

# What is the My Voice My Choice self-directed services option?

My Voice My Choice is the name of Idaho's self-directed option for Medicaid services. Anyone who can get Developmental Disability (DD) Waiver services can choose to self-direct their services.

The My Voice, My Choice option was designed to follow the principles (main ideas) of self-determination. Self-determination is about having more control over your life and taking responsibility for your decisions. Self-directing your Medicaid services and supports can help you to live the life you want and give you more control.

You are in charge of making sure you get what you need. You are in control of how, when and how much you pay for help every day. You can ask friends, family or others to help you.

When you choose 'My Voice, My Choice' you will have new responsibilities and you will do some new things that you haven't done before:

- ◆ You develop a plan for your services and supports.
- ◆ You decide what, when and how you get the services and supports you need.
- ◆ You decide how much you pay for the services and supports you get.
- ◆ You choose, hire and manage your support workers.
- ◆ You buy goods like a wheelchair or medical supplies.
- ◆ You must follow your annual budget and your Support and Spending Plan.

You will not be alone in all of this, you can get the help you need. There are people who can help you with these tasks. You pay a Support Broker, and a Fiscal Employer Agent. You can also get help from a family member or friend you trust. The Regional Medicaid Office in your area will also help make sure you are healthy and safe.

# How Does Self-Direction Work?

If you are eligible for Medicaid waiver services and choose to self-direct your services, you get an **Individual Budget** that you are able to use to buy the services, supports and goods you need for one full year. Your budget amount is decided by an assessment that you do with the Independent Assessment Provider (IAP).

You work with a **Support Broker** that you hire to help you direct your services and supports, get the information you need to make decisions and make a plan to spend the money in your budget account.

You write a **Support and Spending Plan** with help from your support broker. The plan includes all the services, tasks and goods that you will pay for with your budget. You can also choose family, friends and people you trust to be your **Circle of Support** and help you with this planning during **Person Centered Planning**.

**Community Support Services** are the services, tasks or goods listed on your Support and Spending Plan. These are the support you need each day to reach your goals. Goods are equipment and medical supplies that you buy to help with your disability.

Your Support and Spending Plan will be sent to the Regional Medicaid Services office for approval. Your individual budget amount and approval of your plan goes to the **Fiscal Employer Agent (FEA)**. The Fiscal Employer Agent keeps track of all the money and will pay for your services and supports with money from your budget account.

**Community Support Worker** is a person that you hire to help you. A community support worker can be someone who works for a service agency or someone who does not work for a service agency.

The step-by-step process for getting started is on the following pages.

# Step by Step:

## **Get Signed Up:**

If you get DD Waiver services now, you are already eligible to choose self-direction. Call the care manager at your Regional Medicaid Services (RMS) office to get started. You will be invited to an information meeting to learn more about the My Voice, My Choice option and self-direction.

If you decide self-direction is right for you, you will do a new assessment with the Independent Assessment Provider (IAP) and start a new plan year. Go to Step 2. to begin.

If you are **new** to the DD Waiver these are the steps you take:

- Step 1. Call the RMS and fill out an application for the DD Waiver. You will be invited to an information meeting to learn more about the My Voice My Choice option and self-direction.
- Step 2. You do an assessment with the IAP to determine your needs and if you are eligible for the DD Waiver.
- Step 3. If you are eligible, you can choose the traditional DD Waiver or the self-direction option. This is when you would choose to self-direct your services in My Voice My Choice.
- Step 4. You get a budget based on your needs. This is the amount of Medicaid money you can spend to buy the services, supports, and goods you need for one year.
- Step 5. Call the RMS office to set a time for a My Voice My Choice training where you will learn all of the information in this guide.
- Step 6. Sign up with the Fiscal Employer Agent (FEA).

## **Choose a Support Broker and a Circle of Support:**

Your Support Broker and Circle of Support will help you self-direct your services and supports.

- Step 1. You interview, choose and hire a Support Broker.
- Step 2. You decide who you want in your Circle of Support
- Step 3. You, your Support Broker, and your Circle of Support talk about what is important to you, what you want for your future, and how you are going to get there (goals). This is called person centered planning. You write all this down in your My Voice My Choice Workbook.

### **Write your Support and Spending Plan:**

The Support and Spending Plan lists your goals, what you are going to do to reach your goals, what other people in your life can do to help you, and what services, supports, and goods you plan to buy with your Medicaid budget.

Step 1. You and your Support Broker use the information from your My Voice My Choice Workbook to write the support part of your Support and Spending Plan.

Step 2. You decide who you will pay to help you, what services and supports they will provide, and how much you will pay them.

Step 3. This information goes into the spending part of your Support and Spending Plan.

Step 4. Your Support Broker sends your completed Support and Spending Plan to the RMS office.

### **Get your Support and Spending Plan Approved:**

Before you can buy services and supports, your Support and Spending Plan must be approved by the RMS care manager.

Step 1. The care manager will do one of these things:

- approve your plan
- ask for additional information
- suggest changes to your plan
- deny your plan

Step 2. The FEA is told when your Support and Spending Plan is approved.

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## **Put Your Plan Into Action:**

After your support and spending plan is completed and approved, it is time to put it into action.

- Step 1. You complete an employer packet with the Fiscal Employer Agent (FEA) and your Community Support Workers complete employee packets.
- Step 2. You send the FEA all required paperwork, including all employment agreements.
- Step 3. You begin your supports and services as you listed in your Support and Spending Plan and employment agreements.
- Step 4. The FEA will send you a monthly budget report to help you keep track of your budget account. You supervise your workers. You can have help with this from your Support Broker and your Circle of Support.
- Step 5. If your needs change and you need to change your plan, you talk to your Support Broker and Circle of Support, have a person centered planning meeting, and send the plan changes to the RMS care manager for approval.
- Step 6. Every year you do an eligibility assessment with the IAP and write a new Support and Spending Plan. This is called annual re-determination.

## **What if I decide self-direction doesn't work for me?**

If you choose self-direction and then decide that it is not working for you, you can return to traditional waiver services. You tell your Support Broker and Circle of Support that you would like to stop self-directing your services and get your services through the traditional waiver model.

The Regional Medicaid Services office will follow steps to help you change to regular waiver services. The RMS office will work with you and your Circle of Support to write a 120 day transition plan so that you can get the services and supports you need to live in the community. A plan developer will help you write a new plan that shows the change in services.

You will not have a Support Broker, hire your own workers, or work with a Fiscal Employer Agent in the traditional waiver services model. You will work with a service provider agency to get the help you need each day. You still use your Medicaid card for medical services, like doctor visits, and to buy equipment and medical supplies.