



### **What can states learn from NCI results about *the numbers of people who self-direct their services?***

In the 2016-2017 National Core Indicators™ Adult Consumer Survey (ACS), **11% of the respondents reported that they had chosen a self-directed supports option.** Among states participating in the 2016-17 ACS, the proportion of respondents using the self-directed option ranged from 0% to over 50%.

**Why does it matter?** Self-direction is the embodiment of person-centered planning and practice. By self-directing their supports, people with intellectual and developmental disabilities (I/DD) have the opportunity to exercise more control over the services and supports they need. Often, self-direction includes the option to hire staff, to schedule and provide feedback to staff, and to manage a budget for services, including the distribution of how many units of service are used, and/or the amount paid for a specific unit of service. States have had the option to offer self-direction to individuals receiving Home and Community Based Services (HCBS) since the 1990s. When compared to people who don't self-direct their supports, individuals who self-direct are more likely to make choices in their lives, have friends, enjoy privacy, have a job, and participate in their communities. Evaluations of the landmark Cash and Counseling program showed that participants were more satisfied with their services and used their funds in a more cost-effective manner (Brown, et al, 2007).

**Questions to ask:** What percentage of service recipients in your state opt for self-direction and how has this changed in recent years? What formal Medicaid authority does your state use to offer self-direction within home and community-based services? If your state does use a specific Medicaid authority, does it include support brokerage for those interested in self-directing? How does your state communicate these options to families and people with I/DD interested in self-direction? Are communication methods accessible and easily understood? What role do case managers have in educating people about self-direction, and what training do they have to carry out this role? Are individual support budgets available to self-direction participants? How do you assure that parents and young adults are introduced to self-direction as part of transition planning?

#### **If you want to know more:**

- Crisp, S., Doty, P., Flanagan, S., & Smith, Gary (2010). Developing and implementing self-direction programs and policies: A handbook. Boston, MA: National Resource Center for Self-Directed Supports. <https://nasddd.org/resource-library/service-innovation/developing-and-implementing-self-direction-programs-and-policies-a-primer>
- National Resource Center on Person Directed Supports (2016). National inventory of Self-direction programs: Final report. Boston, MA. <http://www.appliedselfdirection.com/resources/national-inventory-self-direction-programs-final-report>
- Centers for Medicare and Medicaid Services (2018). [www.medicare.gov/medicaid/ltss/self-directed/index.html](http://www.medicare.gov/medicaid/ltss/self-directed/index.html)
- Brown, R., Lepidus Carlson, B., Dale, S., Foster, L., Phillips, B. & Schore, J. (2007). Cash and counseling: improving the lives of Medicaid beneficiaries who need personal care or home- and community-based services. Princeton, NJ, Mathematica Policy Research. [www.mathematica-mpr.com/our-publications-and-findings/publications/cash-and-counseling-improving-the-lives-of-medicare-beneficiaries-who-need-personal-care-or-home-and-communitybased-services](http://www.mathematica-mpr.com/our-publications-and-findings/publications/cash-and-counseling-improving-the-lives-of-medicare-beneficiaries-who-need-personal-care-or-home-and-communitybased-services)