

Self-Determination Provider Agreement

The Self-Determination Provider is a provider directly employed or contracted by a person using arrangements that support self-determination. The sole purpose of this agreement is to assure compliance with federal Medicaid requirements. This agreement shall remain in effect until such time it must be terminated or modified. Any party can initiate a termination or modification by providing written notice to the other of the desire to terminate or modify this agreement.

Upon receipt of this agreement, Community Mental Health for Central Michigan (CMHCM) will certify the Self-Determination Provider as available to provide services to individuals who is receiving services and/or supports in accordance with their individual plan of service (IPOS) developed in a person-centered planning process, authorized by CMHCM and financed through Michigan's Medicaid Specialty Pre-paid Mental Health Plan.

The Medicaid Provider shall do the following:

1. Accept payment, in form of check(s) or direct deposit from the fiscal intermediary, doing business in the State of Michigan, as payment in full for service(s) or items purchased.
2. Submit timesheets or invoices for services provided. Timesheets submitted are a claim/billing to Medicaid.
3. No additional payments (beyond payment agreed to in the employment or purchase-of-service agreement and paid by the fiscal intermediary) will be accepted directly from individuals using arrangements that support self-determination.
4. Keep records of the service(s) provided or item(s) purchased as required by the individual(s) using arrangements that support self-determination or CMHCM.
5. Provide only the service(s) or item(s) described in the employment or purchase-of-service agreement with the employer (as authorized in the IPOS) and do not exceed the hours set forth in the employment or purchase-of-service agreement except in emergency situations or with authorization from CMHCM.
6. Upon request, provide information regarding the service(s) or purchase(s) for which payment was made to and provide such information and any related invoices or billings, upon request, to the individual using arrangements that support self-determination, CMHCM, the State Medicaid Agency, the Secretary of the Department of Health and Human Services or the State Medicaid fraud control unit.

Self-Determination Provider Agency/Individual (Employee)

Date

CMHCM Representative

Date