The Arc
Oneida-Lewis Chapter

SELF-DIRECTION PROGRAM GUIDE

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Contents

What is Self-Direction?

If you want more control over your services, Self-Direction might be right for you. The self-directed option gives people with developmental disabilities the option to use funding from the Office for People with Developmental Disabilities (OPWDD) to design and manage services based on their personal needs and goals.

Self-Direction means that you, with the help of your circle of support, can choose: The mix of supports and services that work best for you, how and when they are provided and the staff and/or organizations who provide them.

With Self-Direction, you can exercise:

Employer Authority

- ✓ You make decisions about who works for you.
- ✓ You can recruit people to work for you.
- ✓ You and the people you know and trust can decide what you need your staff to do to help you, how many hours of help you need and when you need that help.
- ✓ You supervise your staff and if they don't do a good job, you can change your staff.

Budget Authority

- ✓ You make choices about the services you need.
- ✓ You decide what services are paid for and who is paid to provide them.
- ✓ You and the people who support you must manage your OPWDD Self-Direction Budget in a responsible manner.

Self-Direction provides you the chance to make decisions about supports and services you need to help you:

- ✓ Enjoy meaningful relationships with friends, family and others in your life.
- ✓ Experience personal health and growth.
- ✓ Live in the home and community you choose.
- ✓ Work, volunteer or participate in recreational activities you enjoy with others in your community.
- ✓ Be responsible for helping to manage (co-manage) your supports and services.
- ✓ Self-Direct the planning process that ensures needed safeguards are considered and developed prior to plan approval.
- ✓ And your Planning Team's ability to manage the plan that is developed

Getting Started

I want to Self-Direct…Who can help me and what supports will they provide?

To participate in Self-Direction, you will need a Support Broker, Care Manager, and a Fiscal Intermediary Agency.

Care Manager (CM)

Anyone choosing to self-direct must have a Care Manager. The role of the CM will be to ensure OPWDD eligibility and enrollment in Home and Community Based Services (HCBS) Waiver. The CM is also the creator of the Lifeplan which identifies valued outcomes, safeguards and supports & services. Those valued outcomes & safeguards drive the Person-Centered self-directed plan.

The CM is also responsible for ensuring the Lifeplan accurately lists all Self-Directed services being received. Providing required documentation to the Fiscal Intermediary (i.e., DDP2, NOD, and LCED) is also the responsibility of the CM.

Support Broker

In the beginning stage, referred to as **Start-Up,** you, your broker, and your circle of support will develop an individualized plan using your Self-Direction budget. Because each person is unique, no two plans will be the same. Your plan will reflect what your goals are, what supports you need, and how you will use your Self-Direction budget to pay for those services.

Once your initial budget is approved, your Support Broker will maintain ongoing contact with you and your circle of support to ensure that you are satisfied with the services you are receiving. Support Brokers can also assist with developing and maintaining your circle of support, providing education and training to implement your Self-Direction plan, recruiting and interviewing staff supports, and more. Support Brokers can be freely chosen by you.

Fiscal Intermediary (FI)

The FI is a non-profit agency whose job is to execute your self-directed budget. The Fiscal Intermediary is the employer of record and will be responsible for processing staff applications, fingerprinting, and background checks on any self-hired staff. The FI is also responsible for payroll, billing for, and the payment of approved goods & services. The Fiscal Intermediary provides required OPWDD training, Medicaid & Corporate Compliance and general administrative supports.

Circle of Support:

Individuals who Self-Direct have a circle of support that acts as a planning team to help with achieving the personal goals of the individual. The Care Manager, Broker & Individual are required members of the circle of support. All other members are chosen by the individual and can have as many or as few members as determined by the individual. The circle of support should work as a team to identify valued outcomes, safeguards, weekly schedules & staff back up plans.

Steps of Starting Self-Direction

Step 1: Attend an OPWDD Self-Direction Information Session

Your care manager will forward your request for Self-Direction services to the local Developmental Disabilities Regional Office (DDRO) to review for approval. The CM will also help arrange for the informational session to learn more about Self-Direction services.

Step 2: Choose a broker and Fiscal Intermediary

The DDRO Self-Direction Liaison can provide you with a list of certified brokers that you can choose from and interview. The broker you choose will help you select an FI.

Once you select a broker, a broker agreement needs to be signed. When the broker agreement is completed, it is sent to the local DDRO Self-Direction Liaison for review and approval. When the funding is approved, an authorization letter is sent to the Self-Directing participant, the FI, the Broker and the Care Manager stating that the plan development process can now begin.

Step 3: Person-Centered Planning Begins

The broker will help organize the planning meeting(s) with the members of the circle of support that the individual has chosen. During the planning process, the staff action plan which includes valued outcomes and safeguards, will be developed. The person's valued outcomes will drive the Self-Directed Plan and teach staff how to assist the person with reaching their goals.

The broker will also need to review the DDP-2 (Developmental Disabilities Profile) with the individual, family and Care Manager to make sure that it is accurate. The DDP-2 determines the amount of funding a Self-Directing participant receives. The amount of funding is also known as the Personal Resource Allocation (PRA).

During the plan development, the person will decide how to use their PRA for services by developing a budget with their broker.

Step 4: Finalize the Self-Direction budget

Once the budget is completed, the broker will submit to the FI for review. If no revisions are needed, the FI will submit the finalized self-directed plan to the Self-Direction Liaison. The plan will be reviewed and when it meets all of the required guidelines the Self-Direction Liaison will request funding for the approved plan.

When funding for the Self-Directed budget is approved, an approval letter and the approved Self-Directed budget will be sent from the local DDRO office to the individual, FI, broker and Care Manager.

Step 5: Interviewing and hiring of support staff

When the budget is finalized, the Self-Directing participant can begin to interview support staff. Once a person is interviewed and chosen they will need to work with the FI on becoming a hired employee. The Self-Directing participant is supported by their broker and their planning team with hiring and supervising their staff.

The FI will employ the staff that the Self-Directing participant wishes to hire. The FI will also pay every cost from the Self-Directed budget using Medicaid and State Funding.

Step 6: Launch meeting

The launch meeting is the kickoff meeting for the approved budget. It will include the individual, family, broker, CM, FI, and anyone else the individual would like to be present. The Self-Directed Plan is reviewed in full at this time. The services identified in the Self-Direction Plan can begin the day the plan is launched or shortly thereafter, based on the approval date listed in the Self-Directed budget and service requirements are in place.

Person-Centered Planning

Person-Centered planning promotes the belief that people with intellectual and developmental disabilities are people first. They have valuable gifts and contributions to bring to relationships with family and friends, and the community as a whole. Person-Centered planning views the entire person; not just the portion of the person that has identified needs. In simple terms, Person-Centered planning is used to:

- To assist the person in gaining control over their own lives
- To increase opportunities for participation in the community
- To recognize individual desires, interests, and dreams
- Through a team effort, develop a plan to turn dreams into reality

Person-Centered planning is a discovery process used to search out what is truly important to a person and what capacities and skills that individual possesses. It is values based with the knowledge that each individual has unique capacities and skills. It focuses on a positive vision for the future of the person based on his or her strengths, preferences, and capacities for acquiring new skills, abilities, and personality. It focuses on what a person can do versus what a person cannot do. The individual is always at the center of the Person-Centered planning process. They are as involved in the planning process as they want to be or are able to be. The planning process is best accomplished when it includes other people who also know the person well and believe in their vision.

The Person-Centered process helps to identify desired personal outcomes based on the individual's life goals, interests, strengths, abilities, desires, and preferences. The process helps to determine the supports and services that the individual needs to work towards to achieve these outcomes and, accordingly, develops a plan that directs the provision of these supports. This includes:

- Habilitation needs,
- Health care needs,
- Behavioral challenges, and
- Strategies to help address these concerns.

These strategies encompass staffing support and service needs, or are met by natural or community supports that already exist in a person's life. The Person-Centered plan is a tool that helps people figure out what they want and need and seeks to identify the kinds of supports necessary to achieve those outcomes.

Person-Centered planning gives people with intellectual and developmental disabilities the chance to talk about what is important to them and the personal outcomes they want to achieve in their lives. For people who have trouble speaking for themselves, others in their life who know them well and understand what is important to them use their voices to speak on the person's behalf. The planning process also helps people find out what potential problems might get in the way of reaching their outcomes and develop strategies to help address these things. The resulting plan should help people define their personal goals and highlight strategies that will enable them to pursue their goals and make them a reality in their lives.

It is important to understand that Person-Centered planning will have results that go beyond the making of a plan:

- It will offer someone who is not usually listened to a chance to take center stage;
- It will center discussion around what is important to the individual in his or her own words and behaviors, as well as what others feel is important for the person;
- It will assist others who know and support the person to re-frame their views and perspectives of the person, their capabilities, and their ability to make contributions to their lives and their communities; and

- It will help a group to solve difficult problems or develop strategies to address challenges that may first appear to prevent the person from experiencing interactive community opportunities.

Working together with a unified focus on a short and long-term vision for the person's life is developed and ultimately put in place for the person to explore and learn what works for him or her. Person-Centered plans are updated when the individual wants to make changes, or when a goal or aspiration is achieved. In simple terms, Person-Centered planning is a method of forming life plans that are centered on the individual for whom they are built and meet the person where they are at various times in their life.

Person-Centered thinking challenges us to actively listen to the people we serve and to those who know them best in order to understand what they want for their lives. This enables us to help support the individual in ways that will increase their success at living as independently as they are able, and allows them to contribute to the extent they choose to community life.

Eight Essential Hallmarks of Person-Centered Planning

1. **The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.**
   - The person and advocates participate in planning and discussions where decisions are made.
   - A diverse group of people, invited by the person, assists in planning and decision-making.

2. **The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.**
   - The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
   - Supports are individualized and do not rely solely on preexisting models.
   - Supports result in goals and outcomes that are meaningful to the person.

3. **Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.**
   - The person has friends, and increasing opportunities to form other natural community relationships.
   - The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
   - The person has the opportunity to be a contributing member of the community.
   - The person can access community-based housing and work if desired.
   - The person is an engaged member within their community.

4. **The person uses, when possible, natural and community supports.**
    - With the person's consent, the support of family members, neighbors and co-workers is encouraged.
    - The person makes use of typical community and generic resources whenever possible.

5. **The person has meaningful choices, with decisions based on his or her experiences.**
    - The person has opportunities to experience alternatives before making choices.
    - The person makes life-defining choices related to home, work and relationships.
    - Opportunities for decision-making are part of the person's everyday routine.

6. **Planning is collaborative, recurring, and involves an ongoing commitment to the person.**
    - Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
    - Groups of people who know, value, and are committed to serving the person remain involved.

7. **The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints.**
    - When funding constraints require supports to be prioritized or limited, the person or advocates make the decisions.
    - The person has appropriate control over available economic resources.

8. **The person is satisfied with his or her activities, supports, and services.**
    - The person expresses satisfaction with his or her relationships, home, and daily routines.
    - Areas of dissatisfaction result in tangible changes in the person's life situation.

Person-Centered Planning Process

Person-Centered Planning must be implemented in a manner that supports the person, makes him or her central to the process, and recognizes the person as the expert on goals and needs. In order for this to occur there are certain process elements, consistent with statutory or regulatory provisions. These include:

1. The person or representative must have control over who is included in the planning process, as well as the authority to request meetings and revise the plan (and any related budget) whenever necessary.

2. The process is timely and occurs at times and locations of convenience to the person, his/her representative, family members, and others.

3. Necessary information and support is provided to ensure the person and/or representative is central to the process, and understands the information.

4. A strengths-based approach to identifying the positive attributes of the person must be used, including an assessment of the person's strengths and needs.

5. Personal preferences must be used to develop goals, and to meet the person's needs.

6. The planning process must provide meaningful access to participants and/or their representatives with limited English proficiency (LEP), including low literacy materials and interpreters.

7. People under guardianship or other legal assignment of individual rights, or who are being considered as candidates for these arrangements, should have the opportunity in the planning process to address any concerns.

8. People must be offered information on the full range of services available to support achievement of personally identified goals.

9. The person or representative must be central in determining what available services are appropriate and will be used.

10. The person must be able to choose between providers or provider entities when choice is available.

11. The planning process is not a one-time thing and must be reviewed at least every twelve months or sooner, when the person's functional needs change, circumstances change, quality of life goals change, or at the person's request. There must be a clear process for individuals to request updates. The accountable entity must respond to such requests in a timely manner that does not jeopardize the person's health and safety.

12. Person-Centered planning should not be constrained by any pre-conceived limits on the person's ability to make choices.

Risks and Safeguards

Throughout the Person-Centered planning process, it is necessary to identify and examine potential risks that the individual may be exposed to while pursuing his or her life objectives. Everyone has the right to make choices, and with choice comes a degree of risk potential.

Some risks are non-negotiable, such as:

- Death
- Exploitation
- Injury or severe harm
- Violation of the law

Some are more subjective:

- Financial problems
- Isolation or loneliness

On one side is the possibility of **loss, injury, or disappointment;** but on the other side, risk can be seen as the possibility for **opportunity, success, and personal growth.** Although taking risks provides people the opportunity for personal growth, we have choice in the degree of risk to which we expose ourselves.

Some common risks that people expose themselves to everyday include:

- Social Risks: Being shunned by a community group or rejected by someone within the community.
- Personal Risks: Consequences when choosing not to follow recommended supports or services, failure to take care of one's physical wellbeing, or health care needs.
- Financial Risks: The potential of losing one's home, money, family, friends, jobs, etc.
- Relationship Risks: The possibility of not being liked, of heartbreak, or feelings of loneliness.
- Employment Risks: Failure to find work, difficulty getting to the work site, failure to perform the job functions appropriately, or of being fired from a job.
- Educational Risks: Failing a class or failing to get the degree you are seeking.

Although there is no such thing as a risk free life, everyone involved in supporting individuals we serve must accept some level of responsibility for helping to mitigate potential risks.

Individuals with intellectual and developmental disabilities are often more vulnerable to risk. Some of these vulnerabilities may be very real while some are projected or anticipated based on assumptions and/or fears. Whether real or perceived, all efforts must be made throughout the Person-Centered planning process to identify potential risks and vulnerabilities (including behavioral and health considerations) and to work with individuals to develop meaningful, valid, and appropriate safeguards. The reverse means overprotection, which prevents individuals we support from living the life they consider to be meaningful and productive.

Recommended areas to be considered for safeguard planning include the extent by which an individual can:

- Advocate for themselves;
- Attend to their daily activities;
- Manage their personal health and wellness;
- Manage their potential mental health considerations;
- Identify and use personal coping strategies for interfering behavior challenges; or
- Take action to support personal safety in their home and community environments.

Informed choice and decision making means taking responsibility and knowing consequences from the risk in front of you. For people who have not had a rich experiential base in decisions and choice making, consequences and responsibilities represent important elements for exploration to each choice made. The term informed choice refers to a person's knowledge of the consequence and responsibility of the decisions he/she is about to make. Therefore, people making choices need to understand more fully their responsibilities, and the possible consequences when making choices.

Through meaningful conversations with the person in the planning process, the review of these areas where safeguards may be needed are not meant to be a deterrent to an individualized plan of support, but an opportunity to identify approaches to support the person in a way that will mitigate or reduce the potential risks. Through thoughtful approaches to real life concerns, supports from both natural and paid support givers can be identified to help the person achieve the outcomes that are most important to them.

Overview of Self-Direction Services

In addition to the Broker and Fiscal Intermediary, which will help manage the budget, there are several other services that are available and can be purchased through Self-Direction.

Individual Directed Goods and Services (IDGS)

Individual Directed Goods and Services (IDGS) are services, equipment or supplies not otherwise provided through OPWDD's HCBS waiver or through the Medicaid State Plan that address an identified need in the service plan. Self-Direction funds cannot be used to purchase an IDGS service that is available under the State Plan. Total IDGS expenses are limited to $32,000 annually or the person's PRA, whichever is less.

IDGS can be used to fully purchase or contribute towards the purchase of items or services which meet all of the following criteria:

- Are related to a need or goal identified in the Life Plan
- Are for the purpose of increasing independence
- Promote opportunities for community living and inclusion and/or increase the safety and independence in the home
- Are able to be accommodated without compromising health or safety
- Are provided to, or directed exclusively toward, the benefit of the individual

Examples of services that fall under the IDGS category are:

Transportation

Can be used to reimburse mileage costs when a person needs transportation to/from a service-related activity or pay for public transportation. To be reimbursable under IDGS, the transportation costs and mileage must be related to a service within the Self-Direction Budget. Transportation in IDGS is only available for those services that do not have transportation already built into the fee and/or are not covered by the State Plan.

Health Clubs and Organizational Memberships

Funding for a gym or health club may be reimbursed through IDGS to support health and fitness or community integration. Memberships are for the individual only; family or staff memberships cannot be reimbursed. The club/organization must offer open enrollment to the public and the reimbursed fee must be the same as the published membership duties/fees.

Some examples of what can or cannot be reimbursed can include, but are not limited to:

Reimbursable	Non-Reimbursable
Ski Club Membership	Ski resort lift tickets or equipment rental
Museum or zoo membership	Tickets or season pass to water park
Softball league fees	Tickets to a baseball game
Pony Club membership	Horseback riding helmet
Girl Scout/Boy Scout dues	Scout uniform and trip expenses
Membership dues for a bowling league	Bowling shoe rental fee
Community group membership fees (e.g., 4-H, Kiwanis, Elks)	Group shopping discounts or Wholesale "club" memberships
	Online Dating Websites

Community Classes

Community based classes that teach a subject, are open to the public, and result in active engagement and participation in integrated community settings can be purchased through IDGS in the budget. Participation in specialized classes that take special needs, such as physical limitations or beginner level learning, into consideration are appropriate as long as those specialized classes are open to the broader public. Private classes and lessons are allowable as long as they relate to an integration goal and the lessons are not taking place privately for the purpose of segregating the participant.

The following classes are not allowed under IDGS Community Class:

- Classes that duplicate any Medicaid State Plan or HCBS Waiver service or are conducted by an entity that delivers such services.
- Classes where participation is restricted solely to people with intellectual/developmental disabilities (I/DD).

- Classes where there are not established published fees.
- Classes that are credit bearing for matriculating students.
- Classes in a setting accessed only by people with I/DD (not including paid staff support), including all certified settings.
- Classes that do not adhere to the standards identified in the broader IDGS rules and standards (e.g., experimental therapies).

Camp

Camp programs may be funded using IDGS if the camp is in New York State. Reimbursement is only available for camps that are not funded as a Waiver Respite Camp. These camps can be attended; however, they would be included in the budget as Direct Provider Purchased Respite.

Clinical Direct Service Provision (Direct Therapies)

There are only a handful of specialized direct therapies that can be built into a Self-Direction Budget. The approvable therapies are:

1. Hippo Therapy
2. Therapeutic Riding
3. Aquatic Therapy
4. Art Therapy
5. Massage Therapy
6. Music Therapy
7. Play Therapy

****** Speech, Physical Therapy, and Occupational Therapy **ARE NOT** therapies that can be built into a Self-Direction Plan. These types of therapies can be accessed through use of your Medicaid State Plan Benefit card or other primary insurance carriers.

Household Related Items and Services

This is an area under IDGS where certain services or appliances can be reimbursed for those individuals living on their own. The service or appliance must help the individual live more independently and/or help ensure their safety. Household supports can include cleaning, minor maintenance, snow removal, or lawn mowing only for individuals not living in their family home

Paid Neighbor

The Paid Neighbor is a stipend that is paid to a neighbor to serve as an "on-call" support and would need to be available to respond when needed. A Paid Neighbor cannot live with the participant, be a family member, or be more than 30 minutes from the participant.

Other Than Personal Services (OTPS)

People may elect to use up to $3,000 in 100% state funding for items that are not Medicaid-fundable under this category. For any item or service to be approved for OTPS funding in any category, it must pass ALL of the following four tests:

- Be related to a valued outcome
- Increase independence and/or health and safety
- Not be an OTPS excluded item
- Not be funded through any other source

Examples of OTPS approved categories include:

1. Phone service – cell and/or land line*
2. Internet* (in instances where a participant has a cable package, OTPS can be used for phone and internet only, but not the cable portion)
3. Software related to the person's disability
4. Staff activity fees (self-hired staff only) to cover the cost incurred by staff when providing support to the self directing person in activities that support a valued outcome.
5. Staff advertising/recruitment can cover some of the cost of placing an employment ad in the newspaper or any employment websites.
6. Personal Use Transportation is used to pay for public transportation such as a bus pass, taxi or Uber to transport individuals to and from a waiver service or a service that is in the staff action plan.
7. Clothing* (capped at $250)
8. Board Stipend* is to cover the cost of food for the Self-Direction participant
9. Utilities* can cover the cost of the utility bill for an individual or family.
10. Other goods and services that increase independence
11. Other goods and services related to health and safety

*These items with an asterisk (landline, internet, clothing, utilities, and board stipend) are not reimbursable in OTPS for children under 18 years old where parents are responsible for these costs. Exceptions may be granted by the Developmental Disability Regional Office (DDRO) in cases where

justification for a specific need is established (e.g., the family would not otherwise have internet in the home but it is necessary to support a technology system utilized by the FI and self-hired staff).

Supported Employment, Community Habilitation and Respite

Supported Employment includes both direct and indirect activities associated with helping a person get a job and gain skills necessary to retain the job.

Community Habilitation is a service delivered in non-certified settings to facilitate inclusion, integration, and relationship building.

Respite is a service that provides relief to unpaid caregivers who are responsible for the primary care and support of a person with a developmental disability.

A person can choose to receive these services directly from a provider agency, referred to as Direct Provider Purchased or Agency Supported, or they can self-hire their own staff. If the person self hires their own staff to deliver services, the payment cannot exceed the rate the agency would be paid for the service.

In some cases, family members can be hired to be staff as long as all of the five following criteria are met:

- They are at least 18 years of age.
- They are not the parents, legal guardians, spouses, or adult children (including sons and daughters-in-law) of the participant.
- The service is a function not ordinarily performed by a family member.
- The service is necessary and authorized and would otherwise be provided by another qualified provider of waiver services.
- The relative does not reside in the same residence as the participant.

Family Reimbursed Respite (FRR)

Family Reimbursed Respite is in addition to or in place of Waiver Respite services that are either Direct Provider Purchased, Agency Supported, or Self-Hired. Funding can be provided to assist families to pay a person whom they trust to supervise their son or daughter.

Family Reimbursed Respite is paid for with 100% State funds and is capped at $3,000 annually. This service is designed to be used as needed, up to the amount budgeted.

Housing Subsidy

Individuals who choose to live independently or who share a living environment may be able to include a housing subsidy in their budgets. The amount of the Housing Subsidy is calculated based on income and depends on the Housing and Community Renewal payment standards.

Live-In Caregiver

Live-in Caregiver is a service that utilizes an unrelated care provider who resides in the same household as the participant and provides as-needed supports to address the participant's physical, social, or emotional needs so that the participant can live safely and successfully in his or her own home.

The Live-in Caregiver must not be related to the participant by blood or marriage. The Live-in Caregiver must also go through any required background check(s) performed by the FI before they can begin services.

Glossary of Terms

- **Broker:** a professional who educates the person/family on Self-Directed service options, and assists the person in developing a Self-Direction budget, writing Staff Action Plans and facilitating Circle of Support meetings.
- **Budget Authority**: one of two "authority" choices in Self-Direction in which the person/family has the authority to make budget decisions, including hourly staff pay, in addition to hiring, terminating and supervising staff.
- **Care Manager (CM):** a professional, selected by the person and/or family who helps the person access supports and services.
- **Circle of Support**: consists of the person, the Support Broker and the Care Manager. The person may choose to invite other family, friends and professionals who are committed to helping him/her live a self-directed life.
- **Developmental Disabilities Profile (DDP-2)**: a needs-assessment tool. Scores from this assessment are used in developing the Personal Resource Allocation for the Self-Direction budget.
- **Developmental Disabilities Regional Office (DDRO):** OPWDD's local offices which oversee and coordinate delivery of Medicaid Waiver services.
- **Employer Authority:** one of the two "authority" choices in Self-Direction in which the person/family makes staffing decisions only. The hourly pay are set by the provider agency contracted by the person/family to provide staffing.
- **Fiscal Intermediary (FI)**: a not-for-profit agency that serves as "employer of record" for Self-Direction plans with Budget Authority. The FI conducts background checks, collects service-related documentation, pays for or reimburses for budget-approved goods and services, and provides payroll/benefit services.
- **Individual Directed Good and Services (IDGS):** services, equipment or supplies not otherwise available through OPWDD's HCBS Waiver or through regular Medicaid that address an identified need in a person's ISP.
- **Lifeplan:** a document prepared by the care manager and based on information gathered from the person during Person-Centered Planning. The Lifeplan provides a detailed profile of the person, and identifies natural and community supports, Medicaid State Plan and/or Medicaid Waiver supports, and safeguards necessary to help the person achieve their dreams.

- **Medicaid Waiver:** an authority granted to states by the federal government to develop delivery or payment methods for Medicaid supports, such as Self-Direction, that are a departure from those approved in the Medicaid State Plan.
- **Office for People with Developmental Disabilities (OPWDD):** state agency responsible for coordinating services for people with developmental disabilities.
- **Person-Centered Planning:** a process that aims to understand the person's vision for a meaningful life, considering his/her strengths and abilities, needs, and planning for outcomes consistent with that vision; This process takes place through a series of conversations between the person, family (as needed), the CM, and/or Support Broker.
- **Personal Resource Allocation (PRA)**: the maximum amount of money, based on the needs-assessment, which can be budgeted to pay for the person's supports and services.
- **Self-Direction Budget:** a detailed budget developed by the Support Broker using an OPWDD-provided Excel template with an itemized amount of money to be allocated for supports and services included in a person's Lifeplan.
- **Self-Direction Information Session**: a training session, conducted by the Self-Direction Liaison at the local DDRO, for people/families seeking to self-direct their services and supports.
- **Self-Direction Liaison:** a DDRO staff-member who provides training on OPWDD's Self-Direction option to people/families, Support Brokers and Fiscal Intermediaries; Liaisons also review and approve Self-Direction budgets.
- **Staff Action Plan:** staff action plans provide self-hired staff with valued outcomes identified by the person in their plan, and the supports and safeguards staff are expected to provide to help achieve those outcomes.
- **Start-Up Budget:** a preliminary budget developed by the Support Broker and sent to the Self-Direction Liaison for approval. Once approved, the process of developing the comprehensive Self-Direction Budget can begin.

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