Assessing a Participant Directed Service System for Low Income Children with ASD

An Evaluation of the Massachusetts Medicaid Autism Waiver Program

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Assessing a Participant Directed Service System for Low Income Children with ASD

Brandeis:
Marji Erickson Warfield, Ph.D.
Walter Leutz, Ph.D., MSW
Maria Timberlake, M.Ed

HSRI:
Sarah Taub, MMHS
Elizabeth Pell, MSW
Cheryl Sartori

MA Department of Developmental Services:
Cariann Harsh, MBA
Massachusetts Medicaid Autism Waiver Program

Key Features

• Targets young children with autism spectrum disorder (ASD) under the age of nine

• Serves low income families at 150% of Federal Poverty level receiving Medicaid benefits

• 100% Participant Directed with assistance from DDS Autism Clinical Managers, Autism Support Brokers, Senior Therapists, and in-home providers and with funds managed through a fiscal management service (FMS)
Massachusetts Medicaid Autism Waiver Program

**Key Features**

- Services designed to help children with autism receive services in their homes and actively participate in their families and their communities

  - **Major Service:** Expanded Habilitation Education
    Intensive one-to-one behavioral, social and communication based interventions

  - **Ancillary Services and Supports:**
    - Community integration activities
    - Respite
    - Home adaptations
    - Goods and services
Evaluation Plan

Specific Aims

1. Assess the extent/manner in which participant-directed (PD) service systems are implemented in the communities served by the Medicaid autism waiver program [System Level]

2. Understand the variation in the implementation of participant directed services across families and assess which aspects of this service delivery model predict family well-being and child progress. [Individual Level]
Aim I: Implementation and Operation of a Participant-Directed Service System

1. Focus Group

2. Qualitative Interviews
Evaluation Plan

Focus Group

Participants:

• state coordinators, autism clinical managers, autism support brokers, and representatives from the financial management service

Question:

• What are the components, processes, and/or conditions that make this participant-directed program work well (or not)?
Evaluation Plan

Qualitative Interviews

Participants:

• Clinical and fiscal managers, senior therapists, in-home providers and support brokers
• Families

Questions:

• What components of participant direction are working?
• What components are problematic?
Preliminary Findings

Focus Group – Components Identified

- Educated/Trained Families
- Staff Skills
- Communication
- Information Systems
- Pool of providers
- Leadership
- Success with other service issues
- Clear but flexible rules
- Adequacy of level of effort
- Consonance of policies and procedures between waiver program and broker agencies
Preliminary Findings

Focus Group – Components Rated

• Educated/Trained Families (18)
• Staff Skills (16)
• Communication (15)

• Information Systems (9)
• Pool of providers (9)
• Leadership (8)
• Success working through other service issues (7)
• Clear but flexible rules (7)
• Adequacy of level of effort (6)
• Consonance of policies and procedures between waiver program and broker agencies (4)
Preliminary Findings

Qualitative Interviews with Clinical and Fiscal Managers, Senior Therapists, In-home Providers and Support Brokers

General Themes/Lessons

1. Start-up issues addressed and mostly solved

2. Build on existing services, supports, and connections

3. Build in flexibility to allow for the individualization of participant direction.

4. Define the program carefully and specifically.
Preliminary Findings

*Qualitative Interviews with Families*

What is working with Participant Direction?

- Parents know they are in charge and can choose providers and replace them
- Parents are learning about autism, items to purchase, and paperwork
- Staff communicate and listen well; support broker is the go-to person
Preliminary Findings

Qualitative Interviews with Families

What is not working with Participant Direction?

- Logistics for non-direct service items
- Choosing independent providers over agency providers
- Learning curve due to complexities
Support

Maternal and Child Health Bureau