

## Self-Directed Supports for Individuals with Autism, Intellectual, and Developmental Disabilities: Results from a Preliminary Inquiry into 1915c Medicaid Waiver Programs

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### Introduction

- Annual spending on I/DD waivers is over \$25 billion
- Self-directed supports are designed to give individuals with disabilities and their families the greatest possible control over the services on which they rely.
- The model for self-directed services includes:
  - Person-centered planning
  - A budget based on individual needs and supports
  - Employer authority over service workers
- Self-direction is associated with increased satisfaction, independence, well-being, health, safety, social inclusion, empowerment, and quality of workers

### Methods

- Conducted a search of the CMS Medicaid database for all available 1915c waivers for individuals with autism, intellectual, and developmental disabilities (N=112)
- Identified important aspects of waiver documents based on previous research in collaboration with an interdisciplinary team at the University of Minnesota

#### References

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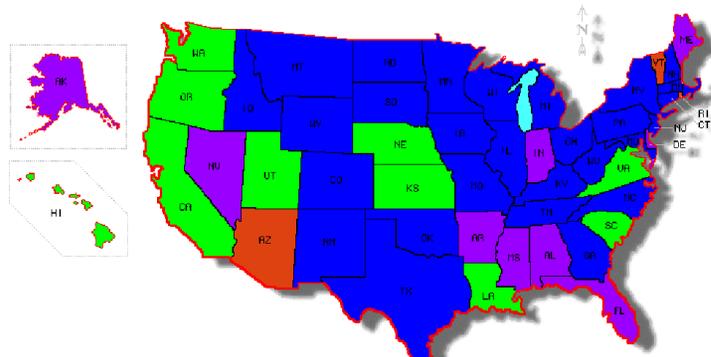
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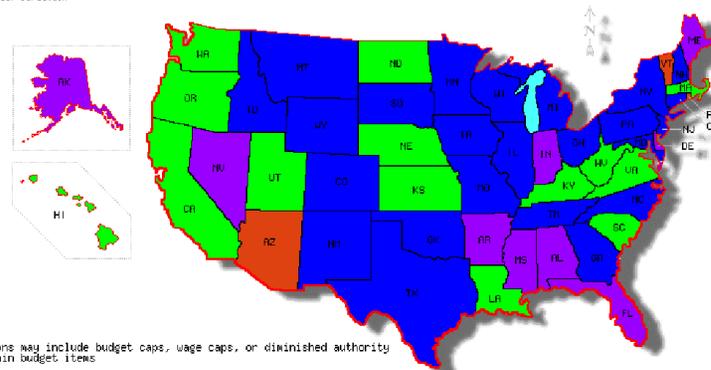
#### States with Self-Directed Waiver Programs

- Not available
- Employer Only
- Employer and Budget
- No Self-Direction



#### Limitations in Self-Directed Waiver Programs

- Not available
- High Limitations
- Few Limitations
- No Self-Direction



NOTES:  
Limitations may include budget caps, wage caps, or diminished authority for certain budget items

### Results

N	%	Query
112	--	Waivers identified in the search of CMS database
72	64%	Waivers that included self-direction
38	79%	States offering a self-directed waiver
10	21%	States that do not offer self-direction
50	69%	Budget and employer authority offered
22	31%	Employer authority only
16	22%	Exclude certain services from employer authority
5	10%	Exclude certain services from budget authority
7	14%	Enforce a budget maximum
19	26%	Set wages or maximum wage rates
28	39%	Self-direction authorized for <5 services
44	61%	Self-direction for authorized >5 services
18	25%	Available to participants in all living arrangements
36	50%	Available only to participants in their own or family member's home
14	19%	Available only to participant in their own or family member's home or a group home with <4 clients

### Conclusions

- Self-direction has proliferated across states since the last comprehensive review in 2009
- More states are providing consumers with budgetary authority in addition to employer authority
- Participants are allowed to self-direct funds with fewer limitations in almost half of all states
- There exists wide variability in implementation of self-direction between states
- Future inquiry should include waivers not uploaded to Medicaid database and build on document review by speaking directly with administrators in each state