

**COALITION FOR WHOLE PERSON SUPPORTS, ADVISORY GROUP - RESPONSES TO  
THE ENHANCED SELF-DIRECTION WEBINAR PRESENTATION  
FEBRUARY 2025**

<b>Question 1: How does the idea/model better support wholistic supports?</b>	The idea / model of Self-determination / CSS / Self-directed better support wholistic supports - 20 years for having this model for up to four families have proven to me that it allows for better choice, opportunities an individualization than traditional models.
	There are a lot of positives – it is geared to the individual, what they want to do, especially if they have cognitive strengths and can verbalize their wishes.
<b>Question 2: What are the strengths of the model/idea?</b>	Individual directed by the person and/or family and/or other supports that know the person well. A budget to work from that is developed based on person centered/focus goals. Freedom of choice, money follows the person, innovative, flexible, choice of FI and broker.
	For me the concepts of enhanced Cm/Broker, Agency with choice and bundled services all seem like positive options to enhance self-direction. It was interesting to hear that a hybrid model between certified and non-certified has existed in the past, as this has always seemed to me to make the most sense when considering residential options.
	This approach empowers families with greater control over care, ensuring services align with individual needs. It allows for service expansion as conditions change, fosters strong relationships with DSPs, and provides structured transition planning for aging caregivers. Additionally, it may be more cost-effective than institutional care.
	It is based on the person, rather than fitting the person into the existing services.
<b>Question 3: What are the drawbacks of the model/idea?</b>	<ul style="list-style-type: none"> <li>• Sustainability - after parents die who will step in (most cases the parents are the driving force behind SD and managing it)</li> <li>• Budget and what it can or will pay for if beyond the “simple” staff.</li> <li>• Mileage and reimbursement for recreation, etc.</li> <li>• Call off - family has to fill in (in my situation with four plans in place, I could pull staff from one plan and/or have them with two people if needed - but that is not a common situation)</li> <li>• Enterprising organizations have grown that focus on tapping into the sd \$ which I feel in some part over charge for a program / service that might be free and/or cost less for the general public</li> <li>• There are unmet needs that cannot be addressed</li> <li>• Lack of equity with traditional services as to cost</li> <li>• No meds given with SD</li> <li>• Cash flow - upfront payment and wait for reimbursement</li> </ul>
	The biggest challenge is regulatory instability, as seen with the cancellation of OPTS due to financial concerns. The model is difficult to

	<p>replicate under current policies, and families without a strong Circle of Support may struggle with transitions when parents pass away.</p>
	<p>Some of the problems are the same problems the whole service system suffers from , 15 minute billing increments for example, rigidity about what can be considered an allowed choice i.e. Community Classes          But other parts of the problems have been noted: as a reimbursement system needs to run by someone who can wait to be reimbursed which implies a certain socio economic level.          The requirement of the parents (and it is parents or other family members) to have the wherewithal to organize and follow through on the choices – to be the organizer and overseer. That requires a certain amount of time, social skills and social capital to manage being an employer, etc. and that there are families that fill in the gaps in funding. It does not account for a breakdown in the family that leaves the person without someone watching over, aging parents and increasing needs of the individuals. An assumption that the majority of people want to live with one other person rather than being in a more ‘social’ place with others and activities. The need for someone to step in when a worker doesn’t show up.          Who does the training, oversight, incident review ?</p>
<p><b>Question 4:</b>  <b>What recommendation do you have to improve the model?</b></p>	<p>Have a real circle of support to carry on when parents die, pool of emergency staff and/or respite staff that will work “any hours”, enhanced care management (a new CM talked a family out of doing SD who had been pursuing it for months with former CM - feeling it was too much - for whom - probably CM), DDP2 updated to reflect so true needs will drive the PRA instead of inflating it with the worse day scenario for doing the ddp2, med staff allowed - parents train and assume responsibility, better way of doing housing with paid neighbors and/or live in care givers, available cash for incidentals and person centered opportunities that come up with short notice.</p>
	<p>I would like to hear how those who presented think that parents/families can best advocate for the changes to self-direction that were discussed. There has always been a divide between those who utilize traditional agency services and those who self-direct, and I think breaching this divide is the way to truly support the Whole Person.</p>
	<p>To improve sustainability, a program similar to OPTS should be revived with clear financial guidelines. Policies should allow for a hybrid approach where families can self-direct while still accessing agency support. A structured process for converting homes into IRAs should be established to ensure a smooth transition for aging caregivers.</p>
	<p>It must recognize the reality of the entire population – there are those for whom this doesn’t work and the costs of their care cannot be held against the idea that SD is less expensive therefore better.</p>
<p><b>Question 5:</b></p>	<p>What do you know about LARCH?</p>

<b>Do you have any other general recommendations?</b>	<p>The state should create a clear pathway for families to transition self-directed care into sustainable long-term solutions, such as converting homes into IRAs.</p> <p>Regulatory flexibility is needed to allow families to blend self-direction with agency support, ensuring continuity of care even as parents age or pass away. Expanding self-direction options with built-in transition planning would help more families maintain stability without facing service gaps.</p>
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