

# Community First Choice

## Spectrum of Self-Directed Care

Maryland, Medicaid  
Office of Health Services

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# How We Created the Spectrum

- Reviewed the Person Centered Planning for Consumer Directed Care resource guide produced by the National Resource Center for Participant-Directed Services.
- Incorporated the key concepts of the guide into our analysis after having reviewed other states' programs.
- Analyzed information on self-direction programs referred by community disability advocates.

Resource Guide:

<http://www.bc.edu/content/bc/schools/gssw/nrcpds/tools/handbook.html>

# How the Spectrum Works

- Analysis of self-direction programs in the following states: Kansas\* (KS), Missouri (MO), Arizona† (AZ), New York (NY), Tennessee (TN), California (CA), Colorado (CO), Virginia\* (VA), and Wisconsin (WI).
- Matrix consists of three models with varying degrees of state oversight and participant responsibility.

**\* State allows participants to choose among a variety of models.**

**† Self-direction model is non-Medicaid funded and run by Community Independent Living Centers.**

# Plan of Service

<b>Professional Model</b>	<b>Interdisciplinary Team Model</b>	<b>Self-Directed Participant Model</b>
<u>Examples:</u> KS*, VA*, MO	<u>Examples:</u> NY, AZ†, New Mexico, KS*, WI, VA*	<u>Examples:</u> CA, KS*, VA*
<u>Description:</u> Professional creates plan of service for participants.	<u>Description:</u> Participant works with professional to create plan of service.	<u>Description:</u> Participants develop their own plan of service.

# Plan of Service (Supports Broker)

	Professional Model	Interdisciplinary Team Model	Self-Directed Participant Model
	<u>Examples:</u> MO, NY, KS*, VA*	<u>Examples:</u> WI, VA*, KS*, AZ†, TN	<u>Examples:</u> CA, KS*
<b>Supports Broker:</b>	<u>Description:</u> Mandatory case manager is only participant support person.	<u>Description:</u> Case manager is supplemented by mandatory supports broker.	<u>Description:</u> Consumer may choose someone to assist but isn't provided a broker or consultant
<b>Case Manager</b>	<b>All models employ a case manager as primary participant support.</b>		

# Provider Rate Setting

State	Limits w/ POC	Participant receives cash allotment
<u>Example:</u> MO	<u>Examples:</u> TN, WI, NY	<u>Examples:</u> CA, KS, VA*, AZ†
<u>Description:</u> State sets the rate. Participant has no control.	<u>Description:</u> State approves a rate range (or a maximum) that the participant has option of paying providers.	<u>Description:</u> Participants receive monthly allocation and spend according to their plan of service.

# Provider Qualifications

State	Waive-able	Participant
<u>Example:</u> MO	<u>Examples:</u> NY, KS*, VA*	<u>Example:</u> AZ†
<u>Description:</u> Providers must meet the minimum level of qualifications set by state.	<u>Description:</u> Qualifications are set by state but can be waived.	<u>Description:</u> Participants develop their own provider qualifications. No mandatory minimum requirement.
All models allow participants to hire and fire staff		

# Monitoring

Case Manager	Supports Liason	None
<u>Examples:</u> TN, NY, VA*, KS*, MO	<u>Example:</u> VA*	<u>Example:</u> AZ†
<u>Description:</u> Oversees plan of service.	<u>Description:</u> Supports Broker is tasked with ongoing reviews, including collection of incident data, to ensure plan continuity.	<u>Description:</u> Self-reported regularly.

# Discussion

- To recap, models vary in state oversight and consumer responsibility:
- Which model would be best for Maryland to adopt?
- What suggestions do you have regarding the models?
- What concerns do you have about the models?