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**REPORT ON DDS**

**SELF-DETERMINATION SERVICES**

**September 2022**

The Department of Developmental Services (DDS) is submitting this report pursuant to the Real Lives Law, Chapter 255 of the Acts of 2014, codified as M.G.L. c. 19B, § 19 (e)(18). This section requires DDS to:

**provide, in consultation with the advisory board established in subsection (c), an annual report to the chairs of the house and senate committees on ways and means and to the house and senate chairs of the joint committee on children, families and persons with disabilities, not later than September 1; provided that said report shall (i) set forth any modifications or improvements made by the department to the administration of self-determination, (ii) specify any recommended legislation, (iii) provide an assessment of the performance of providers, vendors and persons who have received funds for the provision of services, supports and goods under this section, (iv) specify the number of participants utilizing self-determination during the previous fiscal year, (v) specify the number of participants per region in the commonwealth, (vi) specify types and amounts of services, supports or goods purchased under self-determination, in a manner that facilitates analyses and year to year comparisons, (vii) provide ranges and averages for expenditures from all individual budgets, inclusive of any adjustments to individual budgets made pursuant to subsection (i), and (viii) the number of participants who withdrew voluntarily from the option.**

The Self-Determination Advisory Board, as outlined in M.G.L. c. 19B, § 19(c), was established in December 2014. Previous Annual reports are available on the [DDS website](https://www.mass.gov/lists/dds-legislative-reports#self-determination-legislative-report-per-ch.-255,-sec.-1,-19-(e)(18)-).

In FY21, the Board met on September 2, 2020, December 2, 2020, March 10, 2021, June 9 2021.. All meetings were held virtually. Meeting minutes as well as documents presented, reviewed and discussed are also on the [DDS website](https://www.mass.gov/lists/dds-legislative-reports#self-determination-legislative-report-per-ch.-255,-sec.-1,-19-(e)(18)-).

The number of participants enrolled in self-directed services in June 2021 increased to 1,687 from 1,470 in June 2020. A review of the various work products, tasks, activities, and ongoing efforts is provided below.

**Subsection (i) – modifications and improvements made to the administration of self-determination;**

* In 2015, the **DDS Real Lives Law Work Plan** was developed to establish operational and oversight protocols aimed at monitoring the implementation of the Real Lives Law. Since its development, twenty-eight items requiring DDS action have been completed and eight are categorized as “ongoing.”
* **Self-Determination Advisory Board Members** are appointed for a three-year term. The initial term expired for all appointed board members in December 2017. Fifteen members were re-appointed for a second term. Six new members, including two individuals who receive DDS services, two family members of individuals receiving services, an Independent Facilitator, and a citizen of the Commonwealth representing taxpayers were appointed in the spring of 2018. We currently have no vacant seats. We have added 6 new members to the Board this Fiscal Year.
* **Agency With Choice (AWC)** has been a self-directed service choice since 2010. This is a co-employment model of service delivery in which a Qualified Provider shares employer responsibility with individuals and families. The AWC provider serves as the employer of record and the individual/family serves as the managing employer.
	+ AWC was required to be re-procured in FY 2018, and DDS will re-issue the Request for Response (RFR) in FY23 in response to growing interest by the provider community.
	+ In FY22, DDS solicited input from individuals, families, and providers to help inform changes to the RFR to enhance the design, scope, and expectations for the AWC program.
	+ Changes made in the RFR are designed to simplify the AWC program model and enhance aspects of service delivery. Key elements included:
		- Streamlining the menu of direct support service options to Individualized Home Supports and Individualized Day Supports (which aligned with current utilization and continues to offer flexibility for participants), and
		- Increasing clarity on the roles of individuals/families and providers related to their shared responsibilities in this co-employment arrangement, as well as the role and responsibilities of the Service Navigators.
	+ The RFR also addressed important concerns related to simplifying and consolidating the contracting process for providers. Through this process, 36 agencies were qualified as AWC providers.

A collaborative work group of DDS staff and Agency with Choice (AWC) providers initiated the development of a comprehensive AWC Program and Operations Manual that includes many helpful resources and tools to support consistency in understanding and implementation of these services. The manual’s release (anticipated in FY23) will be accompanied by regional training sessions for AWC providers and DDS Area Office staff.

* DDS Regional Self-Direction Managers continue **ongoing outreach, communication and training efforts** related to the promotion and understanding of DDS self-directed service options. The target audiences have included DDS Area Office staff, new DDS Service Coordinators, self-advocates, individuals and families, providers, and local advisory boards. Presentations on self-direction are also provided at DDS conferences, Transition and Turning 22 Forums, Family Support Centers, and other appropriate DDS training venues.
* DDS Regional Self-Direction Managers hold monthly **Support Broker Meetings** in each region that are focused on training, process improvements, best practices in self-determination program development and a variety of other topics.
* Throughout FY22, DDS drafted regulations specific to Self-Directed Services. A Public Hearing on those draft regulations was held in November 2022. DDS anticipates promulgating regulations in FY23.
* In FY21 and FY22, DDS contracted with Human Service Research Institute (HSRI) to review the self-direction program, identify areas to improve consistency, transparency, equity and accessibility, complete a review of services and make recommendations for a budget determination process based on an assessment of a person’s support needs. These recommendations resulted in:
	+ Convening a workgroup consisting of participants, family members, advocates and DDS staff to draft a guide written in plain, accessible language. This draft will be completed in FY23 and DDS will seek feedback from Self Determination Advisory Board prior to disseminating,
	+ Enhancing program infrastructure by offering continued Support Broker training,
	+ Consolidating service codes and increasing fiscal caps in specified services to align with Chapter 257 changes,
	+ Focusing on staff recruitment and retention:
		- In FY22, DDS utilized American Rescue Plan Act (ARPA) funding and worked with PPL to issue bonuses to direct care staff working in the Participant Directed Program
		- DDS added funding and resources toward our contract with Rewarding Work, a resource to help individuals and families locate staff
		- Public Partnerships LLC (PPL) developed a resource, PPL Connect, for individuals and families to identify staff within the PPL system who are credentialed and looking for work.

**Subsection (ii) specify any recommended legislation;**

DDS recommends adjusting the frequency of the Self Determination Advisory Board meetings. DDS recommended that these meetings be moved to twice yearly, SDAB members would like meetings to continue at the quarterly cadence.

**Subsection (iii) assesses the performance of providers, vendors and persons who have received funds for the provision of services, supports and goods under this section;**

**Participant Directed Program (PDP)**

PPL is the current fiscal intermediary under contract to provide fiscal services for the PDP. The PDP is the service option that provides the individual or the family the greatest control over their services. It also requires significant time and responsibility by the person or their family. DDS works closely with PPL to create specific goals and objectives for their work on the PDP and DDS increased their oversight of PPL by holding monthly in-person meetings with PPL leadership and staff.

**Agency With Choice (AWC)**

The AWC self-direction option allows individuals and families to self-direct services through a contracted DDS agency. In this option, the individual or family maintains control over design and delivery of services but receives assistance or support in management of staff, budgeting, and many other administrative needs. The agency is responsible for all accounting, personnel/payroll management and assuring adherence to regulations and DDS requirements.

Each year, AWC agencies conduct annual satisfaction surveys for the services they provide. The information received is collected and shared with DDS and other stakeholders to improve identified areas of concern. By design, the AWC model requires close collaboration between the provider and the participant. This ongoing, frequent communication ensures that problems, concerns and general satisfaction issues can be discussed and addressed as such matters arise. Additionally, at the end of each fiscal year, staff from the agency and the Service Coordinator reviews the performance of staff and the effectiveness of the service plan to make changes accordingly.

DDS intends to reissue the AWC RFR during FY23 based on requests from DDS field staff and provider agency wishing to respond and qualify for this delivery option.

**Subsection (iv) specify the number of participants utilizing self-determination during the previous fiscal year.**

On June 30, 2021 there were a total of **1,687 participants** enrolled in self-direction.

**Subsection (v) specify the number of participants per region in the Commonwealth;**

As of June 30, 2021, the 1,687 enrolled self-direction participants were from the following regions:

* Central West: 409
* Metro: 338
* Northeast: 564
* Southeast: 376

**Subsection (vi) specify types and amounts of services, supports or goods purchased under self-determination, in a manner that facilitates analyses and year to year comparisons;**

The Department keeps data on the categories of self-determination services used each month, the year-to-date total and lists the yearly total for the previous three fiscal years. Below are the two charts with this detail for FY22, numbers in these charts represent the total enrollments in each service category. Many participants are enrolled in more than one service category. The total number of people enrolled in self-determination is provided in subsection (iv) above.

The following chart lists all the service enrollments for self-directed participants enrolled through the **PDP** option. As noted in section (iii) above, this option allows the participant the greatest control over their services, staff and budget and requires the greatest responsibility to manage the services, staff and service choices made. In this option, the fiscal intermediary, PPL, is responsible for all the payroll, accounting and adherence to expenditure qualification/requirements and regulations.



The next chart provides service enrollment information regarding participants who choose the **Agency With Choice (AWC)** option. This option requires the agency, chosen by the participant, to work closely with the participant on the design and delivery of services. The participant chooses the staff, and the agency and participant jointly supervise and evaluate the staff. In this option, the provider agency is responsible for all personnel/payroll needs, accounting and adherence to expenditure regulations and DDS requirements.

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**Subsection (vii) provide ranges and averages for expenditures from all individual budgets, inclusive of any adjustments to individual budgets made pursuant to subsection (i);**

In the FY21, for **PDP** with PPL, **the average statewide allocation was $18,546.02.** The smallest allocation spent was $4.50. The smallest allocations are typically for a partial year, new enrollment program or short-term expenditures appropriate for this service model. The largest two allocations were at $233,094 and $149,230; however, these cases represent unique circumstances. Other than these two outliers, the highest allocation spent was $133,686.

In the FY21 **AWC** program, **the average statewide allocation was $26,375.67.** The lowest allocation was $1,103.39, and the highest allocation was $180,384.00.

**Subsection (viii) the number of participants who withdrew voluntarily from the option;**

During FY21, 284 individuals voluntarily moved out of the Self-Direction Program. This number does not include withdrawals due to deaths, people who were enrolled with the specific purpose to receive short-term services, services that last less than a year, supports or goods and other technical or administrative reasons.

**Conclusion**

DDS continues to increase enrollments in self-directed services, streamline service models and systems, expand communication efforts (most recently via user promotion videos) and engage varying stakeholders for feedback and evaluation to improve self-directed service. DDS is committed to increasing participation in self-directed service options and we fully expect the enrollment numbers, system improvements and service enhancements to continue in the coming year.