



PeopleInc

Where your world opens up.

Starting a conversation, why not Self Directed SEMP?

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Who is People Inc

- People Inc is an OPWDD provider in the Western New York and Greater Rochester area. We serve approximately 8000 people and have close to 4000 employees. We have over 1100 people enrolled in Self Direction Services and approximately 800 people supported through employment services, including prevocational services

Employment Is....

- A call to citizenship
- A right
- A responsibility



Self- Direction Basics

- People who receive OPWDD services may opt to Self Direct, meaning they determine how to allocate their funds to best meet their needs
- There are 3 types of budgets available
 - Residential Only (Does not include Day Hab, SEMP, Community Pre Voc)
 - Other Than Residential, or OTR (Does not include Residential or Respite)
 - Both (All services must be included in the budget)
- SEMP is included in OTR and Both budgets
- Anyone with an SD budget must choose an FI agency to administer their funds

Self Directed Supported Employment (SEMP) Models

Direct Provider
Purchased

Agency
Supported, Self
Directed SEMP

Self-Hire, Self-
Directed SEMP

This is the traditional SEMP model

- Units and rate are included in the budget for Both and OTR
- There are no changes to services, providers, or pay rates
- Units are monitored to avoid overage within the budget year
- DPP services may be administered by the same agency that acts as the FI, or by another agency
- Respite and Comm Hab Services may also be DPP

As an FI, People Inc. has many budgets that include DPP SEMP through People Inc. and other area agencies

When DPP SEMP is internal, we have established communication and tracking to monitor and avoid overages

*Direct
Provider
Purchased*

Agency Supported, Self Directed SEMP

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- This is a “hybrid” of traditional and Self- Direction
 - Can be provided with or without a budget
 - Units and rate are included in the budget for Both and OTR
 - Staff are hired by the agency providing the DPP service and are paid the same rate as traditional, however the person can select their own staff to be trained and hired.
 - Units are monitored to avoid overage within the budget year
 - DPP services may be administered by the same agency that acts as the FI, or by another agency
 - Respite and Comm Hab Services may also be DPP
 - This is not a model currently provided by People Inc.

Self-Hire, Self Directed SEMP

Can be provided in an OTR or a Both budget

Requires adherence to both the Self Direction guidance and the SEMP ADM

Allows for choice of staff and choice of pay rate (within cap for service *with* fringe)

Allows for choice of units as authorized

Requires exploration and denial of pre-employment and Access VR services

Requires SEMP service authorization from Central Office

People Inc. currently serves 3 people in this model

How do we support each other?

- We provide opportunities to our existing employment staff to work a secondary job in self-direction
 - Currently we have employment Specialists work in secondary positions with our self-directed department

Benefits:

Already received required training

Understands regs and rules

Understands the People Inc. brand and importance of business engagement and expectations

How do we support each other?

- Centralized Innovations tracking
 - Our SEMP dep't tracks the required Innovations training for any staff delivering SEMP, including our Self-Directed dept.
 - This tracking is shared on a quarterly basis
- SEMP dep't provides technical assistance to our Self-Directed dep't as questions arise specific to regulations

What barriers are faced when we look to expand self-directed SEMP?

- Lack of experience- the service is provided infrequently, FIs do not have SEMP training or experience, not familiar with complex guidance and ADMs or broader SEMP challenges or initiatives, staff are out in the community representing the agency but may lack perspective
- Lack of resources- FI supervisors struggle to provide support or mentoring, tracking training can be cumbersome
- Risks- missing requirements can result in billing issues, staff without proper support could misrepresent your agency or interests
- Lack of incentive- the agency receives no additional incentive to providing the service which is far more complex than self hired comm hab or respite, requires the FI to pay for additional annual staff trainings
- Confusion- conflicts in guidance, confusion of what is needed and where to start, billing complications with indirect time

Self – Directed statistics in New York

Utilization of Self Hired SEMP across the state is low!!

Western NY has 5 self hired SEMP cases (3 with People Inc.)

Finger Lakes has 4 self hired SEMP cases

As of June 2020, Budget Authority SEMP was 272 people

Table SD1
Utilization of Self-Directed Services (FFS & MC)
by Self-Direction Type and Service
(YE June 2016 - YE June 2020)

		Service Recipient Counts				
		Year Ending June				
Self-Direction Type	OPWDD Service Description	2016	2017	2018	2019	2020
Agency Supported Self Direction	COMMUNITY HABILITATION	2,970	3,618	4,108	4,095	4,190
	RESPITE	796	990	414	496	446
	SUPPORTED EMPLOYMENT	120	252	216	236	250
	Subtotal	3,785	4,704	4,607	4,673	4,736
Budget Authority Self Direction	COMMUNITY HABILITATION	3,528	5,248	7,166	9,272	11,210
	FISCAL INTERMEDIARY	5,079	7,681	10,397	14,176	18,201
	INDIVIDUALLY DIRECTED GOODS & SVCS	3,383	5,192	7,314	9,766	12,054
	LIVE-IN CAREGIVER RM & BRD STIPEND	87	99	113	129	127
	RESPITE	568	1,031	1,776	2,689	3,800
	SUPPORT BROKER	4,945	7,531	10,195	13,819	17,657
	SUPPORTED EMPLOYMENT	447	363	327	315	272
Subtotal	5,299	7,930	10,605	14,323	18,327	
Grand Total		8,517	11,734	14,419	18,091	22,144

Employment statistics Nationally

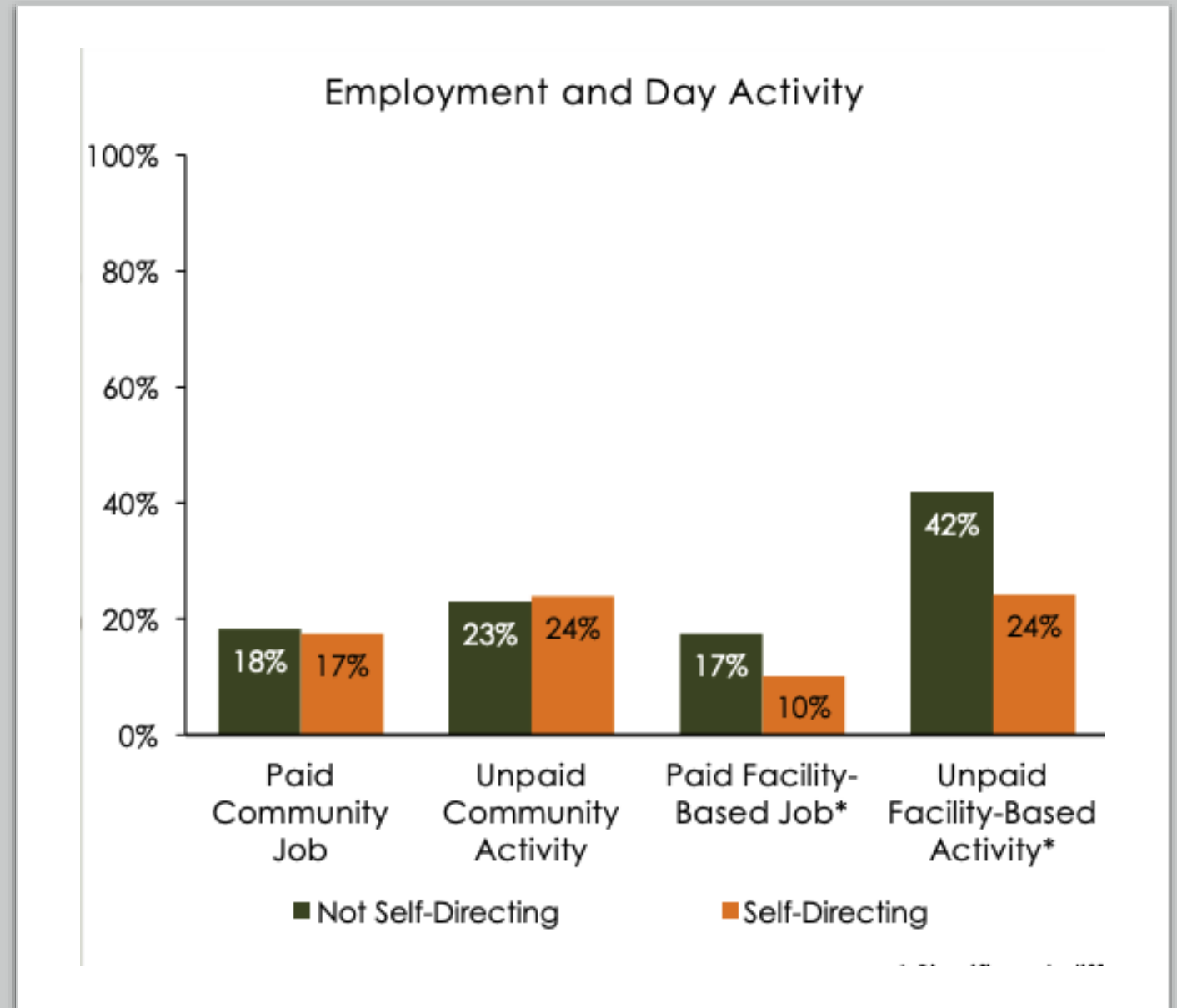
- National Core Indicators from 2016-2017
 - 47% of those who responded didn't have a job in the community but wanted one
 - Of those 47%, only 40% had employment as an identified goal
 - A national sample shows that approximately 19% of all people with ID/DD have a paying job in the community

- Source

Employment statistics Nationally

- National Core Indicators from 2016-2017
- Note the significant difference between unpaid facility based activities for those who are self directing compared to non self directing

- [Source](#)



Employment statistics Nationally

260 Self Direction programs across the US

- 1.2 million people self directing

States that are highest with SD services

- Arizona, Vermont, Kentucky, Oregon, Wisconsin, Illinois

FEA model where participant is employer of record

- NY does not have this option

Employment
statistics
Nationally

National Core Indicators

Subdomain: WORK People
have support to find and
maintain community
integrated employment.

National Core Indicators

Top 4 Indicators from 2017/2018 survey

The percentage of people who have a goal of integrated employment in their individualized service plan

The percentage of people who are working-age, do not have a job in the community but would like to have one

The percentage of people who are working-age and have a paid job in the community

Of people who have a paid job in the community, the average number of months they have been working at their job

National Core Indicators

[Source](#)

82% said no to having a paid
community job

NY ranked "significantly
below average" with 13%
saying they had a paying job
in the community

Benefits of Self Directed SEMP

If successful, there are numerous benefits that could be realized through Self Directed SEMP:

Individualized support

Choice of staff

Increased pay for providers

Should see a decrease in staff turnover and should be able to attract qualified and dedicated staff

What can we do?

Seek out opportunities for collaboration and advocacy

Build upon successes, learn from mistakes

Utilize existing resources in new and creative ways

Offer support to staff- look to provide strategic training and support, ensure FI supervisors have the tools they need to succeed

At People Inc. we are looking to keep at least one FI Rep up to date on Innovations trainings and to try to keep all cases with one FI Rep

Challenge our obstacles- although we have shied away from this service, it seems the best way to improve it is to engage in it

Please
share your
thoughts!!!



What have your experiences been? What worked? What did not?



What could be done to make this service work better for people and providers?



Are you active in any groups that could collaborate on advocacy efforts?