



# Implementation of Self-Direction within the CAP-MR/DD Supports Waiver

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# Self-Direction

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- Many states provide Self-Direction as an option within 1915c waivers
- Self-Direction is considered a Best Practice
- Self-Direction within the Supports Waiver
- Will include in the Comprehensive Waiver in the waiver renewal

# Goals of Self-Direction in the Supports Waiver



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- To increase individuals choice and control over their services, as much as possible
- To be flexible in the use of public funds to meet each individual's needs
- To spend public money wisely and appropriately
- To support individuals in their homes and communities
- To encourage and support individuals with developing meaningful relationships and community membership



# Benefits

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- Offers flexibility, choice and control as a trade off for limited resources
- Research indicates when families are involved in the development of a budget they tend to spend less than families who receive what's typically on the menu.
- Cash and Counseling evaluation completed by Kevin Mahoney, researcher, found that individual control yielded lower costs.



# Benefits

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- People involved report increased overall satisfaction
- Less turnover in staff because of self selection
- Strengthens and sustains natural support networks that will reduce paid supports
- Reduces movement into facility based services



# Self-Direction is an *Option*

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- Individuals *may choose* to participate in Self-Direction, it is not a requirement!
- At any point the participant may choose to stop Self-Direction and use only traditional providers.
- The participant may chose to self-direct some services and use traditional providers for other services.



# *Agency With Choice*

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**The model of self-direction within the Supports Waiver is the *Agency with Choice* model.**

- In general, an individual that chooses to participate in Self-Direction is considered the *managing employer* of employees they hire to work for him/her and to provide services that are designated as being self-directed.
- Requires the support of the *Financial Management Services* agency and the *Community Resource Consultant*



# The Participant-“Managing Employer”

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The individual and/or their representative have lead responsibility and authority for;

- Finds, selects and trains people to provide services/supports,
- Decides pay and benefits within approved range
- Schedules direct support workers/ employees
- Evaluates job performance and replaces direct support workers/employees as needed



# Individuals Have *Budget Authority*

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- Have decision making authority over an individual budget from which the individual purchases supports and services authorized in a person centered plan.
  - The person centered planning process is primary to insuring that individuals receive the services and supports needed within their identified budget.
- Have the flexibility to shift funds among authorized services within the total amount of the budget.



# Financial Management Service (FMS)

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The FMS's role is:

- to work with the individual and/or his/her representative:
  - FMS is responsible as the *employer of record*.
    - in conducting employer related tasks, such as obtaining background checks, payroll functions ( taxes etc.), unemployment compensation fees, accounting, etc.



## Financial Management Service (FMS)

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- When an individual decides to participate in Self-Direction the FMS meets with the individual, CRC and Case Manager to complete the Enrollment packet.
- The FMS provides face to face support in addition to phone support and Customer Assistance.



# Financial Management Service (FMS) Selection

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In collaboration with DMA an RFP process was conducted to select 1 vendor to perform the functions of a Financial Management Service (FMS).

- The vendor selected as the Financial Management Service is *G.T. Financial Services*.
- *G.T. Financial Services*
  - owned and operated by individuals who have over 10 years of experience as financial administrators
  - have been operating as a family business providing fiscal intermediary services
  - for individuals participating in self-direction in Wisconsin and Michigan
  - Have served over 3500 people with disabilities



# Community Resource Consultant (CRC)

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The CRC's role is to work with the individual one-on-one:

- to *guide and support* the individual throughout the process of self-directing their services
- to *provide* information on recruiting, hiring, managing, training, and evaluating employees
- to *assist* with developing schedules and outlining duties of employees
- to *provide* QDDP functions with the participant



# Community Resource Consultant (CRC), cont.

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- Helps the participant to understand and monitor the budget.
- Identifies resources and options in the community to expand community membership.
- Communicates with other team members when changes in plan or budget are needed.



# Community Resource Consultant (CRC) Selection

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DMH-DD-SAS has selected, through a RFA process, two vendors to provide the services of Community Resource Consultant (CRC).

- *The Arc of North Carolina* and,
- *Central State of the Carolinas*
- Both vendors have many years of experience providing services and supports to individuals who receive CAP-MR/DD funding.
- Through the application process both vendors demonstrated the knowledge and ability to be successful in the role of Community Resource Consultant.



# Components of Self-Direction

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- The Person Centered Plan
- The Budget
- Self-Directed Services
- The Team of People Providing Supports
- Protections and Safeguards
- Traditional Providers
- Communication-Communication-Communication...



# The Team

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Every team will be different based on the participants' circumstances, and will generally include:

- Participant and /or family
- Friends or others as the decided by participant
- Representative (if needed)
- Case Manager
- Direct Support Worker (Employees)
- Community Resource Consultant (required)
- Financial Management Service Agency (required)



# Traditional Providers

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Continue to play an important role:

- Many people will continue to receive services from traditional providers in addition to services they choose to Self-Direct
- Traditional providers can provide “back-up” staff if desired by the participant



# Communication-Communication- Communication...

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- It is ***absolutely critical*** that all team members communicate with each other on a regular basis.
- The Team must have regular interaction with the participant, Representative, CRC, Case Manager, FMS, etc. to ensure the health, safety and success of the individual!



# How do Participants Choose to Self-Direct?

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- Participating in the Supports Waiver
- After entering the Supports Waiver, a person will have a choice about what type of services to receive, either:
  - provider-directed services or
  - self-directed services, or
  - combination of the two

\*To make the decision the participant must be informed of all the risks and benefits of their choices



# How do Participants Choose to Self-Direct?

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- Individuals who have an interest in the Self-Direction option contact their LME
- LME staff will provide information about the Self-Direction option
- Individuals are provided a choice in selecting a Community Resource Consultant
  - **Participants can NOT receive case management and CRC services from the same provider/vendor.**



# Next Steps

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- DMH-DD-SAS and DMA are working with the selected vendors, LMEs, CAP-MR/DD Supports Waiver participants, and other stakeholders to implement Self-Direction.
- Implementing formal Marketing Plan
  - Inform individuals of the Self-Direction option and provide information to all stakeholders.
  - Formal recruitment of participants



# CAP-MR/DD Supports Waiver Self-Direction Option

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## For further information:

- **Self-Direction on the DMH-DD-SAS website**  
<http://www.ncdhhs.gov/mhddsas/selfdirect/index.htm>
- Susie Equez at [eguez@email.unc.edu](mailto:eguez@email.unc.edu) or 919-715-2774