Self-Directed Care Pilot

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What is Self-Direction?

Features of self-directed care include:

- Personal budget authority
- Person-centered planning process
- Individual plan
- Individualized budget
- Information and assistance (advisors, fiscal intermediaries, etc.)
Medicaid Self-Direction History

1990 - 2001:
- States begin personal care self-direction programs
- Cash and counseling national home and community-based demonstration
- Medicaid Home and Community Based Services waivers include option for self-direction of long-term services

2010:
- More federal Medicaid state plan options become available, which include self-direction
Medicaid Self-Direction Today

- People with disabilities use self-directed models across the United States.
- All states currently have at least one Medicaid program that allows for self-direction.¹
- Self-directed Medicaid programs for people with a primary diagnosis of mental illness are rare, although nine states have have, or are in the process of implementing, pilot programs.

Self-Direction in Texas Medicaid

- Consumer-Directed Services (CDS) option allows control over certain long-term care services (e.g., personal attendant services).
- Texas Medicaid does not currently have a self-direction option for outpatient mental health services / people with serious mental illness (SMI).
Self-Directed Care for People with SMI

- Funds ordinarily paid to service provider agencies for outpatient mental health services are controlled by individual consumers.
- Individuals develop person-centered recovery plans.
- Individuals create budgets, allocating dollar amounts to achieve their plan’s goals.
- Advisors are available to help develop budgets, and identify and obtain the services & goods.
- A fiscal intermediary approves and processes payments for expenses authorized under the individual budget.
Individual Budgets

Funds may be used on:

- in-network outpatient mental health services;
- out-of-network outpatient mental health services; and
- non-traditional goods and services.

All purchases must be related to the individual’s recovery goals.
Self-Direction Can Work for People with SMI

- **Cash and Counseling program**: Equally successful for people with SMI as for other people (higher satisfaction, less unmet need, similar health outcomes, cost-neutral, responsible use of funds).

- **Florida Self-Directed Care (SDC) program**: People with psychiatric disabilities experienced significant increases in days lived in the community and better functioning.

- **NorthSTAR (Dallas) Self-Directed Care Randomized Control Trial**: People achieved better outcomes for less cost than for those using the traditional services.
Florida SDC Results

Exhibit 1. SDC Participants Use More Preventive Care, Fewer Crisis Support Services

Number of service events

Self-direction was successfully piloted in the public mental health system in the Dallas service area (2009-2013).

Individually evaluated outcomes included:
- Slightly lower outpatient mental health costs
- Significantly lower costs for services such as inpatient psychiatric care and emergency room
- Improved functioning
- High satisfaction and engagement in health care
- Low misuse of funds
STAR+PLUS SDC Pilot

- HHSC has worked with stakeholders since 2014 to develop plans for a mental health SDC project in STAR+PLUS, Travis Service Delivery Area (SDA).
- If successful, the pilot could result in future changes to provide a self-direction option for adult Medicaid clients with SMI.
- Stakeholder involvement is very important.
SDC Performance Improvement Project

• STAR+PLUS adult members with SMI in Travis SDA.
• Participating managed care organizations (MCOs) will enable approximately 180 members (intervention group) to self-direct their outpatient mental health budgets.
• The Control group will receive services as usual.
• The level of funding for budgets will be based on analysis of historic expenditures.
The University of Texas at Austin School of Social Work Addiction Research Institute will serve as the independent evaluator.

The University of Texas Health Science Center San Antonio will hire, train, and supervise advisors.

The Project will begin in CY 2017 and end in CY 2020.

An advisory group will be developed to gain input and feedback from stakeholders.
The work of the advisory group will be focused on:

- Program design and operation;
- Evaluation design and operation;
- Outreach materials; and
- Dissemination of evaluation results to stakeholders.
Composition of SDC Advisory Group

- Persons with lived experience of serious mental illness
- State agencies
- MCOs
- Advocacy groups
- Providers
- Consumer-run organizations
- Others
SDC Advisory Group
Commitment/Term of Service

• Up to three years: 2017-2020
• Members will be asked to meet about four times per year.
  • In the planning phase of the Pilot, from January 2017 to August 2017, members may be asked to participate in additional or ad hoc meetings.
  • All members may be asked to participate in at least two additional/ad hoc meetings during their term of service.
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