

Introduction

The Real Choice Pilot in Flexible Supports and Services¹ was launched in Massachusetts in 2004 to examine the implementation of a Cash and Counseling model in the Commonwealth. Cash and Counseling² is a consumer-directed flexible funding model for Medicaid services originally tested in three states (New Jersey, Arkansas, and Florida) between 1998 and 2000.³ As implemented in these states, traditional community-based Medicaid services were “cashed out” through a Medicaid 1115 or 1915c waiver to calculate an individual budget. The Cash and Counseling participants then decided how to spend this budget to meet their community living needs not typically covered by Medicaid or Medicare, e.g., non-medical transportation and vehicle modifications.

This service delivery method differs from the predominant service delivery method where consumers are offered a set menu of services with pre-determined providers and limitations. Because the new flexible model has shown to markedly improve consumer satisfaction with their long-term supports and reduce future nursing facility admissions, it has been endorsed through the establishment of the federal Independence Plus waiver option. Replications of this model throughout the country are also on the rise.

To capitalize on this information, Massachusetts policy makers and people with disabilities embarked on the design, implementation, and evaluation of the Real Choice Pilot.⁴ More specifically, after the award of the Real Choice Systems Change Grant to the University of Massachusetts Medical School’s Center for Health Policy and Research (CHPR) by the Centers for Medicare and Medicaid Services in 2001, the grant’s oversight body, the Collaborative Team, the grant’s advisory body, and the Consumer Planning and Implementation Group, sought to explore the potential design and implementation issues and the outcomes of this model to assist the Commonwealth in its future design, implementation, and evaluation of this model on a larger basis.⁵

Real Choice Pilot Design

The Pilot provided participants in two locations, Central and Southeast Massachusetts, with a budget to meet their unmet long-term support needs. To

¹ The Real Choice Pilot was funded by the Massachusetts 2001 Real Choice grant from the Centers on Medicare and Medicaid.

² Cash and Counseling was funded by the Robert Wood Johnson Foundation and the Assistant Secretary for Planning and Evaluation (ASPE).

³ Mahoney, Kevin J, Kristin Simone, and Lori Simon-Rusinowitz. “Early Lessons from the Cash and Counseling Demonstration and Evaluation”, *Consumer Direction in Long-term Care*. Fall 2000, p. 43.

⁴ The decision to test this model was reached after significant revamping of the original activities to be pursued by the grant.

⁵ At the time of the writing, the state is pursuing the option of a federal waiver to implement this model.

provide participants with the necessary support while assuring safeguards and quality, two key roles were implemented: support brokerage and fiscal intermediary support. The support brokerage role was primarily delivered through a community liaison,⁶ who was responsible for providing support and information needed by participants to identify and secure supports using their budget. (These supports and goods were outlined in a spending plan).

Unlike the role of a case manager, the community liaison had to balance two major responsibilities: 1) provide support and information to ensure participants were making informed decisions and 2) assure that decision-making authority about purchased services and supports (within guidelines provided) remained with the participants. Participants could appoint a representative (also known as a surrogate in similar models) to assist them in making decisions as needed (as defined by the participant). Since the participant was given a budget, not cash, a fiscal intermediary paid all of the participant's allowable purchases and managed the fiscal and legal employer-related responsibilities for participants who hired workers. These features of the Pilot—community liaison, fiscal intermediary, and representative—were intended to enable individuals of all ages and impairments to direct their supports.

Implementation and Oversight Roles and Responsibilities

In practice, two agencies were identified as support brokerage agencies (one for each location) and one fiscal intermediary was identified to serve all participants. A competitive bidding process was implemented and Elder Services of Worcester Area (ESWA) and Southeast Center for Independent Living (SCIL)⁷ were subcontracted as support brokerage agencies for Central and Southeast Massachusetts, respectively. Stavros Independent Living Center served as the fiscal intermediary.

The Collaborative Team shaped the major components of the Pilot using ongoing feedback and dialogue with the Consumer Planning and Implementation Group. CHPR drafted the Pilot methods based on discussions with the Collaborative Team and managed all development and programmatic functions pertaining to the Pilot, such as the creation of the Request for Proposals and day-to-day

⁶ Pilot participants chose who served as their paid community liaison and the support brokerage agency was responsible for training and paying the community liaison. If the participant was unable to designate a community liaison on their own, the support brokerage agency provided the consumer with a list of available community liaisons from which to choose.

⁷ Elder Services of Worcester Area, one of the state Aging Services Access Points, is a case management agency for elders in the Worcester area. The Southeast Center for Independent Living was the first subcontractor for support brokerage for Southeast participants. Support brokerage for the Southeast area was transferred to Options Supportive Living Program after the first year. The transfer to Options was primarily based on SCIL's lack of adequate resources to administer the Pilot.

oversight of the three subcontractors. CHPR also conducted the evaluation of the Pilot.⁸

The evaluation addressed key features of the Pilot:

- outreach and enrollment
- use of the Real Choice Assessment Tool (also developed with the Real Choice grant)
- individual budgeting process
- spending plan purchases
- support brokerage role
- fiscal intermediary role
- personal experiences of participants, community liaisons, direct workers, and caregivers (Appendix II and III)
- administrative and service costs

Each of these aspects of the Pilot and their findings are described in subsequent sections of the report. All sections are topic specific to allow readers to read sections of their interest individually. Given the grant's state partners and consumer stakeholders' interest in implementing this model on a larger scale, the evaluation focused on potential issues and possible strategies for future implementation. More details on evaluation methods, data sources, and limitations are also described in Appendix II.

⁸ The Collaborative Team made a decision to devote the majority of grant resources to the implementation of the Pilot and therefore, evaluation resources were not devoted to obtaining an independent evaluator.