**Fixed or Flexible – As of May 20, 2014**

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| **Fixed** | **Midway/Undecided** | **Flexible** |
| Want to be as fiscally responsibly as possible | Flexible, but need to be realistic about what is possible | Definition of “attendant care” – is it the same or different than personal care? |
| Too much flexibility may require too much administrative dollars | Choice/control and opportunity to think about personal care differently | DDS has heard from consumers and families that they prefer flexible |
| Identify most important services for people and attach dollars to those services |  | May create an opportunity for community to be involved differently |
| Concern about complexity and driving staff/administrative time |  | Consistent with principle of person-centered planning |
| Do not have system capacity to spend the time with consumers explaining the choice |  | Choice is good; individuals may want to access different services; however, the system can’t be too complex/burdensome; limited menu to select from |
| Little additional funding at play given the legislative mandate |  | Opportunity to empower people |
| Start with mandated benefit and then look at building towards flexibility |  | Represents individuality of who we are and balance of quality |
| Flexibility presents the unknown – new frontier – and we don’t know if it’s going to work |  | Barriers sometimes are driven by lack of flexibility in mindset |
| People need to know where their money is going |  | Families know what their needs are better than an assessment or the Case Manager – and families want flexibility |
| Want people to receive the services and not have them be at risk because future politicians may make cuts of a flexible package |  | Limited flexibility |
|  |  | Case Managers already have to talk to clients and families about available services |
|  |  | More flexible definition of services |