

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, or are in the process of implementing, pilot programs.

¹ Sciegaj, M., Mahoney, K. J., Schwartz, A. J., Simon-Rusinowitz, L., Selkow, I., & Loughlin, D. M. (2014).

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.

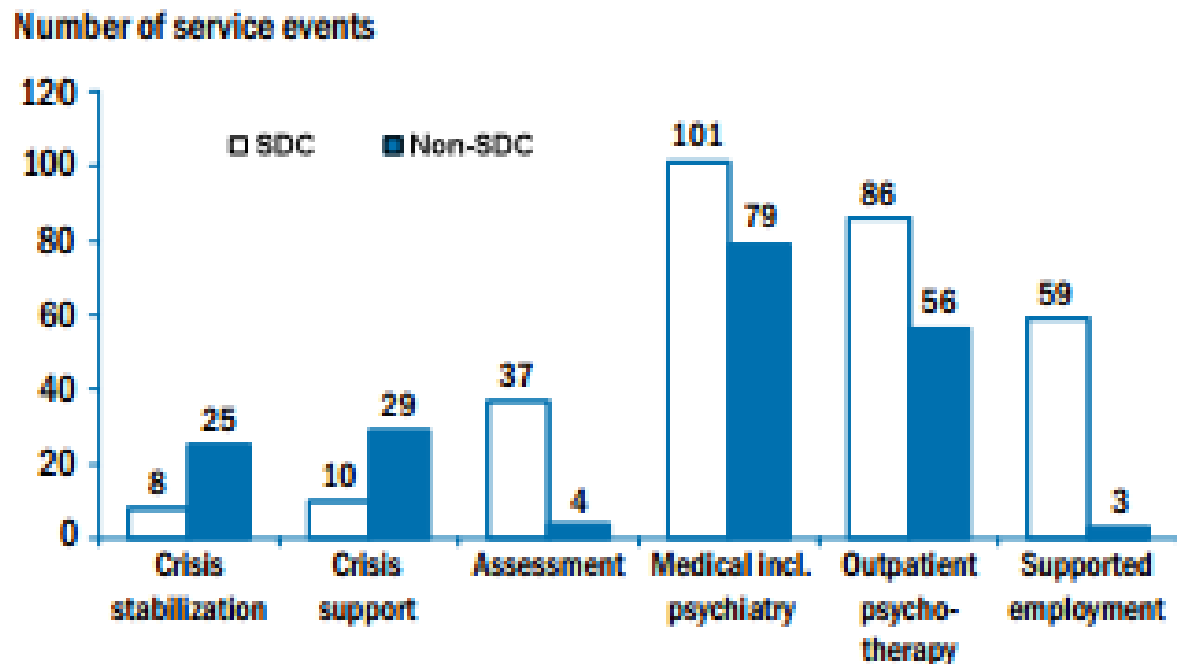
All purchases must be related to the individual's recovery goals.

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**



Source: State of Florida, Department of Children and Families, Mental Health Program Office, 2007.

Dallas SDC

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

SDC Performance Improvement Project continued

- 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.

SDC Advisory Group Tasks

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.

Contact Information

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