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Managed Long Term Services and Supports
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Meeting The Challenges Ahead: Self-Determination, Fiscal Responsibility and Participant Driven Supports

Developmental disability service systems are changing. Since the early 1970s, thousands of people across the country have worked hard to establish "community based" systems for supporting people with developmental disabilities. Public institutions still exist, serving about 55,000 people in 46 states. However, the dominant service response is in the community, revolving around an array of service options including supported living, group homes, supported and sheltered employment, day habilitation, family support and a variety of ancillary supports.

Using 1996 data, researchers report that 64% of the 388,941 persons living in publicly funded out-of-home settings reside in places serving 15 or fewer persons. Half of this total -- 194,990 people -- are living in settings for six or fewer, an increase of 51% from 1992 (Braddock, Hemp, Parish & Westrich, 1998). Regarding expenditures for developmental disability services, these same researchers found that in 1996, 68% of the \$22.8 billion that states spent on developmental disabilities services paid for services in the community. This compares to 44% of expenditures in 1986 and 25% in 1977.

These trends are pleasing to any that support community oriented responses to

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disability. Yet the field stands poised on the brink -- some say precipice -- of change over how service systems are structured and managed. A 1997 survey of state directors of developmental disability services “revealed that about half of the responding states were at some stage of launching a major change initiative. In most of the remaining states, major system change was actively discussed” (Smith & Gettings, 1998; p. 1). Among the several factors driving change¹, two of the most powerful are:

- ✓ The push for **self-determination** whereby systems are structured so that service recipients influence policy, and individuals have the freedom and authority to determine the substance and texture of their own lives, including control over the resources allocated for personal services or support.
- ✓ The need to demonstrate **fiscal responsibility** for the resources already allocated to developmental disability systems. This factor reflects a concern over a projected slow down in the growth of the funding base in face of increasing service demand. The result is the demand for fiscal efficiency and effectiveness, a call that has been answered by those wanting to inject managed care strategies into developmental disability systems.

¹ See MCare Policy Paper 2 entitled *Developmental disability services at the century's end: Facing the challenges ahead*. In this paper five factors driving change in the field are described.

There has been considerable discussion recently over how to reconcile these two forces. In several states policy makers are exploring means for accommodating both within the context of new service structures that promote self-determination and fiscal responsibility. “Participant-Driven Supports” is one term that is used to describe these emerging systems. The purpose of this paper is simple: to define and describe the fundamental elements associated with participant driven services. Finally, concluding remarks are offered.

Participant Driven Supports

Reduced to its essence, in participant-driven support systems the participant and/or family decide how limited service funds are spent. This approach is consistent with emerging trends in the field because it promotes community life, strengthens self-esteem and facilitates empowerment among service recipients.

It may also contribute to cost containment. Proponents argue that the approach will improve provider performance because of its emphasis on “customer first” behavior. Customers (i.e., participants) who do not find what they want, at a price they consider fair, will go elsewhere to make their purchases. In this context, participant-driven models do support the goal of cost containment. Smith & Ashbaugh (1995) argue that:

“Service recipients, working on limited budgets, will spend more prudently to get the most value for their money, and participant-driven arrangements will spawn a market economy in which those providers representing the most value will survive

This argument, which forms the basis of participant-driven approaches, promises cost containment within a context of “quality” that promotes self-determined lifestyles. For this to work, two shifts in practice are required: (a) decisions about what is “important” or “needed” should be left to the individual; and (b) only what is received will be paid for. Such an approach will increase efficiency and so reduce overall costs.

Basic Elements

The underlying philosophy and evolving practices of the developmental disabilities field argue for participant-driven approaches. But how would the approach be structured and how would it work? Individuals with developmental disabilities and their families will need to be actively engaged to assure that the emerging service systems are:

- ✓ *At the systems level*, designed to maximally reflect the stated needs and preferences of service recipients regarding policy and practice; and
- ✓ *At the individual level*, characterized by enough flexibility that service recipients and family members (with support as needed) can direct the provision of services and supports.

At a systems or strategic level, people with disabilities (as well as family

About That Word “Participant”

Participant: *One who participates or takes part in something.*

To Participate: *To take part; join or share with others. (American Heritage Dictionary)*

Over the years much attention has been directed toward the proper label to apply to those who utilize developmental disabilities services. Are these people “clients”, “consumers”, or “customers”? For a number of reasons, these words are not used here to reflect the role that people with disabilities will play in future service systems. Instead, the word “participant” is used because it embraces an active role that pushes beyond a reflection of client-professional relationships or simple economic symbolism (consumers or customers).

In a participant-driven system, people with disabilities will help shape the structure of the system. And at a personal level, individuals will - alone or in association with others - make decisions about the lives they want to lead. In essence, they will be *active participants* in directing systems and their own lives.

members and guardians) must have opportunity to shape policy and practice. To assure such partnership, resources must be set aside to offset the costs of participation and/or for needed training or technical support.²

² HSRI is compiling a nine chapter “curriculum” designed for self advocates. The topics covered will provide self advocates with the information related to developmental disability systems, self determination and fiscal responsibility.

Service Recipients Must Influence Policy and Practice...

In shaping policy, service participants must be part of the decision-making team responsible for system development.

State agencies (payers) must be aggressive to assure participant involvement in planning and practice.

Participants must have appropriate representation on relevant boards and committees.

Participants must be included in decisions to establish governing policies for the service system.

Participants must be included in decisions to establish outcome measures, data collection methods, and quality assurance processes.

Concepts, principles and expectations of participant involvement must be woven into intermediary and provider contracts.

In shaping practice, service participants must have opportunities to advocate effectively for themselves and others -- for all participants and families.

Participants must receive the information and training needed to make "informed choices about how the system should function to assure the availability of quality services.

Participants must be guaranteed a definitive role in the personal supports planning process.

Service arrays must be flexible enough to accommodate a wide variety of needs, within the bounds of framework system parameters (such as those that may emphasize community integration, self determination or fiscal responsibility).

Many, though not all, of the points listed in this subsection were adapted from a statement adopted by the Federation of Children's Mental Health Board of Directors on July 15, 1995, and appearing in *Claiming Children* (Summer, 1995), 10-11.

At A Personal Or Individual Level

At a personal or individual level, participant-driven approaches to system reform require that people/families, rather than third parties, exercise choice over how dollars are used (within certain parameters); that supports be obtained within a fixed dollar budget; and the person/family carries some amount of risk if the budget is improperly used (See Smith, 1995). While there may be countless variations on this theme, the approach has four fundamental characteristics:

- 1. Individuals have control over pre-authorized budgets that can be used flexibly** to accommodate the needs specified by the individual (within budget limits). Individuals may act alone or in association with their family members or other concerned people.

One essential issue concerns the means used to set individual budget amounts. Two schools of thought have emerged, each carrying strengths and weaknesses. One approach, based in quantitative

Think of ...

- The allotment of dollars tied to service recipients as a debit card with a charge limit that can be used flexibly.



- Brokers or other agents to help develop support plans and access supports.



- The intermediary as a business agent to act as a debit card processor.



- Choice of providers & others as authorized merchants.



measurement, requires that the individual be assessed along numerous dimensions (e.g., functional capability, behavioral, physical or medical challenges, needs, available resources) to yield a composite score.

Using a statistical formula, this score is tied together with historical cost rates to calculate a budget figure for the individual. The rate may be discounted in anticipation of savings, and to help finance a “risk pool” that could be drawn upon where individual spending exceeds the allocated budget. Assessment measures designed for this purpose have been developed in Rhode Island and Utah, though it is too early to tell if these measures are working well.

The benefit to this approach is that individuals will know their budget limit from the very beginning, lending greater certainty and personal power to the planning process. Payers may benefit too since they can quickly determine the collective amount that is allocated to all individuals, making adjustments as needed to calculated formulas, discount rates and risk pool to assure that the system stays within budget.

Detractors argue that no assessment can confidently set individual budget limits since personal circumstances are not so easily quantified, placing individuals at risk of getting a “short budget.” Further, some claim that the budget drives the planning process so that one’s level of need is defined by the available resources when it should be the other way around. Others argue that the approach is so centered on personal power, that it undercuts the ability to manage the collective well being of all participants. Once resources are allocated to individuals, individuals may well “spend to their cap” without achieving any savings. And, even if there were savings, these dollars may not be easily taken back and put to other uses. Results like these would leave little capacity for moving resources freely from person to person as warranted, or to look after other system concerns.

The second approach, based in conversation and “one person at a time”, requires that the individual’s

aspirations, wants and needs be assessed through a personal planning process that also considers the types of supports that could be applied. One result is a personal support plan that specifies the amount and type of paid services the individual requires. These services are subsequently cost out based on historical rates or what the service may be purchased for locally.

One benefit to this approach is that the final budget is built from what the person says is needed; The budget is person driven. In addition, the approach places greater authority in the hands of an overall “resource manager” who must assure that the sum of these individual budgets will not exceed the total budget. This person has the power to reject or approve individual budgets, providing the manager with the flexibility to move resources around more freely and to address collective concerns.

Detractors argue that the process is too time consuming (and costly) for widespread use, and the personal support plan will only be as good as the efforts of those helping to put it together. Such uncertainty could place individuals at risk and result in inequities in resource allocation across the system, inequities that may be compounded by a capricious approval process. While individuals may feel great power in designing their own spending plans and budgets, they are each and collectively unaware of the money

that could be available. This knowledge (and associated power) is held by the resource manager -- the person charged with overseeing all individual budgets.

Regardless of the approach taken, resources can be distributed in cash, as a voucher or as credit. It should be noted that some funding mechanisms may have rules to promote or prohibit one means or another. For instance, federal Medicaid policy will not permit direct cash payments to service recipients.

The allotment may be granted to individuals, or tied to a group of individuals (i.e., a block grant), with the total resource used to address the needs of all group members. Where small amounts of about \$5-6,000 per year are allocated (as in family support programs) individuals may have absolute control over their budget.

For most (i.e., adults receiving residential, day time and other services), the budgets needed by individuals will be much larger. As a result, expenditures must be monitored more closely, and to realize cost efficiencies, the budgets of individuals must be managed collectively. For most in the system, then, budget allocations will be tied to a group on a “block grant” basis. On a personal level, each individual (with the help of a personal advocate or broker -- see below) should exercise control over the types and amounts of support needed. But

these decisions must also be weighed within the context of an overall group budget and the needs of others in the group. With such collective management, resources can be spread across participants flexibly to realize the greatest efficiencies and outcomes.

2. Personal advocates or brokers are made available to help individuals develop support plans and secure supports. The broker may well be the most important element in a participant driven approach. This person has responsibility for assuring that the support plans: (a) honor the individual's support preferences, (b) are within budget, (c) are sufficient to meet the person's needs, and where a group is involved (d) are cognizant of the need to assure that sufficient funds are available to meet the needs of other members of the group. In many ways, the broker is *the* essential pivot point to the entire approach, and the field will need to move quickly to gain greater experience with how this function can be expanded. Nerney & Shumway (1996) offer useful guidance on how brokers will perform in a participant-driven system, observing that:

"... individuals who perform these functions arrange with others to carry out the plans developed by the person with a disability or family and arrange for all necessary supports. They do not provide these supports. They become 'personal agents' for the person with a disability and that

person's circle or social support network. Of all the roles a broker may assume there are several that seem to fit well with this function:

- ✓ assisting in defining support *needs and life dreams;*
- ✓ *assisting in providing information and resources;*
- ✓ *assisting in identifying potential formal and informal service providers and supports;*
- ✓ *assisting in arranging/contracting for services and supports;*
- ✓ *assisting in ongoing evaluation and other considerations.*

One of the primary skills necessary to perform this function is the ability to build on informal supports that may already be present in a person's life or assist the person to help create these informal supports over time, assisting the person to become connected to their community. Skills in bartering or exchange would be helpful" (p.13).

3. An intermediary or "business agent" is available to assist individuals to manage their budgets, satisfy any associated payroll obligations, and protect individuals from various liability claims.

Individuals may contract with an agency to deliver services (e.g., an existing vocational or residential service provider), or hire individuals (employees) to provide a specified service (e.g., job coaching, personal

assistance. If a service recipient contracts directly with a service agency, the issues involved in the passing of financial payments from the payer to the provider are straightforward and relatively easy to resolve. The service recipient or family may elect to manage this transaction on its own, though a reliable audit trail would likely be required. Safeguards must be put in place to assure that the money is spent in accordance with the Individual Plan and Budget, and that providers receive timely payment.

On the other hand, if a service recipient elects to hire an individual to provide specified services and to pay this worker from allotted funds, the service recipient must manage various associated risks, and so requires much more effort. In particular, two types of risk must be managed related to:

- ✓ Employment Law and Benefits -- covers range of issues covering employer-employee relationships.
- ✓ Civil Liability -- Exposure to risk of loss or damage due to negligent or intentional act of an individual.

Employment Law and Benefits. In nearly all cases, because the service recipient would be controlling the work being done, the Internal Revenue Service would not view individual support workers as independent contractors, but as employees of the service recipient. If a service recipient employs a non-related worker and pays that person

\$1,100 or more in a calendar year, then the service recipient is obligated to report and pay social security and Medicare taxes for that worker. The service recipient would be required to:³

- a) Get an employer identification number;
- b) Find out if the person can legally work in the United States;
- c) Withhold Social Security and Medicare taxes;
- d) Make advance payments of the earned income credit (if applicable);
- e) Decide how to make tax payments;
- f) Keep accurate records;
- g) Give your employee Copies B, C, and 2 of Form W-2;
- h) Send Copy A of Form W-2 to the Social Security Administration;
- i) File Schedule H (Form 1040), Household Employment Taxes, with individual's federal tax return.

In addition, the service recipient must honor U.S. Department of Labor Regulations pertaining to employee wages and payments, The service recipient may also: (a) need to pay state unemployment taxes (SUTA) for the worker, as well as workers' compensation and disability insurance, (b) elect to withhold federal or state taxes for the worker, and (d) offer and manage a benefits plan for the worker (e.g.,

³ Internal Revenue Service Publication 926 entitled "Household Employer's Tax Guide"

health insurance) (See Flanagan, 1997). Where consumers fail to comply with tax and labor laws, the participant (and perhaps the payer too) will be liable for back taxes and penalties.

To diminish this possibility, planners will want to make fiscal intermediaries available to consumers. Fiscal intermediaries can and should be contracted to perform these tasks. Fiscal intermediaries can be contracted to complete all the paperwork associated with the disbursement of funds, still allowing consumers to maintain control over the use of their allotted funds. Fiscal intermediaries can also be contracted to: (a) hire and screen employees, (b) verify employee citizenship or legal alien status, and (c) handle payroll responsibilities.

The use of fiscal intermediaries will:

- ✓ protect service recipients from risks associated with any failure to comply with tax and labor laws.
- ✓ insulate the payer from potential claims that the payer is the support person's employer.
- ✓ increase compliance with filing federal and state unemployment taxes and adherence state and federal labor and tax laws.
- ✓ reduce administrative work loads for all.
- ✓ promote customer-driven systems while maintaining accountability and service quality.

Fiscal intermediaries can also be used to insulate individuals, families and providers from the burdensome provider certification and contracting requirements attending the use of federal Home and Community-based Services (HCS) Waiver funds to employ or contract with individuals. Under the Waiver, providers, no matter how small, must be certified as qualified Medicaid Providers, and their provision of services and supports must be governed by contract. This means quite a lot of "red tape" in the case of families wishing to employ a neighbor to provide support services, e.g. respite.

Alaska has set up a master agency (fiscal intermediary) to ease the procurement of respite services. Under this arrangement, families themselves decide whether respite providers are qualified and certify them as such; the certification is documented through the use of a simple form. The contract form is likewise simple. The master agency retains these contracts and certifications on file. Families use vouchers to procure the respite services; the master agency pays against the vouchers.

Different types of organizations can assume the fiscal intermediary role. Flanagan (1997) outlines three types of fiscal intermediaries:

- a) Government Fiscal Intermediary. Government agency receives approval from IRS (Procedure 80-4) to be an "employer agent". This intermediary (the

government) handles numerous paper chores (taxes, FUTA/SUTA, workers compensation, payroll), although the consumer remains employer of record. However, there is some concern with this approach that the IRS could deem these workers as “defacto public employees.” HSRI recommends against this option.

- b) Government Contracted Fiscal Intermediary. Government agency contracts with an intermediary agency to distribute funds. The intermediaries receive funds (cash or voucher) to pay support staff directly. The intermediary collects & verifies time sheets, submits invoices to the payer, and performs other administrative tasks. Here the consumer is the “employer of record.”
- c) Vendor Fiscal Intermediary. Private or public vendor receives approval from IRS (Procedure 70-6) to act as a fiscal intermediary. The consumer works directly with the intermediary. The intermediary has the limited purpose of handling taxes and brokering benefits (taxes, FICA/SUTA, workman’s comp, payroll). The consumer can remain the employer of record, retaining control over hiring, firing managing support staff. This option puts a layer between the County and support workers.

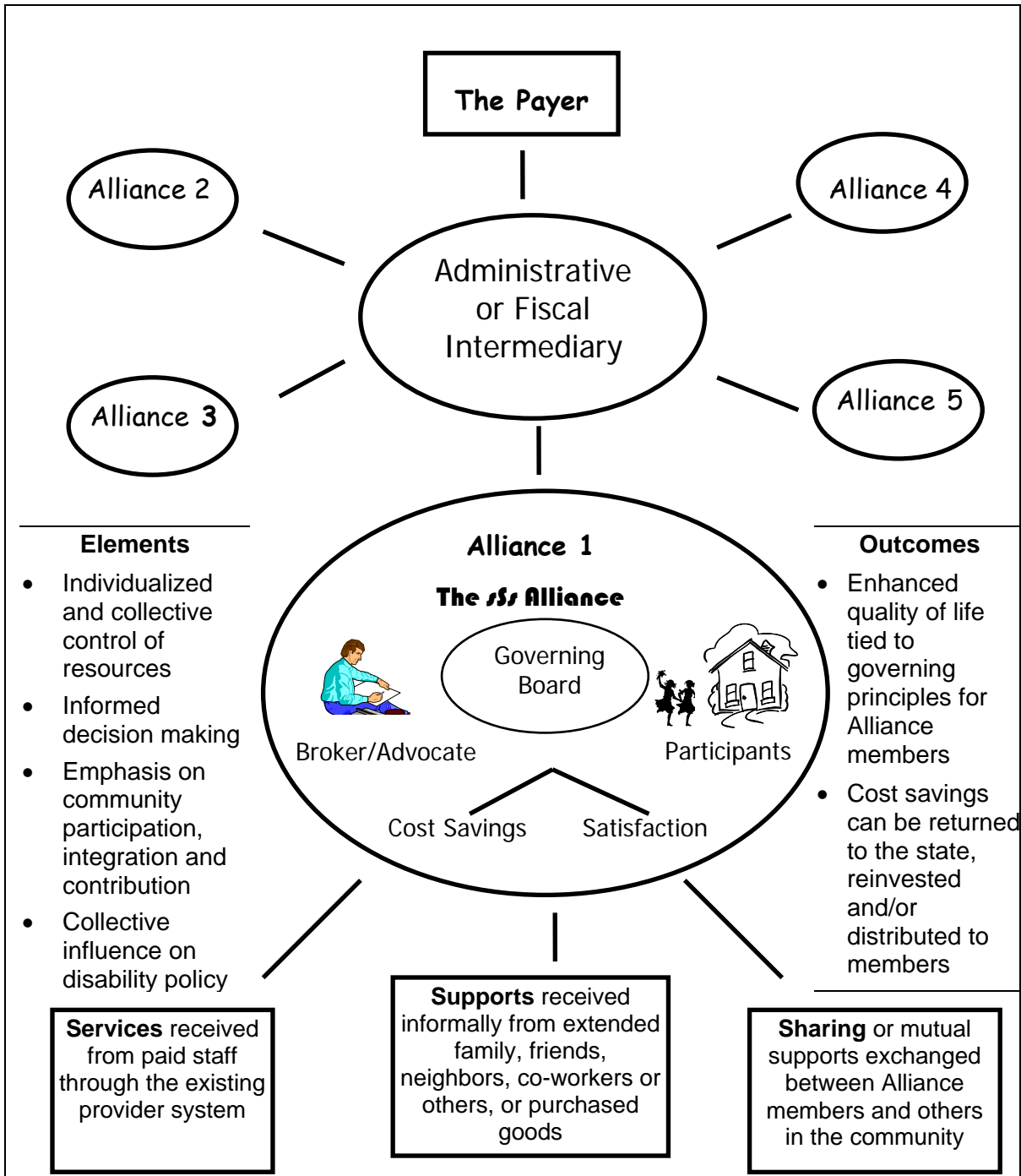
Two other types of intermediaries that play on the vendor intermediary theme involve:

- ✓ the use of a free standing employee leasing service, and
- ✓ establishment of a “consumer cooperative” or “purchasing alliance.”

For instance, Gemini Employee Leasing offers financial and worker support services to any interested business. Gemini becomes the “legal employer” of the worker, taking on all personnel related responsibilities, while the individual or company holding the lease can still maintain maximum control over what the worker does. Dane County in Wisconsin is currently considering this intermediary service to assist with its implementation of a Self Determination initiative for people with developmental disabilities. Leasing firm fees, however, can be high. In Portland, Oregon a similar arrangement was turned down recently when the leasing company set its fee at nearly 25% of the employee’s wage.

Consumer cooperatives or alliances may also offer a useful alternative. Agosta & Kimmich (1997) describe a “Purchasing Alliance” where service recipients and/or their families pool their resources to manage their individual budgets (see graphic).

Members of the Alliance would enter into a formal agreement and elect a Governing Board. The Board would establish by-laws for the local operation of the Alliance and



oversee Alliance operations. These operations could include:

- ✓ establishing means for passing financial payments from the

payer (i.e., county) to the Alliance on behalf of individual members,

- ✓ hiring brokers to help individuals develop and implement purchasing plans and others to

carry out fiscal intermediary functions for the members, and

- ✓ establishing service agreements with local providers.

Playing off these themes a variety of Alliances could be developed, offering service recipients choice over the amount of control each has over their personal budgets and the work each is willing to do to make the cooperative work

A chief advantage of the Alliance is that it allows individuals to mitigate the risk of managing their own budgets since these risks are pooled and managed by Alliance staff. Moreover, as opposed to multiple individuals who are acting independently, alliance members who work together can have greater influence over local disability policy and practice, and will be in better position to negotiate the best prices for services.

Civil Liability. This type of liability refers to the exposure to risk of loss or damage due to negligent or intentional act of an individual. When individuals hire their own workers, they become vulnerable to such liability. In response, the policy makers may require that all persons working under contract to serve people with developmental disabilities be covered by liability insurance regardless of whether they work for provider agencies, or directly for participants or families.

Participants and families employing independent support workers have several options available to them:

- ✓ The consumer or family can purchase the required liability insurance as a rider on a home insurance or rental policy. Various insurance agencies may be contacted, though a cursory exploration of the topic suggests that the rates may be rather high -- five to six hundred dollars annually. A lower cost per person might be negotiated if this insurance were purchased on behalf of a group of participants and families.

As a practical matter, it may not be necessary for most participants to purchase this insurance; most individuals with developmental disabilities who receive publicly financed services do not have the assets that would tempt others to file liability claims. These individuals typically have low annual incomes and live modestly. More vulnerable to liability claims would be the individual's parents if s/he is living at home.

- ✓ The support worker can purchase the required liability insurance. This may be an appropriate solution where a support worker seeks to "make a living" of it. Here, the worker may well have a long term interest in providing supports to one or more individuals (e.g., as a job coach might) and may want to (or be required to) purchase insurance.

This option would not make

sense, of course, for friends, relatives and others who provide respite support or personal assistance only on occasion. Indeed, the cost could deter them from offering the very type of natural supports arrangements that are so appealing.

- ✓ The payer (e.g., County or State) could accept the liability for independent workers who are employed by service recipients. The state of Maine has taken this approach since 1989 in its respite services program for children. Participating families have a great deal of control over their respite allocations and can hire whomever they please. However, before the state accepts the liability, workers are required to attend a 35 hour training on respite supports.
- ✓ Existing providers could develop procedures for treating independent workers as “employees”, and so carry them under their existing liability policies. These agencies would likely charge a fee for the service and impose their own criteria on these workers (e.g., criminal check, staff training). This approach, similar to the employee leasing option described earlier, is being explored as part of Maryland’s Self Determination Project. Taking this approach further, these agencies could also take on various payroll and accounting responsibilities, and ultimately act

as fiscal intermediaries themselves.

Aside from these possibilities, however, fiscal Intermediaries might also help by purchasing liability insurance to cover independent workers who are hired by service recipients. The intermediary would need to charge a fee for the service, and in essence would look much like the employee leasing firm noted above.

In summary, “managing one’s own supports,” may be attractive to many, but the decision to do so carries a variety of responsibilities related to financial and liability management. The following table (See next page) summarizes some of these responsibilities and notes the associated potential penalties. As described above, however, these risks to service recipients may be greatly -- if not completely -- mitigated by use of a fiscal intermediary and acquisition of appropriate liability insurance.

4. **Individuals have a choice of service suppliers.** Providers and others act as authorized merchants -- where participants may “shop.” Having control of pre-authorized budgets and in consultation with a personal advocate/broker, participants will be free to decide what service provider they want to deliver needed supports. In fact, the participant may decide not to choose traditional services, opting instead for alternative or informal support arrangements. An approach like this is already in effect in Utah where under “Choice of Providers”

Responsibilities Associated With The Financial Management Of A Personal Budget

Responsibilities Associated With Employment Law and Benefits

Where consumers decide to hire workers and manage payroll, they must:

- Obtain an Employer Identification Number
- Assure the citizen/alien status of their workers (Immigration & Naturalization Service Form 9)
- Keep proper records for each person they employ (e.g., name, social security number)
- Pay workers appropriately (e.g., minimum wage, frequency of pay) & keep proper records
- Notify workers of eligibility for Earned Income Credit (use IRS form W-5 for eligibility)
- Withhold Social Security taxes (FICA) from worker's pay
- Withhold Medicare taxes from worker's pay
- Withhold federal unemployment taxes (FUTA) from worker's pay
- Withhold state unemployment taxes (SUTA) from worker's pay
- Make federal tax deposits either quarterly (IRS forms 940 & 941) or annually (Schedule H)
- Make state tax deposits quarterly (using appropriate state forms)
- (Optional) Withhold state/federal income taxes (based on worker's IRS form W-4)
- Issue IRS form W-2 to all workers and submit it to the proper authorities by January 31 of the year following the work year
- Abide by Department of Labor rules governing worker's pay (e.g., minimum wage)

Where consumers fail to meet these responsibilities...

For each of the responsibilities listed, it is difficult to specify the exact penalties that individuals would suffer, if they failed to comply. However, state and federal authorities take these responsibilities seriously, and employers should too.

Employers who do not maintain proper records on their workers are subject to a variety of financial penalties levied by the appropriate governing authority (e.g., the Immigration and Naturalization Service, Internal Revenue Service, the Department of Labor)

Employers who do not pay taxes when they are due, must pay the tax, are charged interest, and may also be charged with a tax penalty. Certain tax rates, like those associated with unemployment taxes, may even go up for the following year.

Responsibilities Associated With Civil Liability

Where consumers decide to hire workers and manage payroll, they must:

- Carry a general liability policy with limits of \$1 million
- Carry comprehensive automobile liability insurance with limits of \$1 million
- Carry Workers' Compensation insurance

Where consumers fail to meet these responsibilities...

Obtaining needed liability insurance is generally the responsibility of the employer (i.e., the service recipient). Numerous options for acquiring needed insurance may exist, so employers are encouraged to search for the best policies.

Where an individual fails to carry the appropriate liability insurance, s/he may not be granted the opportunity to carry financial responsibility for managing payroll.

Where an individual fails to carry needed insurance and is somehow granted such opportunity, s/he is entirely vulnerable to a civil liability claim. In this instance, if the claim hold up after official scrutiny, the individual may suffer financial or other loss.

legislation (S. 225 passed in 1996), service recipients are free to change providers -- up to once per month if they want. An underlying expectation of approaches like these is that participants will act prudently, seeking to gain the most value for their available budgets. In addition, where less costly alternative supports are used, supplementary cost efficiencies can be achieved.

integration. These trends challenge policy makers to embrace cost containment strategies with the most promise for promoting self-determined lifestyles.

Participant-driven approaches in the developmental disabilities field offer a framework within which to address this challenge. Though there are any number of iterations possible, there are four essential elements to the approach: (a) individualized budgets, (b) a personal broker, (c) a business agent or fiscal intermediary, and (d) freedom of choice of support providers. Already, in numerous states participant-driven approaches are being designed and tested, though it is too early to determine their effects on individuals or system budgets. Clearly, however, the developmental disabilities field has awakened to the challenge before it and responded.

Concluding Remarks

As Medicaid and other funding sources become more constrained and the demand for services continues to grow, developmental disabilities systems will be forced to find new, more efficient ways to perform. Complicating matters, however, is the demand for service approaches that promote self-determination and community

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