

CDPAP - Different from all other Home Care Programs

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Last weekend I had the opportunity to examine something that I guess I always subconsciously knew about the Consumer Directed Personal Assistance Program (CDPAP). I had the chance to consider the fundamental element that makes it different from all other home care programs.

This revelation occurred as the result of a rather long email conversation about the use of technology and its impact on the CDPAP. During this conversation, technology was seen as a double edged sword with a positive side that could be used to reduce some of the unavoidable problems that are caused when manually processing data, and a negative side that could be misused to diminish the apparent control the Consumer must have over their home care program.

In the end, I finally realized that the thing that made the CDPAP different is the agency's primary obligation to establish an atmosphere between them, the Consumer and the Personal Care Assistant (PCA) that would ensure that when a PCA is asked the question – “Who do you work for?” - they would say – “I work for the Consumer.”

Therefore for a CDPAP to be truly successful they must be able to navigate between the various legal, contractual and programmatic relationships without getting between the Consumer and their PCA; a requirement that is harder to achieve than it may first appear because it is directly contrary to the rest of the home care industry, the training of professional home care administrators, and even the proactive approach adopted by some advocates.

Every time the agency surrenders to the temptation to sidestep the Consumer by, conducting a direct enrollment process, using quality assurance staff, employing staff assessment nurses, administering a Consumer free payroll process, or removing Consumers from the board, because it is easier, more cost effective, improves control or a new requirement, their CDPAP has moved another step away from the real goal, another step away from the PCA being able to give the correct answer.

How can a Consumer use this information to improve their CDPAP? Although it is always useful for Consumers to apply this understanding in any CDPAP in which they may find themselves, by voicing their opinion that a policy interferes in their relationship with their PCA, it is my belief that this understating will be most effectively applied when the Consumer is given the opportunity to make some real choices.

Hopefully, Consumers will finally get the opportunity to make some real choices when the program is transitioned into the Managed Care program. And even though I understand many of the pitfalls that will negatively affect the CDPAP I still hope that this transition will afford Consumers the opportunity to shape the future of the CDPAP.

Once the transition occurs, the Consumer may have a variety of new choices to consider and perhaps the ability to create a variety of new market forces which may push the program in a new positive direction. In addition to choosing the Managed Care agency, Consumers may also have the opportunity to select a new CDPAP provider. Although it is likely that most of the CDPAP providers that we have all come to love and admire will still be in the game and some of the new providers will only be responding to the scent of the dollar and have no understanding beyond the mechanical guidelines they get from their equally confused Managed Care agency, it is my hope that some of the new providers will come to the CDPAP with the desire to participate in something truly unique.

Ultimately, it is my belief that the real winners and losers of this new game will be determined by their willingness to work with the Consumers they serve, their willingness to learn about the true nature of the program and by their ability to develop systems that will insure that each PCA will finally have the opportunity to give the right answer to the fundamental question.

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