ-2 & PHQ-9 screenings.

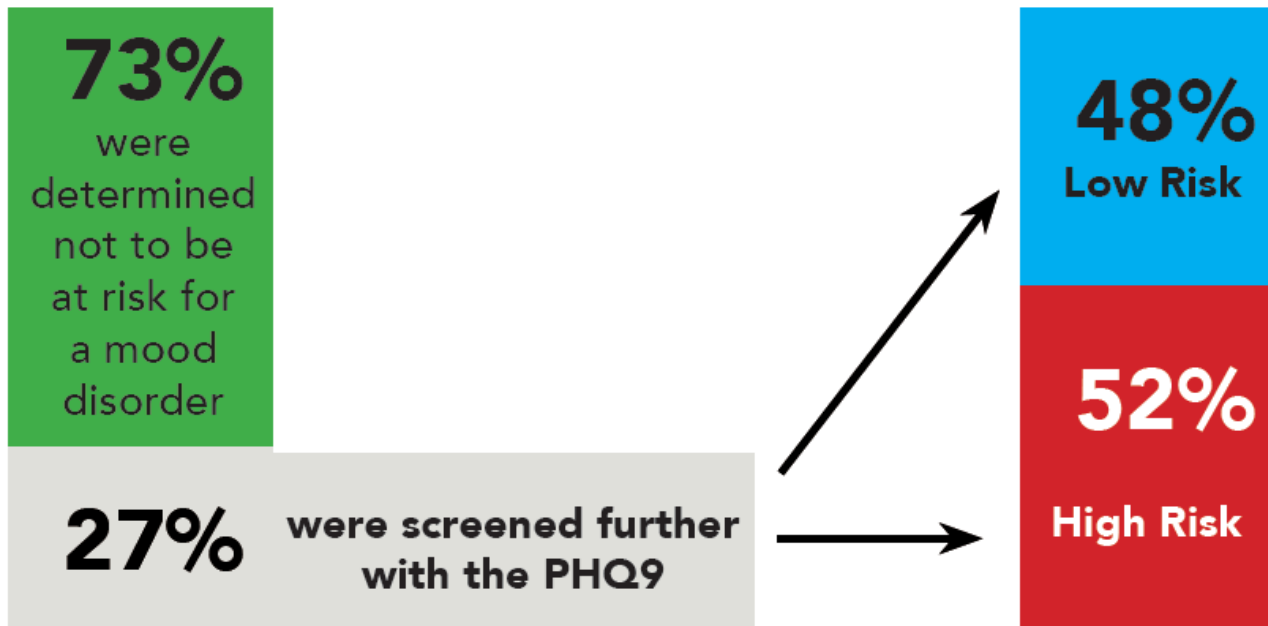
We recommend that you review the screening, and consider scheduling a visit with the participant to discuss any needed support or intervention. Crisis information has been provided to the participant in the event that it would be needed.

Additional information on the PHQ-9 can be found at:

<http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx>

The PHQ-2, comprising the first 2 items of the PHQ-9, inquires about the degree to which an individual has experienced depressed mood and anhedonia over the past two weeks. Its purpose is not to establish final diagnosis or to monitor depression severity, but rather to screen for depression. Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder. The PHQ-2 has been validated in 3 studies in which it showed wide variability in sensitivity (Gilbody, Richards, Brealey, and Hweitt, 2007).

Emotional Wellness Findings in our Population



So how has this changed our culture?

<https://youtu.be/anPWbN3cNR4>



Emotional Wellness wasn't our Outcome Goal



But it was our first pilot and a big step towards our goal. It was an Attainable Item

Can you guess what was our outcome goal? Hints below:

- We wanted to prevent participants from further decline in health by preventing a certain event
- We wanted to help reduce preventable (MC & MA) costs

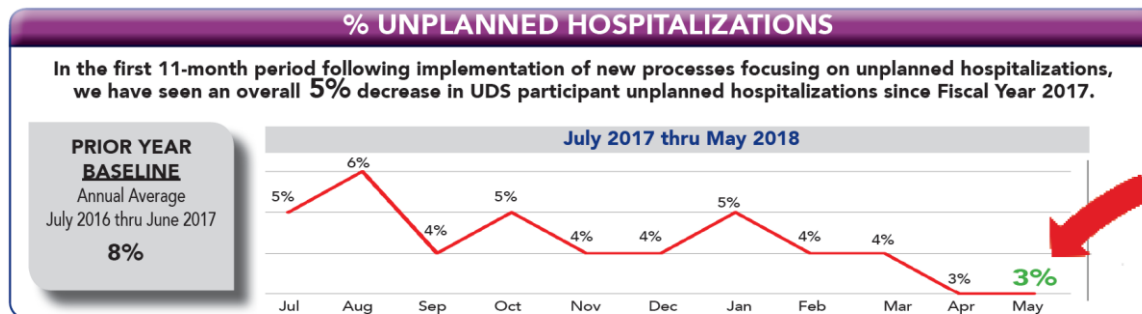


Our Original Outcome Goal – Prevent Unplanned Hospitalizations



Emotional Wellness was our first step. It was followed by other supporting attainable measures...

- Transition of Care
- High Risk Person Centered (Focused) Care Plans
- Fall Assessments



Questions Now and Later...

Contact information:

Debra Scheidt, Executive Director HCBS

United Disabilities Services

Lancaster, PA

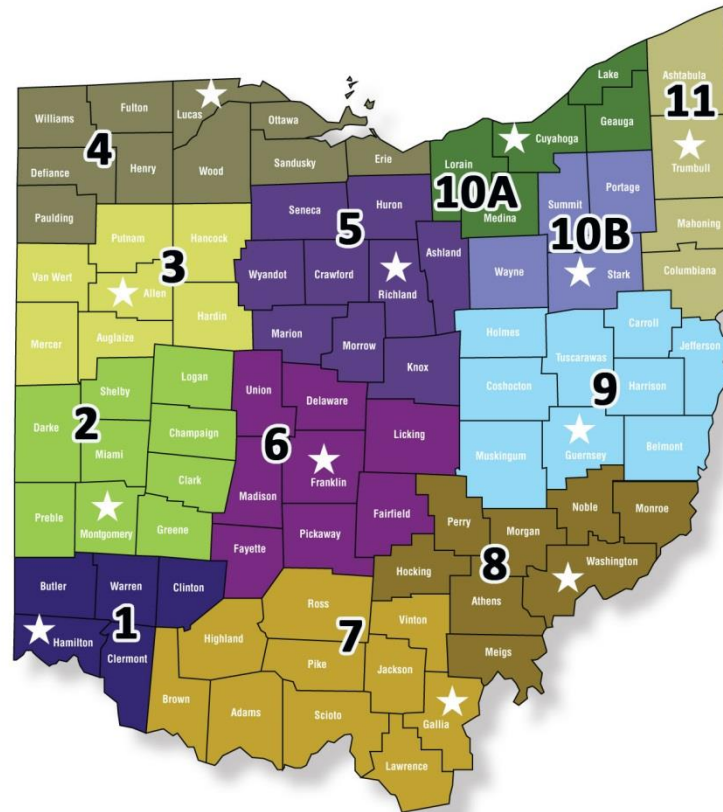
717-397-1841

debrams@udservices.org

Area Agency on Aging District 7

Deborah Danner-Gulley, Director of Case
Management Services

Our Project:



Expanding our experience to new populations and payers:



| Established CM Program | New contract with MCO |
|--|--|
| Population served- primarily those over age 60 | Population served-birth to age 59 with physical disabilities |
| 4743 served in 2017 | 758 served in 2017 |
| Service provided- LTSS CM | Service provided- LTSS CM |
| Reimbursement- actual costs with a budget cap | Reimbursement-PMPM and fixed rate for intake assessments |
| Geographic area served: 10 counties | Geographic area served: 13 counties |

Lessons Learned:

1. Ensure a clear understanding of what the payer/
MCO wants and needs.
2. Learn to speak the MCO's language: NCQA, PDSA,
vendor oversight, etc.

Lessons Learned:



3. Understand that the MCO culture is different from that of a social service organization.
 - Risk aversion (health and safety over individual choice).
 - Emphasis on project and project goals over relationship.
 - Firm deadlines - no excuses, outcomes matter most (getting our individuals to cooperate and teaching staff appropriate assertiveness to meet standards).

Lessons Learned:



4. Medical vs. Social Model of Case Management

- Staff training and need for medical resources.
- Dealing with parents of sick kids who are experts on their children's illness.
- Billing codes.
- Hospital visits (infection control, hospital etiquette, gaining entrance, medical terminology).
- More interactions with physicians and need for "orders" for some services.

Lessons Learned:



5. Administrative costs are greater than for our traditional programs.
 - Availability - no 9-5.
 - 24/7 call support and management availability (IT availability).
 - How to price services when there is no precedent?
 - How long is contract? Need to include raises in cost model.
 - Quick responses, short deadlines.
 - Responding to multiple departments at the MCO.

Lessons Learned:



6. We need to support staff as they adapt to new values and expectations.
 - Famous last words - “the answer today is.....”
 - Constant change and “re-interpretation of guidelines”

Questions/Answers?



Debbie Danner-Gulley, RN
Director of Long-Term Care Programs
Area Agency on Aging District 7, Ohio
1-800-582-7277, extension 21102
dgulley@aaa7.org



Community Options Enterprises, Inc.

Dina Casalapro, Managing Director

Community Options, Inc. History & Mission



39

- **Mission:** To develop housing and employment supports for persons with disabilities
- Founded in 1989 by President & CEO Robert Stack



Community Options first office in Bordentown, NJ

Service Locations

- 50 locations across 11 states
- Serving over 3,500 individuals with disabilities.

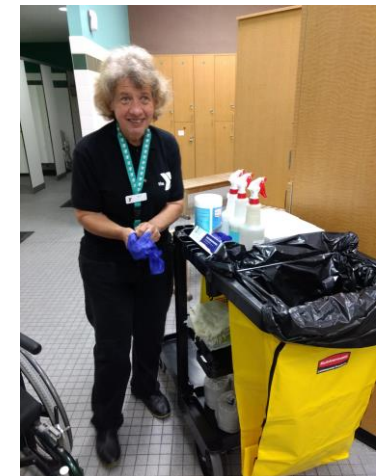
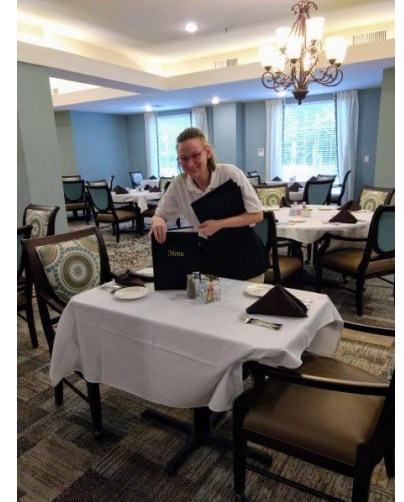
States of Operation:

New Jersey ● New York
Pennsylvania ● Maryland
Kentucky ● Tennessee
South Carolina ● Texas
New Mexico ● Arizona
Utah



Key Programs

- **Residential Services:**
 - ▣ 508 homes nationwide
- **Employment Services:**
 - ▣ **Supported Employment:**
887 individuals nationwide
 - ▣ **Transition Programs:**
NJ, PA, SC, and TN
 - ▣ **Social Enterprises**



Community Options Enterprises, Inc.



■ Daily Plan It

- 2 locations in Princeton, NJ
- Moorestown, NJ
- Morristown, NJ

■ Vaseful Flowers & Gifts

- Edison, NJ
- New location opening in Princeton, NJ in early 2019

■ Presents of Mind

- Flanders, NJ

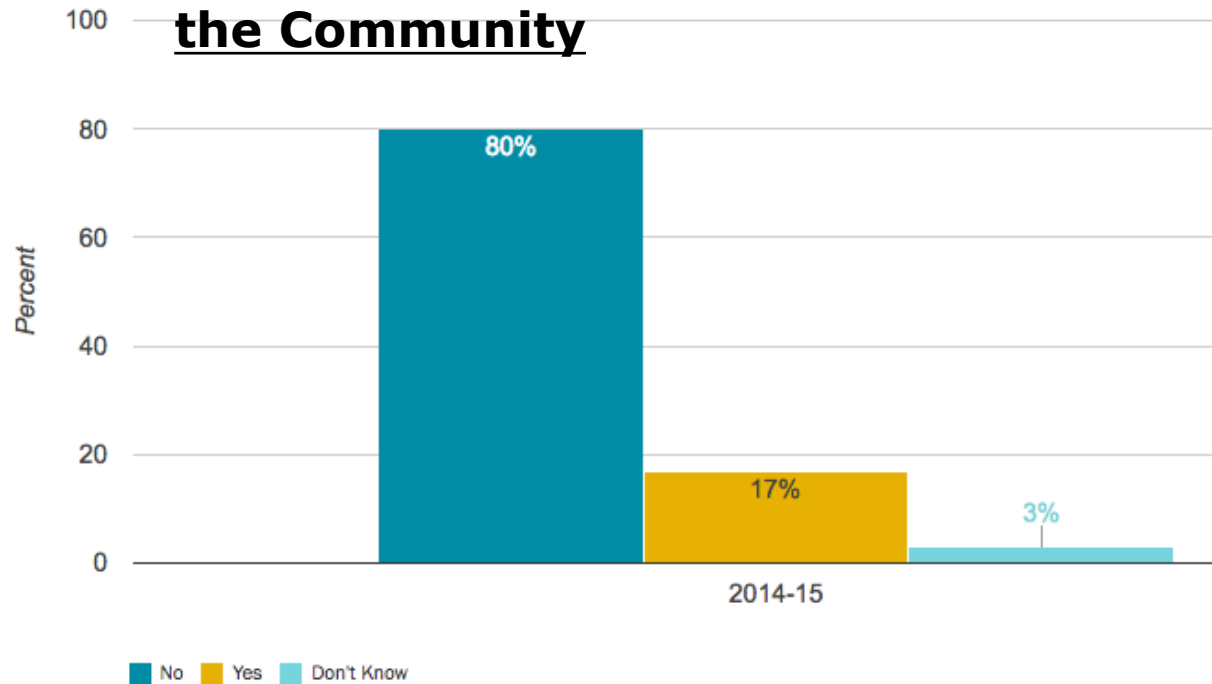


Flowers & Gifts

1-877-VASEFUL • vaseful.com

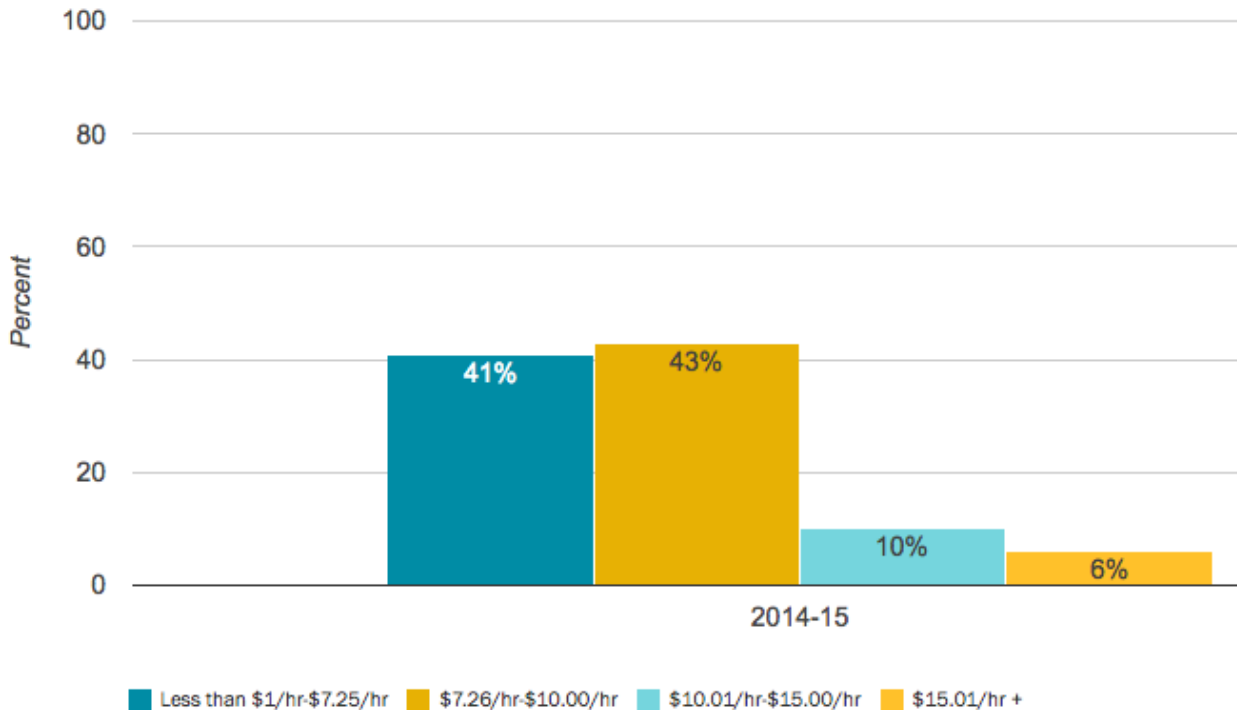
Why the Daily Plan It?

People with I/DD Employed in the Community



Why the Daily Plan It?

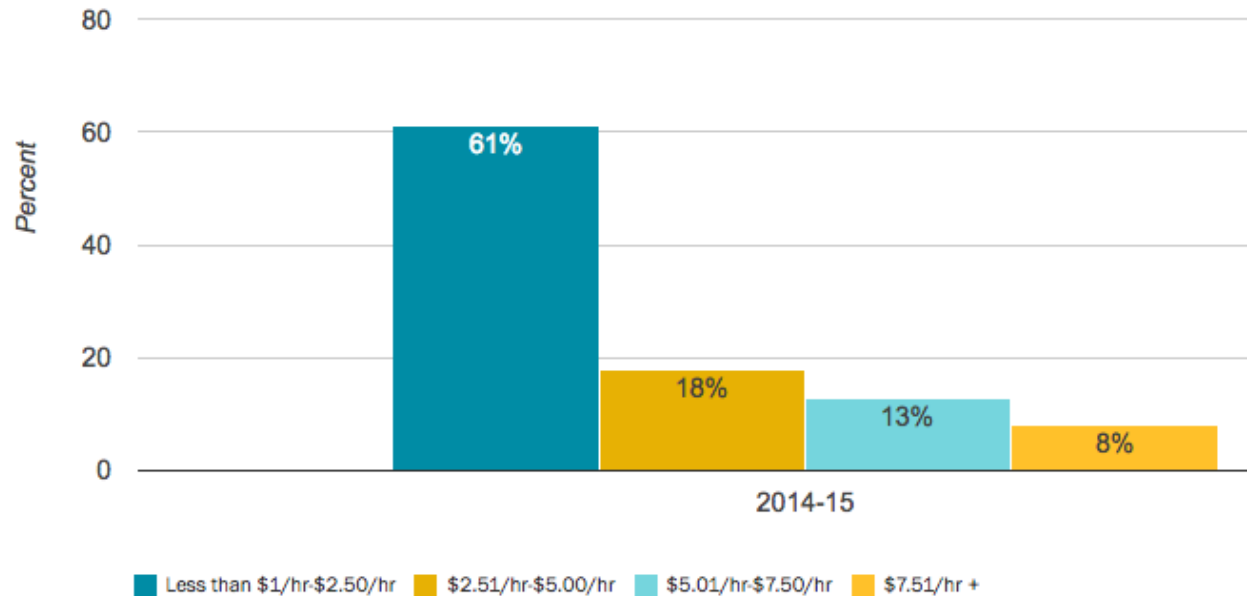
Hourly Wage of People with I/DD Employed in the Community



Why the Daily Plan It?

45

Hourly Wage of People with I/DD Employed in a Facility-Based Job



National Core Indicators. Chart Generator 2014-15. National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. Retrieved on 07/25/2018 from the National Core Indicators Website: <http://www.nationalcoreindicators.org/charts/>.

The Daily Plan It



- **40 adults with I/DD** are employed across NJ, earning minimum wage or better
- **70 businesses** across NJ utilize luxury executive office rentals and virtual office packages
- Self-sustaining enterprise



Diversified Revenue Sources



47

- Physical and virtual office tenants
- Local Donors
- Government Contracts:
 - ▣ New Jersey Division of Developmental Disabilities
 - ▣ New Jersey Division of Vocational Rehabilitation Services

“He absolutely loves the program and never wants to miss a day.”

–Regina M. (sibling of Daily Plan It employee)

“As an attorney who does special needs planning & guardianships, this mission is near and dear to my heart.”

– Rekha Rao, Esq. (Tenant)

Contact Information



49

- **Name:** Dina Casalapro, Managing Director of Community Options Enterprises, Inc.
- **Phone:** (973) 897-1430
- **Email:** dina.casalapro@comop.org

Thank You!



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For more information, please visit: www.hcbsbusinessacumen.org

E-mail: businessacumen@nasuad.org

Or Call: 202.898.2583