



Applied
Self-Direction

Implementing Self-Direction in Alaska's Waiver Services

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What Is Self-Direction?

- ▶ Defining self-direction:
 - ▶ A model of service delivery in which the individual controls *how*, *when*, and *from whom* they receive services and supports
- ▶ Based on philosophical premise that people with disabilities know best what their needs are and how to meet those needs
- ▶ If an individual is unable or unwilling to hire and manage staff directly, they may appoint a representative of their choice to do so
- ▶ Self-direction is available in Medicaid through 1915(c) waivers, 1915(k) Community First Choice programs, and other authorities

What Advantages Does Self-Direction Offer?

- ▶ In a self-directed model, individuals who receive services select their own staff
 - ▶ This expands the workforce by creating a pathway that includes people for whom caregiving may not be a professional vocation, but provide high-quality services
 - ▶ Individuals who self-direct often hire family, friends, and people they already know and trust as paid workers
- ▶ Self-direction has become a first-line approach to waiver service delivery in other rural and frontier states (e.g., Wyoming, New Mexico)
- ▶ Individual choice, control, and flexibility are paramount in a self-directed model

Process

- ▶ Earlier this year, Applied Self-Direction contracted with the Independent Living Center to explore how self-directed services could be implemented within Alaska's 1915(c) waiver system and deliver recommendations for implementation
- ▶ We began the process through reviewing existing program documentation to better understand the existing service landscape
- ▶ Next, we began a stakeholder engagement process, which is still ongoing

Stakeholder Engagement

- ▶ We interviewed waiver participants across the state, focusing on the following questions:
 - ▶ *What services do you currently receive?*
 - ▶ *What do you like and not like about your services as they are now?*
 - ▶ *How challenging is it to find workers where you live?*
 - ▶ *Are you interested in a new option in which you could hire and manage staff that you select?*
 - ▶ *Is there anything else you want us to know?*

Stakeholder Feedback: Challenges Identified

- ▶ Most individuals interviewed indicated they primarily had residential habilitation to address needs
 - ▶ Some said they did not need habilitation because they do not need to learn new skills; they wanted hands-on assistance to complete daily tasks due to physical disability
 - ▶ Several also noted that hands-on assistance would likely be more cost-effective for the state than a more expensive habilitative service
 - ▶ Some also said that residential habilitation was the only available option to provide the number of hours of assistance needed
- ▶ Several individuals mentioned the challenge of living in extremely rural communities, making filling staffing needs difficult
 - ▶ Some expressed a reliance on unpaid family members to fill gaps

Additional Challenges and Constraints (1 of 2)

- ▶ We also interviewed SDS staff and an AARP representative to gain their perspective
- ▶ We understand state resources are limited and are already stretched across multiple other projects, including the interRAI assessment implementation
- ▶ Our report will offer recommendations on an “assessment-neutral” approach to setting the amount of the self-directed budget, which could be implemented “pre-interRAI as a pilot or as a larger-scale implementation after the interRAI is complete

What Might Come Next?

- ▶ Implement a **self-directed personal care** waiver service that focuses on assistance with Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs)
 - ▶ Develop an individual budget by multiplying the authorized personal care hours by the reimbursement rate for the service
 - ▶ Individuals who self-direct can set the rate of pay for their workers within their budget
 - ▶ Could be done on a limited pilot basis or statewide
- ▶ Implement **Financial Management Services (FMS)**, a required payroll and administrative support & program integrity safeguard, using existing FMS infrastructure
- ▶ Implement required **Information and Assistance** through CIL network to provide support, coaching, and advisory services to people who self-direct

Longer-Term Priorities

- ▶ Expand self-directed service array (e.g., Environmental Modifications, Individual-Directed Goods and Services)
- ▶ Expand the self-directed service delivery option in which individuals directly hire staff across additional waivers and potentially 1915(k) program
- ▶ Expand pool of FMS entities serving the program
- ▶ Invest in Information and Assistance function to more effectively support people who self-direct, particularly through peer support

Time for Questions & Thank You!

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