

1915(j) Self-Directed Personal Assistance Services

Overview

The 1915(j) authority allows a state to provide individuals the option to self-direct personal assistance services (PAS) and related services under the Medicaid state plan or a 1915(c) waiver.

Administration

The 1915(j) operates as a companion to a state's approved state plan amendment (SPA) for traditional PAS or a 1915(c) HCBS waiver that offers PAS.

Services allowed under the 1915(j) include:

- Personal care or related services;
- HCBS otherwise available under the state plan or an approved 1915(c) waiver; and
- At the state's discretion, items that increase the member's independence or substitute for human assistance.

Under this authority, the state can:

- Limit the population eligible to receive self-directed PAS.
- Limit the number of members who self-direct their PAS.
- Limit the self-direction option to certain areas of the State or offer it statewide.
- Establish a waiting list.

The 1915(j) is not subject to the statewideness and comparability requirements of Medicaid.

Members voluntarily or involuntarily disenrolled from 1915(j) must have access to other PAS services under the state plan or a 1915(c) waiver. Members may be eligible for and receive services from multiple HCBS authorities simultaneously, so long as the person-centered service plan ensures no duplication.

1915(j) may be operated concurrently with other authorities, for example 1915(a) or 1915(b).

Eligibility

Members must be eligible for and receiving services under either the state plan or a 1915(c) waiver.

Section 1915(j)(1) requires that the self-directed PAS state plan opportunity be available to members for whom there has been a determination that, but for the provision of such services, would require and receive State plan personal care services or section 1915(c) waiver services. The state may elect to target this benefit to specific populations.

Program Design

At the state option, members enrolled in 1915(j) can hire legally liable relatives; manage a cash disbursement; purchase goods, supports, services, or supplies that increase their independence or

substitute for human help; and use a discretionary amount of their budget to purchase items not otherwise listed in the budget or reserved for permissible purchases.

The member may not reside in a provider-owned or -controlled setting.

Reporting Requirements

The state must submit an annual report to CMS on program expenditures and number of members served, and states must provide a program evaluation to CMS every three years.

Additionally, the state must implement a quality assurance and improvement plan and provide system performance measures, outcome measures, and satisfaction measures that will be monitored and evaluated.

Statute & Regulations

- Social Security Act Section 1915(j)
- 42 Code of Federal Regulations (CFR), Part 441, Subpart J: Optional Self-Directed Personal Assistance Services Program

1915(j) in Other States

As of October 2009, seven states currently operate a Section 1915(j): Alabama, Arkansas, California, Florida, New Jersey, Oregon, and Texas.¹

State	Companion to State Plan	Companion to 1915(c)	Statewide	Cash Option	Limits # of participants	Allows payment to LRI
Alabama		X		X	X	X
Arkansas	X	X	X	X	X	
California	X		X	X		X
Florida	X	X	X			X
New Jersey	X		X	X		X
Oregon		X	X	X		X
Texas	X		X			X

¹ https://www.advancingstates.org/sites/nasud/files/hcbs/files/162/8092/Opening_Linda.pdf