Executive Summary (February 2008)

Self-Directed Services (SDS) Pilot Program Evaluation Report

Oklahoma's Self-Directed Care Act delineates requirements and responsibilities for self-directed care in Oklahoma. The Act requires that "self-directed care pilot programs for the citizens of the state who have disabilities shall be based on the principles of consumer choice and control" (SB 1015 Section 4.A.1). Legislative intent to achieve consumer self-direction was specified in Oklahoma's Self-Directed Care Act by the following statement: "The Legislature finds that it recognizes the need to nurture the autonomy of citizens of this state who have disabilities by providing home- and community-based care services in the least restrictive and most appropriate setting possible. The Legislature hereby intends to provide such individuals with more choices in and greater control over the purchase of the home- and community-based care services they receive."

The Act specified "program evaluation which shall include an indication of whether consumer satisfaction for Self-Directed Care Pilot Program consumers is higher than or equal to consumer satisfaction for home- and community-based waiver clients or other comparable waiver programs, as measured by a third party." The Center for Learning and Leadership, Oklahoma's University Center for Excellence in Developmental Disabilities, based at the University of Oklahoma College of Medicine was selected to evaluate the pilot program.

Figure 1. Self-Directed Services (SDS) Pilot Participants Total = 18

9	Family Members of CHILDREN
5	Family Members of ADULTS
2	Case MANAGERS
2	Case Manager SUPERVISORS

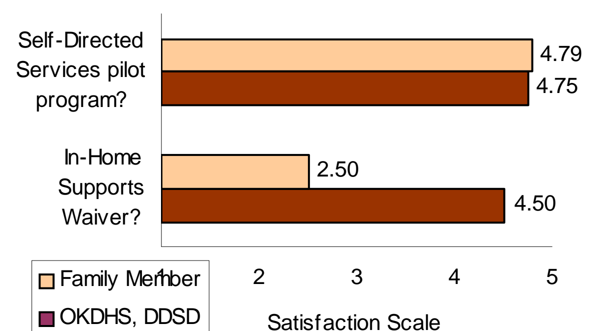
Family members of fourteen consumers agreed to be a part of the pilot program. Two Oklahoma Department of Human Services (OKDHS), Developmental Disabilities Services Division (DDSD) case managers and two supervisors administered the Self Directed Services (SDS) pilot program. The family members of nine children and five adults participated in the pilot program from the Oklahoma City and Tulsa areas. (Figure 1)

Consent to participate was obtained and participants were asked to respond to a series of questions by ranking their experience with services received through the In-Home Supports Waiver (IHSW) and/or the SDS program on four Likert scales that ranged from one to five. The 5-Point Likert scales used in the evaluation included the following response choices: Satisfaction (1=very dissatisfied to 5=very satisfied,), Extent (1=not at all to 5=great extent), Amount (1=much less to 5=much more), and Difficulty (1=not difficult to 5=very difficult).

Results of the SDS Pilot and Evaluation

Satisfaction. Family members reported being ***much more satisfied*** with the SDS pilot program than with the original In-Home Supports Waiver (IHSW). OKDHS/DDSD staff reported they were ***very satisfied*** with both programs. (Figure 2)

Figure 2. Overall, how satisfied were you with the...



Two major benefits were identified from the families' comments about the Self-Directed Services pilot program. The benefits for them and their children were: **Cost Effectiveness** and **Efficiency**

What was the same for the SDS and IHSW programs? The capped amount the families were offered in the SDS program was the same as the capped amount for the IHSW. Individuals started out with the same amount of money for both programs.

What was different for the SDS and IHSW programs? Families reported they were more satisfied with program features of the SDS Pilot than they were with the IHSW program. (Figures 3 & 4)

Program Features—EMPLOYER OF RECORD

- In the SDS Pilot Program, family members assumed the responsibility of the employer of record. As employers, they had the ability to hire and fire service providers and set the rate of pay based on previously approved guidelines and the plan of care. Families indicated that to a great extent (mean score 4.79) they were able to manage worker hours more efficiently.

Program Features—SUPPLIES

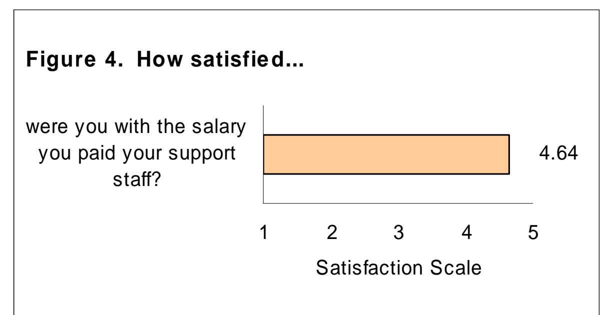
- Families were able to purchase more supplies for their money by being able to shop at retail stores for items like diapers and wipes instead of buying their supplies from Medicaid suppliers. The participants paid 48% less for diapers and 80% less for wipes on the SDS program than in the original IHSW.

Program Features—SERVICES

- Families had more money to spend on services such as support workers. By going through a Medicaid approved fiscal agent, the overhead that was being paid to the OKDHS/DDSD agencies in the IHSW was eliminated.
- Families had more flexibility in using the services because they could make adjustments in service hours as their needs changed.

Program Features—NON-TRADITIONAL SERVICES

- Families were able to use non-traditional services that were less expensive than traditional therapies. Six children and one adult used services such as ballet and swimming lessons, camps, therapeutic materials, and health club memberships. Of those who purchased non-traditional services, all responded that they were "very satisfied" (mean score 5.00) with to make those purchases.



Program Features—TRANSPORTATION

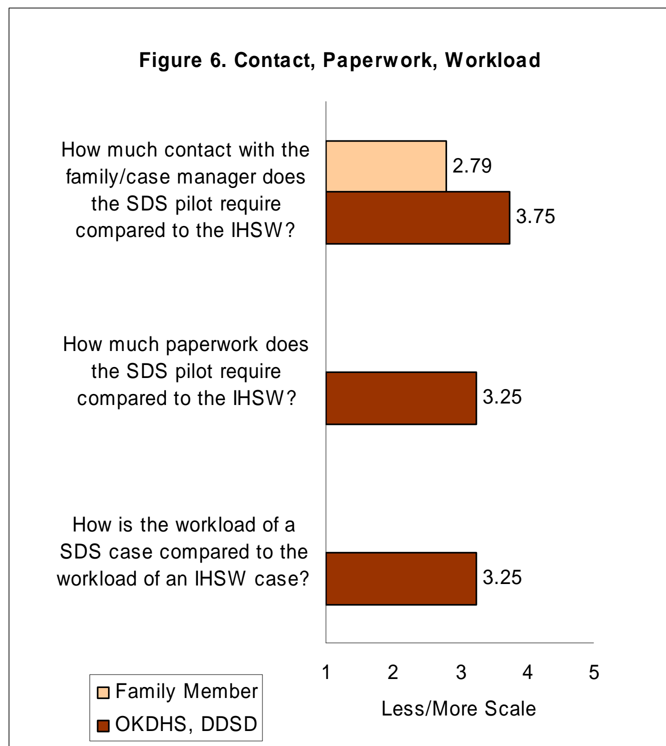
- Adults with developmental disabilities were eligible for new transportation options including: (1) paying for a bus pass and (2) paying gas mileage on necessary errands. Four out of five of the adult participants used the new transportation options. The participants said that the new options for transportation increased their flexibility.

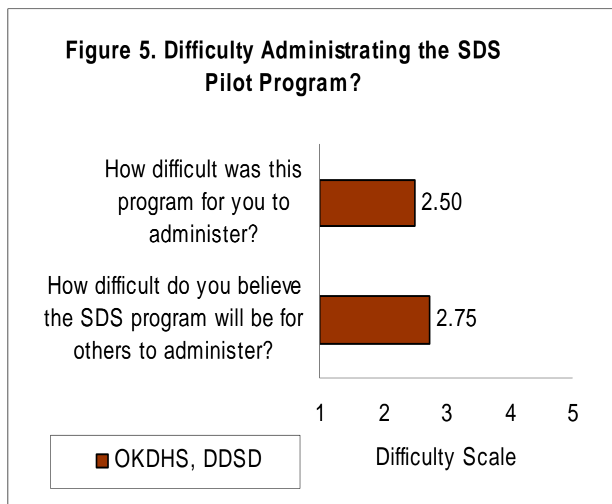
SDS Committee as a Team. The SDS Committee was formed to assist OKDHS/DDSD in the development of the pilot program. The family and self-advocate members of the committee took responsibility for preparing themselves to participate as informed, proactive partners with OKDHS/DDSD and others on the committee. OKDHS/DDSD identified agency staff with key roles in development of Medicaid Waivers and contract personnel to provide technical assistance and attend the committee meetings as needed. The SDS Program Coordinator held regular meetings with families and others involved in the pilot program. The SDS Committee, program participants, OKDHS/DDSD staff, DDSD Director, and consultants had ongoing communication during the pilot project.

Information Exchange and Roles. Families reported being treated with more respect, having less intrusion, and less stress in the SDS program. They said that by being part of the meetings with OKDHS, DDSD and the SDS Committee, they were able to be a part of the decision-making, making connections with other families, and discuss new ideas with other families and their case mangers. Partnerships were developed as roles and responsibilities were shared.

Self-Directed Services Training. All participants in the pilot program, including family members, consumers, the fiscal intermediary, and employers of record, were included in various meetings and trainings in order to understand and administer the SDS program. The intention of OKDHS/DDSD was for all parties to be involved and work together in order to make the program successful. Over 90% of the participants said they were very satisfied (mean score 4.69) with the SDS training they received.

Workload Issues. Family members, case managers, and supervisors were asked a variety of questions regarding the workload of the SDS program. The questions focused on contact between families and agency staff, paperwork, and ease/difficulty of administration. Families reported feeling more like a partner in the SDS program. They viewed increased contact with the case manager as positive. The case managers and supervisors said their paperwork and their workload were about the same (mean score 3.25). They reported that the SDS program was mildly difficult (mean score 2.50) to administer but that was mostly at the beginning and tapered off once they became familiar with the program. They also reported that they believed once everyone learned how to administer the program it would be much easier to administer than the IHSW program. (Figures 5 & 6)





Continuation of Self-Directed Services. Family participants reported that the SDS program either met or exceeded their expectations. Even those who said the program still needed some work agreed that it would be a step back not to continue this program. All the family participants said that they wanted to continue in the program after the pilot period ends. (Figure 7)

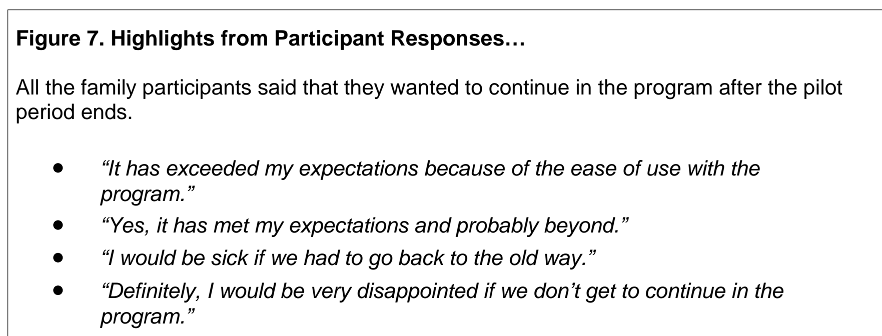


Figure 7. Highlights from Participant Responses…

All the family participants said that they wanted to continue in the program after the pilot period ends.

- *"It has exceeded my expectations because of the ease of use with the program."*
- *"Yes, it has met my expectations and probably beyond."*
- *"I would be sick if we had to go back to the old way."*
- *"Definitely, I would be very disappointed if we don't get to continue in the program."*

Cost Analysis

The cost analysis compared individual expenditures and total program expenditures from both the IHSW program and the SDS program for 12 participants. The data included each participant's annual budget allowance and itemized expenditures. The annual budget allowance was the same in 2006 and 2007 for both adult ($18,540) and child ($12,360) participants. There was not a substantial difference in the total cost of the two programs. However, upon examination of the itemized expenditures and the reports, there is a clear financial benefit to families in the SDS program.

- Families reported receiving more goods and services for their money due to the features of the SDS program that are not part of the IHSW program.
- Families were allowed to hire their own workers, which cut down on agency overhead and resulted in more funds being available for direct services.
- Families could buy supplies from local retail stores instead of a Medicaid supplier. The cost savings in the SDS program for diapers was over 48% and over 80% for wipes when compared to those costs while on the IHSW program.

Figure 9. Cost Comparison IHSW vs. SDS Pilot Program

	IHSW 2006 [1,2]		SDS Pilot 2007 [3]	
	Total	Average	Total	Average
Adult (n=4)	$76,219	$19,055	$75,389	$18,847
Child (n=8)	$71,543	$ 8,943	$71,270	$ 8,909

1 IHSW Fiscal Year 2006 data were only available for 12 of the 14 pilot participants. The cost comparison for the SDS Pilot does not include one adult and one child.
2 Effective August 16, 2006 the FY06 capped budget for all IHSW participants was Adults = $18,540, Children = $12,360. Average amounts in this table include approved exceptions authorized within the waiver regulations for one time or emergency costs such as architectural modifications.
3 Effective Fiscal Year 2007 the capped budget amount for the IHSW was increased: Adults = $19,225, Children = $12,820. SDS Pilot participants were excluded from that increase until August 1, 2007 which was after the pilot evaluation period.

Recommendations

1. **Adopt All SDS Pilot Program Features.** Based on the satisfaction experienced in the SDS Pilot Program, the features of the program enhanced cost effectiveness and flexibility without increasing the administrative burden.

2. **Continue Communication and Information Exchange Opportunities.** As the new program is implemented and participants experience their new roles, they will benefit from continued opportunities to share information and ideas.

3. **Provide Training for All Participants.** Training procedures and content should include the policies, program guidelines, and philosophy of self-directed services. The training approach should include training families and case managers in the same setting and forming cohort groups who stay in communication after the training.

4. **Conduct Evaluation for Continuous Quality Improvement.** An evaluation plan should be developed to include baseline data collection, on-going evaluation components, a mechanism for identifying and reporting on needed improvements, and a schedule for a written summary of report findings and feedback.

This report was developed through a collaborative project of the Oklahoma Department of Human Services (OKDHS) and the Center for Learning and Leadership/Oklahoma UCEDD at the University of Oklahoma Health Sciences Center, College of Medicine. Funding was provided by the OKDHS and the Oklahoma UCEDD. The Center for Learning and Leadership is Oklahoma's University Center for Excellence in Developmental Disabilities (UCEDD), which is funded in part by the U.S. Administration on Developmental Disabilities (Grant # 90DD0619). Valerie N. Williams, Ph.D., M.P.A., Principal Investigator; Project Coordinator, Angela Harnden, Ph.D.; Co-Investigator, Vyonda G. Martin, MA; Project Consultant, Deborah Thompson, M.A.