

A Few Thoughts on Support Coordination and Self-Directed Supports

- One of the cornerstones of self-determination is the set of functions variously referred to as independent support coordination, personal agency, care management or independent brokering. What is most critical to address with regard to these functions is the potential for conflict of interest inherent in most long term care systems. When working for a county, a care management organization, or a service provider, even the best and most principled care managers can be at risk of compromising the *assistance* they provide in plan development, in selecting and organizing the unique resources that a person needs and the ongoing evaluation and change of these supports.
- Likely conflicts of interest grow exponentially as agency budgets get tighter. Care managers who work for agencies in well-funded systems have better incentives than case managers in underfunded systems to act as if they were advocates for the individual rather than for the funding agency. Adequacy of funding can have a powerful influence on the behavior of care managers who work for care management, county or service providing agencies.
- There are **many** different functions of care management and support coordination, not all of which need to be (or arguably, ought to be) performed by one person within or outside of the county or Care Management Organization.
- There are **many** different models of combining care management and independent support brokering emerging across the country. At **MINIMUM**, these models include one or more ways for the individual to easily obtain advice, support, and advocacy about **what is possible** from a source **independent from the funding or service provision agency**. Without at least that level of independence within the planning and advice function, agencies remain in control of most people's lives and the principles and practices of self-determination are *severely* compromised.
- A *few* of the key components of care management/support coordination include **assisting** a person and their allies in:
 1. Person-centered thinking, including developing an *initial* plan to obtain support and services;
 2. Selecting, developing, creating supports and services and community connections based upon that planning process;
 3. Developing a budget for supports and services;
 4. Evaluating and when desired changing the combination supports and services;
 5. Completing the required paperwork to assure supports and services are authorized and dollars that pay for them flow smoothly;
 6. Assuring the safety and quality of supports and services.

- For items # 1 and 2 above, our systems should **at minimum** offer people the option of obtaining **independent** assistance from a competent person or persons selected and working under the authority of the individual receiving support and services.
- Creating independent support brokerage is an evolutionary process --- often case management/care management is deeply ingrained within current systems. It would take more than a brief set of bullets to describe all of the formal and informal reasons why systems tend to want to hold on to their current care management/case management systems.
- There are a growing variety of changes to these systems *emerging* in response to the purpose, principles and practices of self-determination:
 - The Dane County model is an example of the most comprehensive set of functions placed within one (typically) independent support broker job description. All 6 of the above functions (and more!) are *typically* performed by one support broker hired by the individual, although there are a number of options that allow flexibility and more than one individual to fulfill these roles. A **major** accomplishment of Dane County's system is the independence of support brokers from the county and from service providers. Concerns with this model include the *potential* for *informal* power over an individual based upon the breadth of responsibility of this role, the greater *importance* of variation in support broker quality given the broad and singular responsibility of the role, and the potential conflict between serving as both an advocate for the individual and as an 'agent' of the county.
 - Less "comprehensive/all-inclusive" models of combining care management and support brokerage are emerging in Michigan, among other places. These models tend to reflect both a desire to more slowly transition from sole CMO care management (or a state or county case management equivalent), *and* a commitment to providing advice and support to an individual outside of the care management system. These models tend to represent a gradual evolution towards independent support brokerage, though they differ in the current and planned mixture of agency-controlled care management functions and independently selected support brokerage. A few examples:
 - Allegan Michigan Community Board retains county-employed support coordinators who have responsibility for all 6 of the functions noted above, and enables individuals to purchase independent support brokerage functions within their individual budget. Individuals can also select their county support coordinator;
 - Georgia has recently "divested" case management from the state into independent support coordination agencies. Their intent is to allow people to select their support coordinator (paid outside of their individual budget) **and** have the option within their budget to purchase the services of a *community guide* to assist with planning, provide advice, and help create supports and community connections;

- Community Living Services, a Managed Care Organization with a \$150,000,000 budget serving Detroit/Wayne County is in the process of transitioning from a care management system within the MCO to a system that would break up the care management/support brokerage functions into several blocks:
 - Independent planning specialists (19 FTE), whose primary function is to facilitate the development of the person-centered plan and assist in its initial implementation;
 - Budget specialists (2) who work for the MCO and process the individual plan and budget;
 - Support brokers who are hired by the person within their budget, and encouraged to focus on strengthening connections among the person and informal and formal supports.
 - Support broker assistants, hired by the person, who are typically non-degreed staff who are good community connectors and work part-time.
- However these combinations of functions evolve (and the list above is only a brief survey of the options) it is important that the when a broker/coordinator works for the person with a disability, the system invests that position with some level of authority when working on a person's behalf. It is more than simple advocacy, though advocacy may be an important aspect of what the person brings to the table.
- Wisconsin has good examples to learn from in terms of what we would like to preserve, build upon and worry about. And there is much to learn from other states as well.

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