

Taking Informal Supports into Account when Developing Service Plans/Plans of Care

Overview

In response to a request from a state, NASUAD sent a survey to the state agencies in order to better understand what other states have encountered, developed for policy, or are considering for policy around informal supports and their inclusion in service plans/plans of care, especially for individuals being served by managed care organizations.

Twenty-two states responded to this inquiry, including: Alabama, Arizona, California, Colorado, Delaware, Idaho, Illinois, Indiana, Iowa, North Carolina, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Virginia, and Washington.

Response Summary

States were asked if they had policies in place for their Long Term Services and Supports Medicaid programs that required informal supports be taken into account when developing an individual's service plan. Of the states responding, 18 replied "yes" to this question, and only one state replied "no".

In their comments most states explained that, when developing an individual's service plan, case managers are trained to identify any possible informal supports available to that individual in order to include these supports in the service plan. Several states noted that available informal supports are taken into account when determining the amount of services an individual can receive, while other states gave options for payment of informal supports provided by family or friends. Finally, many states emphasized that paid services were intended to augment services available, but not replace the informal supports already used by the individual.