



Service Outcomes

For California's Developmental Disability Community

Creating clear, consistent, and measured service outcomes for service improvement, training, and person-centered purchasing.

Part Two Defining, Using, Purchasing, & Measuring Service Outcomes

Supporting Chosen Ways of Life through
Person-Centered Purchasing

The PAVE Project
Person-Centered Advocacy, Vision, and Education

November 30, 2020 ♦ Executive Summary & Introduction

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Executive Summary

To effectively support all people with developmental disabilities, including communities of color and low-income populations, the State must design a service system that:

- Creates a person-centered service structure based on user-defined results
- Ensures health and safety during changing circumstances
- Effectively uses resources by matching specific services with needs
- Deliver culturally competent services so individuals can use them based on their personal identities
- Include linguistic variations for service users' preferred language
- Is easy to use for people of all sociological and educational backgrounds
- Pays competitive wages to recruit and retain competent support professionals to provide services
- Hires & trains direct competent support professionals to provide these service variations

Service redesign is necessary because currently, there are no clear service descriptions; the lack of clear and consistent services tends to undermine efforts to solve the above-listed problems. Without these service descriptions, services cannot be formed to fit different people's identities, living environments, and varying disabilities. If the descriptions are precise, case managers and service users will be able to choose the right ones for their individual needs, and service agencies will be ready to deliver. Only with a broad-based, easy-to-use system can all Californians with developmental disabilities receive useful services.

PAVE's methods address these issues by going to the root of the ethnic, economic, and pandemic issues that continue to plague our developmental disability service system: the lack of service outcomes. PAVE's solution is to:

- Define clear, consistent, and measurable service outcomes
- Create an outcome-based curriculum outline for training DSPs, case managers, service users, and their support circles
- Work with experts in applied statistics and total quality management to create ways to measure service outcomes.
- Build a software prototype that can use person-centered purchasing to collect satisfaction and usage data from DDS clients.
- Create a small pilot project for testing.
- Provide a full report to the State regarding initial results and a complete DDS system implementation plan

The State must understand and measure the outcomes of the services it provides. Service recipients and government funders need measurable service standards for clear, consistent person-centered service outcomes to ensure that the most meaningful services are provided in the most cost-effective manner. Right now, the State tracks service utilization and cost (i.e., how many hours were provided and how much did it cost). Yet, the State cannot measure the effectiveness of services for the people who use them (i.e., did the service

recipients achieve their goals and improve their ways of life). The inability to measure service outcomes also impedes Home & Community Based Services, and Long-Term Services & Supports programs at the national level. A definitive, measurable service outcome structure must be developed that can be implemented across all developmental disability services as well as other HCBS and LTSS services.

Direct Support Professionals deliver services that support the service recipient's chosen way of life. The DSP's labor or work is the service deliverable.

Direct Support Professionals—DSPs—provide service delivery outcomes through their work.

PAVEs answer to service outcomes begins with defining the *delivery* of services. A service deliverable is the DSP's in-person work, structured by how they are employed, supervised, trained, and funded. Service

agencies train, manage, and pay DSPs; supervision is shared among the service agency, the service user, and their support circles.

Service outcomes support individual ways of life. As the service is delivered, the service user appropriates and applies the service deliverables. The result of support services—that is, the 'service outcome'—is the service recipient's use of service deliverables to maintain or change their way of life. A way of life is a person's lifestyle—their activities, skills, and relationships.

Recommendations and Conclusions

- **Incorporate service deliverables in the state service system.** Create clear, statewide service deliverables based on DSP activities, group them according common service use, and link them to service names and purchasing codes.
- **Use Access to Ways of Life to Measure Service Outcomes.** Change the role of support services so that the focus is on access to service users' chosen ways of life. Successful service outcomes allow service users to maintain, improve, or change their ways of life. Replace the use of narrow goals and to-do lists as a basis for purchasing services, with person-centered planning, maintenance of lifestyle, and support for changing or accessing ways of life as needed.
- **Remove Service Barriers for Diverse Communities.** Develop categories of service deliverables that address the needs shaped by cultural identity, deaf communities, linguistic preferences, urban and rural community contexts, education levels, and low-income economics.

Individuals use their services to maintain or change the lifestyle practices that form their way of life.

- **Implement Person-Centered Purchasing.** Use methods developed by the Person-centered Advocacy, Vision, and Education (PAVE) Project to

The state can use measurable service outcomes to ensure the most urgent needs are being met and that funds are being responsibly expended.

collect and measure data for outcome-based payments. PAVE links service deliverables (the work of the DSP) to achieving and maintaining access to ways of life (access points). Service deliverables are purchased to achieve these access points. In order to purchase services based on achieving access points (which are successful user outcomes), the cost of

achieving access points must be calculated. To make that calculation, the average service deliverable costs for achieving a set of access points must be determined. This purchase process needs PAVE's methodology to create clear service outcomes, measurements, and person-centered payments at the state and federal level.

California can lead the way in the developing person-centered purchasing of effective support services through PAVE.

- **Fund the PAVE Service Outcome Pilot Project.** Include the PAVE Service Outcome Pilot Project in the 2020-21 State budget.

PAVE's Service Outcome Initiative starts testing person-centered purchasing using clear, consistent, and measurable outcomes.

Introduction

The Person-centered Advocacy, Vision, and Education (PAVE) Project proposes that the state could provide better services to people with disabilities by developing measurable service standards for clear, consistent person-centered service outcomes. These outcomes can then be used to ensure that the most effective services are provided in the most cost-effective manner through the person-centered purchasing of service deliverables, forming a complementary alternative to the medical managed care model. This alternative model's working title for this report is 'Disability Support Organization' (DSO). The DSO model is needed because the medical managed care model cannot successfully deliver disability support services. Where HMOs have been used to deliver developmental disability services, the results have been an unmitigated disaster. The medical model's failure for disability services calls for a clear social service outcome structure for people with developmental disabilities.

This report defines reliable, feasible, and usable developmental disability service outcomes, demonstrating how to measure them in a scientifically valid manner. The PAVE model for defining, purchasing, and using service outcomes can not only fill a gap in California, but can also serve as a model for the rest of the country. The DSO model can be integrated into the existing State Department of Developmental Services, Regional Centers, and vendor community through implementing the recommendations at the end of this report. The Center for Medicare & Medicaid (CMS) can also use the DSO model to provide a blueprint for person-centered purchasing in their Home & Community Based Services and Long Term Services & Supports programs.

Defining and Using Services

There are several challenges to defining service outcomes for DSOs. First, CMS requires that all services be person-centered. Yet there isn't a consistent and shared definition of what 'person-centered services' mean for service providers to use and on which service outcomes can be formed. PAVE's approach solves this problem by defining 'person-centered services' as the *recipient's use of service deliverables to access their lifestyle practices*. By separating the service delivery outcome (what the service provides) and the service user outcome (how the service recipient uses service deliverables), the phrase 'person-centered service' takes on a clear and measurable meaning. The service recipient defines the service outcome by using it, giving the service recipient the ability to choose their services and places them at the center of service outcome definitions.

By defining service outcomes this way, there is a follow-up question: What are the service user's goals for their service deliverables? What do service recipients want to use their services for? The PAVE model proposes that service recipients use their services to access lifestyle practices within their way of life. In other words, service recipients want services that will help them accomplish goals that

improve their lifestyles in terms that they define. If person-centered planning is to succeed, we need a better understanding of what these lifestyle access points are.

Access points are the conditions needed for service users to engage in their way of life—their access to how they want to live. A way of life is a person's lifestyle—practices they engage in on a regular basis, including practices that form relationships, participation in events, and use of skills for performing activities. Our lifestyle shape and express our identity. Who we are is about how we live. Ways of life are dynamic, changing as we age. We face different physical and social environments, develop new interests, start, and end relationships, abandon old pursuits, and decide to add, change, or eliminate particular lifestyle practices.

PAVE's method addresses a recurring complaint from many stakeholders regarding the use of goals in the service planning process. One person quipped, "If I see another Individual Program Plan state that 'Johnny will learn how to write a complete sentence', I am going to go crazy". While there is nothing wrong with writing a complete sentence, this goal had been copied and pasted onto scores of plans without any follow-up or connection to the person's life. Goals often turn into meaningless to-do lists, unconnected to maintaining and changing the service user's way of life, with no monitoring of their success. In PAVE's service outcome approach, goals are access points directly connected with a lifestyle practice, providing a wholistic approach. This is contrasted against the current practice of focusing on segmented individual goals that can be checked off and moved past. For example, the work that a service provider performs to support a person to maintain their own apartment is often wholly ignored in case management reviews because those efforts are to maintain that lifestyle practice instead of creating some new achievement that can be listed as a goal.

With PAVE's person-centered planning model, we identify a person's chosen way of life, determine the access points needed to maintain or change their way of life, and provide the necessary services for those access points. PAVE's definition of person-centered services provides a basis for effective person-centered planning. Service user outcomes form the foundation for choosing services.

Purchasing Services

PAVE's planning and service framework is based on person-centered, outcome-based purchasing, but it addresses the traditional federal and state method of purchasing. This method—the per-hour & per-day unit—is now coming under increased scrutiny because of cost overruns, service duplication, unclear outcomes, and unnecessary payments to providers. While several stakeholders have proposed solutions based on medical-model outcomes, we suggest that these types of service outcomes are inadequate for developmental disability

services as well as other social and human services. The pressure to resolve this issue is mounting in California and at the federal level.

If, as PAVE argues, service deliverables are the per-hour work of direct support professionals providing in-person supports, costs on a per-hour basis still exist. Even when augmented by technological tools such as video relay and cell phone communication, this DSP per-hour cost remains at the service deliverable level. Yet PAVE goes beyond linking per-hour payments to service deliverable costs. PAVE links the per-hour costs of deliverables to access points. Access points are the conditions required to engage in a chosen lifestyle practice; direct support professionals help service recipients achieve these access points. Identifying the role of service deliverables (the work of in-person staff) in achieving access points provides the key to person-centered, outcome-based payments.

Person-centered outcome-based payments are payments for access points. For example, if a person wants to swim (a lifestyle practice), they need to know how to swim, have an accessible place to swim, and have transportation to get to the swimming place. If the State knows how many service delivery hours it takes to achieve these access points, then the access point cost is known. The State is not purchasing the lifestyle practice of swimming; the State is purchasing the access points. With enough data, the state can determine the cost of common access points for the average person with a given level and type of developmental disability.

Whether or not the service recipient uses these access points to engage in the intended lifestyle practice is their decision. Yet, the State will want to also track and know whether service users are engaging in the lifestyle practices that these access points provide. If, for example, trends are discovered where purchased access points are not being utilized, the case management process may need to be changed so that service purchases and deliverables target access points for practices the service recipients actually want to use. Keeping service purchases at the access point level is more precise because access points can be identified as goals. The link between these goals and service deliverables is easier to track. In addition, service outcomes are different than the practices these services enable. It is the service user's *decision* to engage in a given lifestyle practice; it is State's responsibility to provide access to that chosen lifestyle. If the State chose instead to build a model that identifies outcome-based purchases at the lifestyle level, the State would be forced to measure service effectiveness based on the extremely complex relationship between deliverables, use, access points, and engaging in lifestyle practices. Such a model would also run the risk of forcing a person to live a certain way because the State has paid for the practice. Once service providers achieve and maintain access points, payments should take place at that level.

PAVE's service outcome process uses an outcome-based *payment* system that supports person-centered planning and person-centered purchasing. By

defining service deliverables' purpose (gaining access points), PAVE provides the ability to focus on accessing ways of life. PAVE then shows how to price those access points using service deliverable costs.

PAVE's model shows what to measure for creating meaningful person-centered service outcomes and how to calculate their cost. Further, it shows how to create meaningful service deliverables by focusing on the effectiveness of different service delivery combinations. Service users can judge the quality of services by their effectiveness in allowing them to achieve their access points.

Measuring Services

PAVE's service outcome process uses six measurement points to determine where and what to measure for quality improvement and effective resource allocation. These measurement points include:

1. *Service Deliverables*. The DSP's activities are structured by employment and supervision, training, and funding.
2. *User Appropriation & Application of Service*. The service user's understanding and incorporation of the service deliverable, and their application of that service deliverable to support their way of life.
3. *Environmental and Social Factors*. The factors that influence service deliverables' ability to achieve effective supports for a chosen way of life.
4. *User Results*. The outcomes of the service user's utilization of service deliverables to maintain or change the conditions (access points) for their chosen way of life.
5. *Access Points*. Access points are the conditions required to maintain a given set of lifestyle practices. Service users apply service deliverables to achieve and maintain these access points. The extent to which a service user achieves these access points is the measurement point.
6. *Quality of Life*. 'Quality of life' is an evaluation of a way of life using chosen standards (the service user's standards or other stakeholders' standards).

We have ensured that these measurement points are effectively integrated with National Core Indicators, as described in later sections, without losing focus on the person for whom these services are created.

Ways of Life, Health, Safety, and Equity

Prior to the pandemic, several State stakeholders have expressed that developmental disability services were at a tipping point. The per-unit fee-for-service model was coming under increasing criticism, and rate increases for services were met with requests for "service outcomes" as a condition for more funding. The Rate Study refused to link costs with quality, stating there was no consensus on what developmental disability services are supposed to do. A national search on this topic reveals that no one knows what developmental disability services are supposed to do. This lack of direction has consequences

for communities of color, low-income Californians, and virtually everyone who has a developmental disability.

The demand for service outcomes has been sidelined due to the pandemic. However, sidelining the purpose of disability services pushes the system in the opposite direction of where it needs to go. The pandemic underscores the need for understanding what developmental disability services do. The inability to follow a process and client-to-DSP ratios for suspended services in congregate day program settings, and the system's response with alternative service payment structure underscores the need to clarify services' purpose. Per-month payments without outcomes are incredibly inefficient and provide no real benefits to its recipients.

Developmental disability services during the pandemic should at least ensure the health and safety of service recipients. Yet, for example, no one knows how the suspension of congregate day programs has impeded family members of service recipients in their return to work outside the home. Disability Rights California has been inundated from families desperate for in-person service supports, yet no systematic analysis has been made about what families need to support their loved ones with developmental disabilities. After the pandemic, these system-wide flaws will impede restoring services in an effective manner.

Even more troubling is the continued lack of any identifiable framework to address the variety of communities and their constituencies' needs for accessing their chosen way of life. *Since the system only has the language of service units and costs per unit, that is the only thing it can track.* The system needs outcome measurements to address the disparities of ethnicity, poverty, health, and safety. As explored in the detailed examples in this report's Appendix, service disparities among ethnic communities can be addressed through service outcomes, instead of only counting service units and their per-unit cost. PAVE has provided the blueprint for a solution; the next step is the political will to fund that solution.

The road to solving these problems will involve a multi-year effort. Fifty years of community services have built a system providing crucial supports for hundreds of thousands of individuals. Are we designing a system for the next fifty years? The issues California faces are the results of the success of the Department and of the State. Success brings new challenges. PAVE is designed to meet those challenges head-on, standing on the shoulders of those who have come before us.

This report provides a blueprint for developing person-centered service outcomes, their use, their basis for planning, and how to purchase and use them. Last year, the California Assembly approved a pilot project to develop this blueprint, but the pandemic stopped the proposal before it reached the California Senate. We hope approval will come during the 2020-21 budget process. The time to start developing person-centered service outcomes is now.