

Medicaid

State-Directed Care vs. Self-Directed Care

Medicaid pays for services through many programs that help you live in your own home or community. If you have a disability, are aged, or have a chronic condition such as diabetes, heart disease, or high blood pressure, you may be eligible to receive the care you need through one of the programs.

As a Medicaid beneficiary, you can maintain your independent living by receiving services managed by a State agency or a State-contracted health care organization, or you can choose to self-direct your care. The options and rules vary by State. Contact your State Medicaid agency for more information.

State-Directed

- The standard delivery system is fee-for-service, but States are increasingly moving to managed care and other integrated care models.
- Managed care provides for the delivery of health benefits and additional services through contracts between State Medicaid agencies and managed care organizations.
- A case manager provides services to assist individuals with gaining access to needed services.
- **Examples:** Assisted living facilities, adult family homes, and home health agencies.



Self-Directed

- An alternative to traditionally delivered and managed services allows individuals to be responsible for managing all aspects of service delivery.
- When you self-direct your care, you or your representative decide who provides services to you and how they are provided. You must ensure your services are provided and documented so that you and your caregivers can be paid by the Medicaid program.
- A supports counselor assists you with directing your services and is a liaison between you and the program.
- **Examples:** Home and Community-Based Services, such as Personal Care Services and Hospice Care, provided in your home.

