

Introduction

Support brokerage is a key component in the Cash and Counseling's consumer-directed service delivery model¹. This model has since been endorsed by the Centers for Medicare and Medicaid Services (CMS) through the Independence Plus waiver option. According to CMS, the support brokerage function provides support and training to assist individuals to make informed decisions about what will work best for them, such as identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services.² Concrete examples of support and training include providing information on recruiting, hiring, and managing workers and assisting participants in developing effective communication and problem solving techniques.³ In contrast to the traditional case manager, the support broker or community liaison's role is envisioned to be working in partnership with the participant while the participant retains the decision making role.

Responsibilities of Community Liaisons and Support Brokerage Agencies

Within the Real Choice Pilot, the support brokerage component was implemented primarily through the community liaison and the support brokerage agency. The support brokerage agency contracted, trained, and supervised the community liaisons (or in some cases used internal staff to be community liaisons). Once chosen by the participant, the community liaison, in turn, became responsible for providing general support to the participants and/or their representative to self-direct their budgets. Specifically, community liaisons were to:

- train participants on skills to self-manage, including how to develop and monitor their spending plans and budgets (this includes the provision of support with fiscal forms as needed);
- educate the participant (and/or representative) on the Pilot's policies and procedures, which included the roles and responsibilities of the consumer (and/or representative), support brokerage agency, community liaison, and the fiscal intermediary;
- provide general information on community resources to the participant (and/or representative);
- meet with the participant once each month in-person (at minimum) to answer questions and provide training (as well as document these meetings); and
- communicate with the support brokerage agency on general progress and barriers related to the participant.

In addition to providing community liaison support, the support brokerage agencies responsibilities also included:

¹ The support broker is known as the "consultant" in Cash and Counseling.

² Independent Plus 1915c Waiver Version

³ Ibid

- outreach and enrollment,
- assessment,
- assuring individuals stayed within their individual budgets,
- approval of spending plans and their modifications,
- quality management, and
- overall day-to-day non-fiscal administration of the Pilot.

In addition, management of the support brokerage agency participated in monthly meetings with CHPR to address implementation challenges and identify solutions.

In practice, community liaison responsibilities sometimes overlapped with the responsibilities of their supervisors within the support brokerage agency. This was attributed to several factors. First, the newness of the model meant that community liaisons did not always know how to respond to participants' questions and therefore looked to their supervisors to help address the questions. Second, the limited time allowed for upfront training due to required grant timelines during the first year may have been a factor. Third, the relatively small size of the Pilot may have made the involvement of community liaisons' supervisors more feasible. Although this overlap was understandable for the reasons described above, clear and distinct roles between the community liaison and others⁴ may lead to more efficient practices for larger implementation.

Support Brokerage Agencies and Their Implementation Models

In the first year of the Pilot, Elder Services of Worcester Area (ESWA), an Aging Services Access Point (ASAP) case management agency, and Southeast Center for Independent Living (SCIL), an independent living center, were subcontracted as support brokerage agencies using a Request for Proposals process. After the first year of the Pilot, the support brokerage subcontract previously awarded to SCIL was transferred to Options Supported Living (Options) Program, a program of Cerebral Palsy of Massachusetts (CPM). This transfer was made because SCIL lacked internal resources to successfully implement the Pilot. Options was requested to participate given that they were ranked second behind SCIL during the proposal review process. ESWA continued to be the support brokerage agency for Central area participants.

Choosing two distinctly different agencies to administer the support brokerage component of the Pilot was intended to help the Collaborative Team⁵ understand the potential infrastructure support needed to implement this model (or a similar model) on a larger scale. Pilot experiences have underscored the importance of adequate internal staffing and knowledge of and experience with self-direction models and philosophy, at the individual staff and agency level. Many variables appear to hinder effective implementation. Although some of these variables are

⁴ Role ambiguity between support brokerage and fiscal intermediary is addressed in the fiscal intermediary report.

⁵ The Real Choice/Independence Plus grants' decision-making entity.

still unknown, specific variables may have had a positive influence on implementing this model. A description of these variables as well as of the support brokerage agencies is provided below.

Elder Services of Worcester Area (ESWA)

ESWA, founded in 1974, is one of the 27 Aging Service Access Points funded by the Massachusetts Executive Office of Elder Affairs to provide case management to elders. ESWA is a private non-profit corporation with the mission to “maximize the independence and self-determination of elders age 60 and older with services that will enable them to live in their own homes, preventing or postponing the need for institutional care.”⁶ ESWA serves 2,300 elders on a monthly basis and employs approximately 178 people in administrative, intake, protective, and case management functions. To provide access to services for clients, ESWA subcontracts with direct service providers, such as home care agencies and transportation companies. In addition, ESWA has been operating a consumer-directed Pilot program for two years to allow approximately 25 elders to hire friends and family as personal care workers.

As an agency with an established infrastructure to provide case management and contracted services to elders, ESWA was prepared for the administrative responsibilities and the intense resource strain of a new model. For example, ESWA had ready resources to perform outreach, assessment of participants’ needs, and community liaison supervision. In addition, ESWA also used the tools and lessons learned from their current consumer-directed program to prepare for this Pilot.

Although internal resources were available to initiate the Pilot, ESWA called on external individual contracts to implement the community liaison role. These external contracts were meant to ensure that community liaisons were chosen by the individuals themselves and met the diverse needs of a population that ESWA does not traditionally serve (inclusive of individuals with a diverse range of disabilities under the age of 60 years). The strengths and weakness of this external contracting model are further described below.

ESWA’s access to an already established infrastructure of agency and program management allowed them to absorb the intense resource needs for this new model and to ensure a timely start-up. Provider agencies similar to ESWA that have standardized processes in service delivery may be challenged by a model that needs to be flexible and individualized to be successful. For example, participants in the Central area had different levels of skills and therefore needed different levels of support brokerage in order to self-direct, e.g., some were very capable of making decisions but needed assistance with paperwork, while others benefited from more support or encouragement to make decisions. Nonetheless,

⁶ Swan, Lou. Elder Services of Worcester Area’s Proposal to UMMC/CHPR’s RFP, March 26, 2004. p. 1.

some community liaisons applied the same level and type of support to these participants, regardless of their very different skill sets and needs for support.⁷ To successfully support these participants, support brokerage would require individualized methods of support based on the participant's specific needs (see Table 7 of this section for a snapshot of ESWA.)

Southeast Center for Independent Living (SCIL)

SCIL is one of the 11 independent living centers within the Commonwealth of Massachusetts. SCIL's operating philosophy is to "empower persons with disability to gain and maintain their independence in the community."⁸ As an independent living center, at least 50 percent of SCIL's staff (and board of directors) must be people with disabilities. SCIL's core programs include peer mentoring, advocacy, information and referral, and independent living skills training. In addition, SCIL operates a transportation-for-work program funded by the Association of Programs for Rural Independent Living grant for individuals living in rural areas.

SCIL's mission and independent living philosophy is compatible with the Real Choice Pilot model of consumer direction. Because staff was already trained in consumer direction, SCIL was able to re-assign some skills trainers as community liaisons to meet the cross-disability requirement of the Pilot. Since these community liaisons were experienced in supporting individuals to seek the specific skills needed to succeed with independent living, they were experienced with providing the level of support needed by the participants while encouraging independence. The benefits of having community liaisons in-house are further described below.

Although SCIL's mission appeared more compatible with the Pilot's goals, it did not ensure success in implementation due to challenges related to existing infrastructure and resources. Specifically, as an independent living center, SCIL's traditional role in information and referral, peer mentoring and counseling did not require the significant staff resources and support that became critical in implementing this new model, e.g., supervision of community liaisons and other timely administrative responsibilities of a support brokerage agency. SCIL devoted significantly less staff time to administrative responsibilities, such as outreach, assessment, and supervision of community liaisons than Elder Services of Worcester Area and later Options. As a result, training and supervision of community liaisons were compromised. This, in turn, had a direct impact on the level and quality of support provided to participants. In March 2006, by mutual agreement between SCIL and CHPR, SCIL transitioned the support brokerage role to the Options Supported Living Program (see Table 7 of this section for a SCIL snapshot.)

⁷ Focus group with community liaisons

⁸ Sabino, Michelle. Southeast Center for Independent Living. November 28, 2006.

Options Supported Living Program

The Options Supported Living Program, part of the Cerebral Palsy of Massachusetts (CPM), was established in 1987. Their mission is “to provide a continuum of community-based and center based services that supports the efforts of children and adults with developmental disabilities to live as independently as possible in the least restrictive and safe environment.”⁹ Options’ major responsibilities include administering the Massachusetts PCA program and Massachusetts Rehabilitation Commission’s Supported Living program, both of which are consumer-directed programs where consumers can hire and manage their own workers. Overall, CPM, including Options, serves about 2200 individuals of all ages through these programs.

Options became a support brokerage agency for the Real Choice Pilot in April of 2006. Although Options was not responsible for tasks at the start-up of the Pilot, e.g., outreach and enrollment, Options became responsible for the provision of community liaison support and ongoing monitoring as outlined above. During the transition from SCIL to Options, participants were provided the option to keep their community liaison or to receive one provided through Options (Options was willing to continue community liaison oversight provided by SCIL for continuity). Options trained a pool of their skills trainers for the community liaison role in case they were needed. Participants who requested a new community liaison interviewed several potential community liaisons trained by Options and each selected the individual they wanted. Three out of the six participants in the Southeast decided to change their community liaisons. Participants who requested the change did so with the hope of a more informed community liaison.

Although fairly new to the implementation of this model, it appears that Options had both the skills and resources for successful implementation. As a Personal Care Attendant (PCA) agency, Options was familiar with the training and management required for a consumer-directed model where participants hired their own workers. For example, skills trainers provided through Options (who were also tapped into for the community liaison role) were knowledgeable about their role in supporting individuals who needed to learn to manage their own workers. In addition, as a supported living provider for MRC, Options had acquired skills in supporting individuals not typically considered able to manage their own services.¹⁰ Examples cited by Options’ community liaisons¹¹ included their ability to work with individuals to brainstorm ideas while not making decisions for the individual, and their ability to effectively describe the pros and

⁹ Zukauskas, Thomas and Ann Shor. Cerebral Palsy of Massachusetts’ Proposal to CHPR’s RFP. March 25, 2004, p.1.

¹⁰ This model, funded by the Massachusetts Rehabilitation Commission, allows individuals who do not have access to a surrogate to receive such support from Options in order to participate in the PCA program.

¹¹ As reported by focus group participants

cons of decisions to ensure the individual was an informed decision maker. Options' understanding of independent living philosophy and their ability to work with consumers with diverse disabilities and diverse needs proved to be beneficial to their support brokerage role (see Table 7 of this section for a snapshot on Options).

Table 7: Real Choice Pilot Support Brokerage Agencies—A Snapshot

	Elder Services of Worcester Area	OPTIONS	Southeast Center for Independent Living
Years in existence	32	19	20
Geographic regions traditionally served	Central Massachusetts	Eastern Massachusetts	Southeastern Massachusetts
Services traditionally provided	Case management*, Homemaker, PCA, Transportation, and Other Elder Waiver Services	Personal Care Attendant Program and Supported Living	Peer counseling, skills training, advocacy, informational and referral, housing acquisition and modification, vehicle modification, Transition to Adulthood for youths aged 14-22, computer training
Funding agencies	Elder Affairs, United Way, Local Funding, and Area on Aging Funding	MassHealth, Massachusetts Rehabilitation Commission, Department of Mental Retardation, SHIP	Massachusetts Rehabilitation Commission
Populations served (disability types and total served)	Elders 60 and over (2,300 served per month)	Cerebral Palsy, Spinal Cord Injury, Stroke, Multiple Sclerosis, Traumatic Brain Injury, Mental Retardation, Alzheimer's, Autism (3,000 served per month)	Self-directing persons with disability of all ages who reside in the 18 cities and towns of Southeastern Massachusetts (354 individuals served in fiscal year 2006)
Number of full time staff*	Approximately 125	40	9

*Case management is the primary direct service provided by Elder Services of Worcester Area. Other services are provided through subcontracts with other agencies. Source: Elder Services of Worcester Area and Options staff and SCIL website

Key Design Issues for Implementation of Support Brokerage

Consumer-Driven Philosophy of Support Brokerage Agency

It is generally recognized that different agencies and disability populations have varying levels of experience with consumer-directed models.¹² Within Massachusetts and across the nation, individuals at agencies that adopt a consumer-directed philosophy such as independent living centers, Personal Care Attendant program providers, and supported living programs approach supportive services differently than other agencies that do not have a consumer-directed approach. Nevertheless, there are many provider agencies that have adopted a consumer-driven (delivery of services driven by the needs and preferences of consumer) approach into their management and service delivery systems.

Pilot implementation suggests that an understanding of the philosophy behind consumer direction *and* direct experience with consumer-directed services strengthen implementation. For example, some community liaisons (both in ESWA and SCIL) with no previous direct experience with consumer direction believed that this model was suitable for individuals with specific attributes, e.g., task-oriented individuals. This belief may be partly attributed to these community liaisons' having not seen that consumer direction varied from person to person but can work for different participants, provided the necessary support is in place (as evidenced by current supported living models). In contrast, some community liaisons with direct experience with consumer direction understood that participants have different styles and pace of self-direction and therefore were more comfortable with supporting participants of different abilities, even when their decisions were different from the community liaison's desire or when tasks took longer to accomplish.

As described above, different agencies bring different strengths to consumer direction. Agencies with little or no consumer direction experience can develop or strengthen their consumer direction capability. For example, agencies can perform their own assessment of the strengths and weaknesses as they relate to the consumer direction philosophy and dedicate ample time to learning the philosophy and practices related to a consumer-directed approach. A continuous self-assessment of practices to assure that traditional ideology does not work its way into a consumer-directed model may be integral to success. For more information regarding support brokerage training, see Ken Schlosser's report entitled *Support Brokerage in the Real Choice Pilot: An Analysis of Experiences and Perceptions of Consumer Directed Agency's Staff*. (This report can be found at <http://www.communityfirstgrant.org/relatedactivity>).

¹² Consumer-directed models (models in which consumers have direct management of their services) should be distinguished from person-centered planning or services, in which a consumer's choice may be considered but may not always drive service utilization decisions.

Level of Consumer Choice of Individual Support Broker

Pilot participants were given the opportunity to choose their community liaisons. Participants were asked to identify their community liaison at the time of their assessment, and the selected community liaison would then be required to attend community liaison training. Upon their participation in a training provided by the support brokerage agency¹³, all community liaisons were paid by the support brokerage agency for the support they provided to participants.

Participants identified their community liaisons in various ways. About half of the participants tapped into their current supports for the community liaison support. Specifically, several Central and Southeast area participants asked their current social services case manager or their skills trainers to be their community liaison. Those who did not already have a community liaison in mind were offered a small list of already trained community liaisons (in addition to receiving some information on the community liaisons' experiences and expertise) from which they could choose. This option seemed to be beneficial to individuals who did not already have a strong connection to any particular individual with resource knowledge within their own community. In the Southeast area, some participants asked their friends or family members to serve as their community liaisons.

Providing full choice of the community liaison at the time of enrollment (as well as for the duration of the Pilot) can confer benefits, both philosophical and practical, for the participants. This choice can, however, also present some challenges for implementation. Benefits and challenges are discussed below.

Consistent with Consumer Direction Philosophy: Allowing consumers to identify their own community liaisons is consistent with consumer direction and control. Because the community liaison played a significant role in training and support for the individual, allowing the participant to choose this support served to increase consumer choice and control, tenets of consumer direction.

Knowledge about Participant's Needs: Choice of community liaison allows participants to build on their existing network of informal or formal supports or relationships. This process allows the community liaison to be someone who is already aware of the participants' needs and preferences, rather than someone with whom the participant needs time to build a relationship. For example, some participants reported¹⁴ that the community liaison who had been their case managers understood their medical and long-term support needs.

Increased Consumer Satisfaction: Choice of community liaison also empowers the individual to choose a match that best meets their needs, which may have a

¹³Community liaisons in the Central area received a background check. Although SCIL participants were offered CORI checks for community liaisons, participants who chose family and friends for community liaisons declined to run background checks.

¹⁴ Participant interviews

direct impact on the consumer's satisfaction with their community liaison as time progresses. For example, some participants were satisfied with the community liaisons they had chosen even when the community liaison did not necessarily know answers to their questions. They were more understanding because the relationship and trust had been established.¹⁵ Similarly, the Southeast participants whose community liaisons were considered their friends retained these community liaisons despite their occasional differences of opinions with their community liaisons.¹⁶

Although complete choice in community liaison is consistent with the philosophy of this model, there are particular challenges that need to be taken into consideration when an agency implements this model. These challenges are described below.

Lack of Informed Choice: From the participants' perspective, having to choose a community liaison early in the program could be difficult and stressful since it may be unclear what kind of assistance they may need and therefore what type of community liaison is desirable. Although participants were informed that they could have a community liaison of their choice, some participants may have been at a loss as to who to designate as their community liaison. For example, although one participant expressed dissatisfaction with her community liaison, she felt that she knew no one else who could execute these responsibilities more competently. Similarly, several other participants who were not satisfied with their community liaisons did not request to change their community liaisons until alternatives were offered.

Ongoing Training, Support, and Supervision: Allowing participants to choose anyone as a community liaison requires the support brokerage agency to train a highly diverse group that has various levels of understanding of consumer direction and types of skills to assist participants. This training can be highly challenging, time consuming, and financially costly given the potential turnover at any point after they are trained. Three community liaisons in the Southeast area who were identified by the participants withdrew due to competing responsibilities not related to the Pilot. When subcontracting for community liaison support, ESWA and SCIL were challenged with the responsibility to ensure that the community liaisons were trained on changes within the Pilot because these community liaisons were not physically located in their agency. ESWA also found it difficult to ensure adequate supervision given the same challenge. Pilot experiences suggest that the provision of complete choice of community liaisons will require continuous, rigorous, and systematic training and supervision of community liaisons.

¹⁵ Focus group participants

¹⁶ Participant interviews

Table 8: Affiliations of Community Liaisons in the Real Choice Pilot

	Number			Current Total (unduplicated)
	ESWA	SCIL	Options	
Outside case managers/skills trainer	4	0	1	5
In-house case managers/skills trainers	0	4	3	7
Friends/family	0	4	1	4
Total	4	8	5	

Note: Some community liaisons had more than one participant.

Source: CHPR Analysis of Data Provided by Support Brokerage Agencies

Responsibilities of the Community Liaison

Community liaisons' tasks can be informally categorized as administrative support and more substantive support. Administrative support included modifying spending plans as needed and submitting them to the support brokerage agency and fiscal intermediary, completing and/or assisting participants to complete expense reports or timesheets for reimbursement or payment, and serving as liaison with the fiscal intermediary or support brokerage agency to help answer participants' questions. Substantive support consisted of advising participants on worker issues, addressing questions related to which items to include on spending or purchase plans, and other problem solving tasks. It is important to note that the intensity of support and the type of support provided by the community liaison depended on the needs of the participant.

The single most time-consuming responsibility of community liaisons was to assist participants with the development of the spending plan. In general, the total time required from the community liaison to assist the participant in developing the spending plan ranged from three to six hours. The initial spending plan development in the first budget cycle took more time than subsequent ones, including spending plan redevelopments (some Southeast participants redrafted their spending plans with the help of their new community liaison when Options was appointed as support brokerage agency.)

In general, community liaisons from the Central area spent less time providing substantive support than administrative support. Given that these community liaisons apparently felt the need to keep their time spent with participants close to two hours a month, community liaisons did not feel they had sufficient time to provide the necessary support such as training and problem-solving.¹⁷ This scenario may have also been due to these community liaisons being more experienced to provide administrative support than substantive support or brokers thinking their only role was to provide the administrative support.¹⁸

¹⁷ Focus group with community liaisons.

¹⁸ Ibid

For community liaisons who felt less bound by the hour limitation and for participants willing to receive the assistance, the hours spent ranged from four to 10 hours a month. This may be related to the newness of the model as other states have seen a decrease in support brokerage support as individuals have become more comfortable with the model.¹⁹ This may also be due to community liaisons taking on tasks better suited for personal workers, representatives (more detail below), or the individual themselves. To help increase independence (while limiting the community liaison hours), participants who need and want more intense support could be assisted to purchase tools to self-manage, such as hiring workers, to meet this need. Further, the tasks completed by the community liaisons and whether or not such tasks fit in their outlined scope of work should be examined to help support brokerage agencies ensure that an appropriate level of assistance is provided (see Table 9 for a snapshot of community liaisons' hours by agency.)

Table 9: Real Choice Pilot—Community Liaisons’ Hours per Month by Agency

	ESWA	OPTIONS/SCIL
Average for 1 st year enrollment	2-4	3.6-7.6

Source: Support Brokerage Agencies

Training for the Support Brokerage Responsibilities

It is generally assumed that a consumer-directed model needs less program or administrative resources than traditional provider-based models. Pilot experiences suggest the opposite may be true for several reasons:

- a) With any new model comes new learning for program staff. The amount of time required to educate administrative staff and community liaisons on the model, policies, and procedures is significant. In addition, ongoing training and support also needs to take place to address unanticipated challenges and questions from community liaisons and participants.
- b) As a new model is implemented, new policies and strategies need to be designed (or current policies may need revising), implemented, and communicated to staff, community liaisons, and the participants on a routine basis. In addition, significant time is required to ensure policies are being implemented consistently and transparently.
- c) Consumers need to be informed consumers. It is not enough within the Independence Plus model to appoint a consumer as the decision-maker and for the agency to wait for those decisions to be made. Instead the support brokerage agency is responsible for ensuring the individual has access to the information and support to make decisions, e.g., how to manage workers (particularly difficult ones) and how to prioritize needs given a set budget.

¹⁹ Cash and Counseling

- d) Not all people require the same level of support. This model is not a one-size-fits-all model. People with diverse needs and disabilities can direct their supports when provided the necessary support. For some individuals, the level of support can be intensive up front but decrease over time. For others, support is continuously intensive. Within this Pilot, it was found that individuals with significant mental health disabilities required more intense support than participants without mental health disabilities.²⁰ Participants with strong family supports relied less on their community liaisons than those without such support. Furthermore, some participants were living in nursing homes or had a history of nursing home admissions, requiring significant support up front for transition and/or risk planning. A better understanding of how this model impacted individuals with different disabilities is further explored in Ken Schlosser's report on Support Brokerage, which can be found at <http://www.communityfirstgrant.org/relatedactivity>.

To help meet some of these training demands, the Real Choice Pilot required orientation and formal training on various levels. Participants were required to receive orientation upon enrollment and ongoing training as needed from their community liaisons. Community liaisons were required to receive initial training and ongoing training as needed from the support brokerage agency. In addition, community liaisons and support brokerage agency staff participated in monthly seminars/trainings with an outside consultant who had both personal and clinical expertise in empowerment models serving disenfranchised populations. Community liaisons used this opportunity to learn effective strategies for working with participants. The consultant's report on findings and recommendations regarding the training of community liaisons can be found at <http://www.communityfirstgrant.org/relatedactivity>.

Training Modules for Support Broker

Pilot experiences demonstrate a strong need to provide training on a routine and consistent basis in order to establish a knowledge base among community liaisons, while assisting community liaisons to meet participants' individualized training needs as well. Given the complexity of the program, it is important to "train the trainers", which includes consistent training of both community liaisons and management staff. Simultaneously, participants should receive adequate training on their rights *and* responsibilities, including how these differ from traditional models.

Training (for the community liaison and the participant and/or representative) should include:

- Overall purpose and goal of the model
- Consumer direction philosophy

²⁰ Community liaisons' time spent with participants each month, as reported in community liaisons' monthly contact report.

- Model limitations (i.e. purpose of the budget is for Medicaid long-term community-based supports)
- Policies and procedures, including reimbursement/payment methods
- Spending plan development process, including allowable versus non-allowable expenses, prioritization of need, and methods to shop
- Circumstances that may warrant a re-assessment to adjust the budget
- Emergency back-up planning and funding
- Worker identification and management
- Nursing home/hospital transition planning (as needed)
- Risk planning, such as nursing home diversion/hospitalization prevention
- Collaboration techniques with other support agencies and informal supports to assist participants in meeting participants' goals
- General problem solving, e.g., creative ways to seek a service or item
- Available community resources

Role of the Surrogate/Representative

Pilot methods designed by the Collaborative Team did not allow for support brokerage agencies to mandate a representative for participants who seemed to need assistance with decision-making or fiscal management. In contrast, PCA program applicants who were assessed as needing a representative (known as a surrogate in similar models) were not eligible until they had identified a surrogate. The representative is an individual who is appointed by the participant to assist the participant to make decisions pertaining to the individual's budget. Examples of assistance may include recruiting and managing personal workers, preparing payroll sheets, identifying potential services and supports, and monitoring the budget. The use of the representative should differ based on the needs of the individual since the representative's role is designed to take a back seat when the individual can make decisions (being involved in some aspects of decision-making, but not necessarily all).

Only one participant in the Pilot had a representative. A high-level of reliance on the community liaison suggests that representatives may have been under-utilized for several reasons. First, there appeared to be a general apprehension among participants (especially from those who identified as having a mental health disability) that a representative would hinder the participant's control and self-direction and not act in the best interest of the individual. Second, some participants who may have benefited from this level of support did not have informal supports that they trusted to provide this assistance. As a result, community liaisons provided more support than anticipated, often filling the gap of the representative to ensure the participants received the support necessary to self-direct their budget.