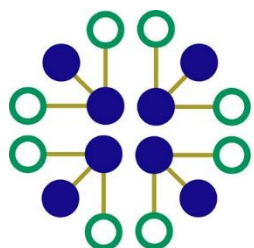


**THE ONLY PERSON YOU ARE DESTINED TO
BECOME IS THE PERSON YOU DECIDE TO BE.**

~ Ralph Waldo Emerson



SELF-DIRECTION AND CHOICE VOUCHER HANDBOOK FOR CONSUMERS



**Community
Mental Health**
FOR CENTRAL MICHIGAN

INTRODUCTION

It is the policy of Community Mental Health for Central Michigan that opportunities for self-direction are available to all adults with developmental disabilities and adults with mental illness. Choice Voucher arrangements are also available for children with developmental disabilities and severe emotional disturbance.

Consumers have the option of selecting an independent facilitator to begin the process of implementing a self-direction/choice voucher arrangement. Consumers shall have the authority to select, control, and direct approved medically necessary services and support arrangements, through the management of the resources allotted in their individual budget.

Promoting self-direction for individuals with significant service and support needs requires a shift from the approaches that fit people into an existing service array to approaches that are truly person-centered and person-controlled.

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SELF-DETERMINATION vs. SELF-DIRECTION WHAT IS THE DIFFERENCE?

Self-determination (SD) is a value that promotes authority over an individual's life. It involves making choices and taking responsibility of his or her life. Self-Determination is important because it means that all people have the freedom to decide how they want to live their lives, where, and with whom. To that end, relationships with others must be encouraged to grow and be protected. All individuals have the ability to contribute to their community in a meaningful way. Community membership includes having an opportunity to be employed, to have a home, and be involved in the routines of community life. As consumers gain control over their lives and resources, they assume greater responsibility for their decisions and actions and will receive the support they need to do so. This support comes in many forms, not always from a paid support system. In fact, the goal of the support system should be to remove barriers and build self-reliance, and in some cases, this may eliminate the need for paid support staff.

Self-direction is a method of moving away from professional managed models of supports and services. It is the act of selecting, directing and managing services and supports. Individuals who self-direct their services are able to decide how to spend their CMH budget with support, as desired.

The Choice Voucher System for Children provides a concrete set of methods that gives families of children receiving services and supports the meaningful authority to choose and directly hire providers of authorized services and supports.¹

Being prepared is an important starting point for self-direction. Reading the corresponding policies and this handbook will prepare consumers for success throughout the process. CMHCM will support consumers in navigating the responsibilities of self-direction; however, there are guidelines and policies consumers should be aware of before entering into this type of arrangement. All services received must have prior authorization: this means that before a service is provided, it must be evaluated to determine whether there is a **medical necessity** for the service. Medical necessity is further explained on Page 10 of this handbook. If a consumer has any questions they may contact their case manager at any time.

¹ Choice Voucher System for Children Technical Advisory, 2015

PRINCIPLES OF
SELF-DETERMINATION

SELF-DIRECTED
OUTCOME

FREEDOM	Deciding how to live a good life
AUTHORITY	Controlling a targeted amount of hours
SUPPORT	Organizing resources in ways that are life enhancing and meaningful
RESPONSIBILITY	Using public funds wisely
CONFIRMATION	Having a role in redesigning the service system

ROLES & RESPONSIBILITIES

Consumer/Guardian

A consumer's role begins with participation in the person-centered planning process to identify their goals and needs within an individual plan of service (IPOS) under a self-direction or choice voucher arrangement. A consumer and/or guardian should notify their primary case holder of their desire to participate in a self-direction or choice voucher arrangement. The primary case holder and consumer will discuss the different models of self-direction (Direct Employment; Agency Supported; and Purchase of Service). The consumer will determine which model they would like to use. CMHCM then reviews the medical necessity of requested services, approves those that are medically necessary, and guides the consumer in creating a budget and plan. The consumer/guardian then becomes the employer or purchaser of service in the arrangement for self-direction/choice voucher.

Consumers/guardians are also responsible for:

- Signing necessary agreements
- Making sure employees complete required paperwork and training
 - Complete IRS and State of Michigan employer related forms with the Fiscal Management Service/Fiscal Intermediary (FMS/FI).
 - Sign Self-Determination Provider Agreement/Medicaid Provider Assurance
 - Ensure criminal background checks are completed **BEFORE** hiring employees
- Ensuring all required paperwork is submitted to CMHCM and the FMS/FI
- Creating a job description
- Interviewing, hiring and firing employees or providers
- Monitoring and storing supporting documentation for provided services
- Ensuring a **written backup plan** exists in the IPOS if employees do not report for work
- Ensuring all staff have been trained on the IPOS; job description; emergency back-up plan; and have completed all other required trainings **PRIOR** to starting employment
- Managing an annual budget to ensure authorized expenses are not exceeded over the budget period. Monthly budget reports from the FMS/FI should be reviewed by the employer to ensure this is done
- Retain all documentation for a 7 year period
- Approving/Signing and submitting employee timesheets to the FMS/FI on a weekly basis (a work week is Sunday to Saturday).
 - Timesheets should not be given back to the employees after approval

****See the step-by-step process starting on Page 12 for more details about your responsibilities under a self-determination arrangement.**

Case Manager (CM)

A case manager is the individual assigned by CMHCM to assist a consumer in accessing and coordinating services, supports and/or treatment. Case managers are responsible for providing consumers with the necessary information related to self-determination and choice voucher arrangements once requested. A case manager will also:

- Facilitate the person-centered planning process, if the consumer chooses
- Request authorizations for services
- Assist in communicating changes in a consumer's needs
- Partner with consumers to amend their individual plan of services when necessary
- Meet with consumers on a regular basis to assist in monitoring their self-direction or choice voucher arrangement
- Reviews service documentation and FI monthly budget reports with consumer/guardian
- Submit supporting documentation to a consumer's CMHCM file
- Help consumers problem-solve with supports and service providers
- Assist in developing and monitoring a consumer's annual budget
- Ensure consumers and/or their natural supports have been trained on how to manage a self-directed agreement; how to be an employer, and provide on-going training and support as needed.

Self-Direction Employees/Staff

Employees work for the consumer and are responsible for knowing what the consumer's needs, goals, and plans are through review of the individual plan of service.

Employees will:

- Be qualified:
 - At least age 18
 - Able to prevent transmission of any communicable disease
 - Able to communicate expressively and receptively in order to follow the IPOS, support consumer's needs and provide documentation of services provided
 - In good standing with the law (criminal background check)
 - Clear Recipient Rights checks (if something arises, this will be reviewed on an individual basis)
 - Able to perform basic first aid procedures
 - Not a conflict of interest (not the consumer's legal guardian, spouse or person financially responsible)
 - Must have a valid/current driver's license; and if requested by the consumer, auto insurance
- Complete agreements and forms required for employment
- Complete required trainings, including person centered planning (PCP) and recipient rights training
- Provide services outlined in the IPOS when scheduled

- Submit accurate documentation after providing services
- Submit accurate timesheets to employer
- Fill out incident reports for any unusual incidents that occur during their shift and give to the case manager within 24 hours of discovery of the incident.

Financial Management Service (FMS)/Fiscal Intermediary (F.I.)

At no time can Medicaid dollars go directly or indirectly to a consumer, guardian, or responsible party, therefore an FMS/F.I. is used to pay for services and help coordinate self-direction.² The FMS/ F.I. will assist consumers with some of their responsibilities as an employer. The FMS/F.I. is an independent legal entity under contract with CMHCM that receives the money identified in the individual budget from CMHCM and helps a consumer coordinate various employment tasks. When employee timesheets are submitted by the consumer/guardian, the FMS/F.I. makes a payment to the consumer's workers or providers.

An FMS/F.I. also:

- Facilitates the completion of required documents (please see pg. 18 for a list of these)
- Tracks the appropriate trainings for staff
- Completes background checks **before employees are hired and annually thereafter**
- Helps a consumer manage payroll, taxes and some legal responsibilities
- Pays employees after processing time sheets
- Distributes monthly budget reports to the consumer, guardian, case manager and CMHCM
- Communicates with consumer/guardian and CMHCM if there are budget concerns such as over- or under-utilization

CMHCM has contracts with the FMS/F.I. agencies listed below. Consumers are encouraged to speak to their Case Manager about choosing one that works for them.

<u>Financial Management Service</u>
GT Independence 215 Broadus St. Sturgis, MI 49091 (877) 659-4500
Stuart Wilson FI 6300 Schade Dr. Midland, MI (989) 832-5400

² Adapted from Saginaw County CMH Authority Self-Determination Handbook 2016

Community Mental Health for Central Michigan (CMHCM)

CMHCM is there to help consumers/guardians along the way. CMHCM provides initial and on-going training and education for participants of self-directed and choice voucher arrangements.

CMHCM also has the responsibility to:

- Manage contracts with each FMS/F.I.
- Authorize medically necessary services
- Assist in developing a budget related to authorized services

Independent Facilitator

An independent facilitator is an individual outside of CMHCM that consumers may choose to facilitate their individual plan of service meetings during the person-centered planning process. For a list of available independent facilitators contracted through CMHCM, see below or speak with a case manager for more information. This is optional and is available at no cost to consumers.

<u>Independent Facilitators</u>	
The Arc of Central Michigan PO Box 171 Mt. Pleasant, MI 48804-0171 Phone: 989-773-8765 www.arcofcentralmi.org	Tricia Fenby 989-600-0857 Tricia.fenby@gmail.com
Independent Community Living 233 Larkin St. Ste. 1 Midland, MI 48640 www.independentcommunityliving.org	

MEDICAL NECESSITY

Before a service is authorized and provided, it must be evaluated to determine that there is a **medical necessity** for such a service. That means *medical necessity* must be proven. Medical necessity is the scope (what kind), amount (how much and how often) and duration (for how long) of services a person needs based on their current mental health condition or intellectual/developmental disability. When a request for services is submitted to CMHCM, the medical necessity of those services is reviewed. Medicaid is the **payer of last resort**. This means that all other natural supports, community supports, and private insurance resources must be used before Medicaid will pay for a service. The criteria used to evaluate medical necessity are found in the Michigan Medicaid Manual Mental Health/Substance Abuse Section 2.5 – Medical Necessity Criteria. It states:

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.³

Using the criteria for medical necessity, a Pre-Paid Inpatient Health Plan (PIHP) may:

“Deny services:

- That are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
- That are experimental or investigational in nature; or

³ MDHHS Medicaid Provider Manual: Behavioral Health and Intellectual and Developmental Disability Supports and Services, Page 13

- For which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and/or
- Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.”⁴

⁴ MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Page 14

SELF-DIRECTION PROCESS FOR CONSUMERS

1. Consumer informs Case Manager (CM) of desire to start or continue a self-directed arrangement.



2. CM discusses the process and responsibilities with consumer/guardian. This includes reading and discussing the handbook, technical advisory, policies related to self-direction and offering and providing training.



3. CM and consumer/guardian review current Individual Plan of Service (IPOS) for areas and/or services to be included in the self-direction arrangement. **The IPOS MUST contain an Emergency Back-up Plan outlining steps to follow should staff not report to work.**



4. CM works with CMHCM accounting staff to develop a proposed budget for the SD services outlined within the IPOS (this budget includes requested rates of pay, staff hours, holiday, training hours, and vacation times as requested by the consumer/guardian). CM and consumer/guardian discuss and agree on the proposed budget.
 - a. Of note, if there is a change in approved CMHCM services throughout the year, an updated budget will need to be completed and approved to correspond with the IPOS and approved authorizations.



5. The proposed budget is reviewed by CMHCM Accounting, and the Clinical Supervisor for approval. Once approval is provided, the budget is finalized. CM will work with the consumer/guardian to sign the finalized budget.



6. For a new SD arrangement, the budget must be finalized and signed prior to completion of the Self-Direction Agreement. CM will work with consumer/guardian to complete the Choice Voucher/Self-Determination Agreement.

*** Before services can begin, a valid agreement, budget, and authorizations must be in place and consumer/guardian must meet with Provider Network Monitor for onboarding.



7. The FMS/FI will complete background and Recipient Rights checks of all employees. Once employees are approved, the CM will notify consumer/guardian to schedule a meeting with the FMS/FI for completion of payroll-related documents.

*** Each employee must sign a Self-Determination Provider Agreement.



8. Services can begin for new SD arrangements!



9. All employees must complete required training prior to employment. Evidence of this training must be forwarded to the FMS/FI.



10. On-going monitoring of the arrangement should occur by the case manager as well as the employer. The FMS/FI will send monthly budget reports to the employer and CM by the 15th of each month.



11. CM maintains monthly contact with consumer and communicates concerns, issues or proposed changes throughout the year until the annual IPOS is due again or changes to the budget arise.

INTERVIEWING AND HIRING EMPLOYEES

One of the most important steps to a successful self-direction or choice voucher arrangement is the hiring of employees that can meet the consumer's needs.

Here are some important things to remember:

- The employer is THE CONSUMER. Even if they have a guardian, that guardian would then be the consumer's managing employer. The guardian is there to assist consumer with managing their staff, but the employer is THE CONSUMER.
- The employer interviews, hires and terminates the staff that work for them with the assistance of natural supports. The financial management service can help too!
- The employer ensures their staff complete the employee packet and trainings. These documents must be turned in to the financial management service.
- The employer is responsible to stay within the budgeted amount of hours that are agreed upon in the Self-Direction budget. If the budget is not followed there can be consequences, including termination of the self-direction or choice voucher arrangement.
- The employer is responsible to make sure their staff is doing the work that is outlined in their Individual Plan of Service (IPOS) and job description. Staff are paid with Medicaid dollars, and as such, the employer is responsible for ensuring that the employees are providing the services as outlined and being billed at all times.
- The employer reviews and signs all timesheets from staff before sending them to the fiscal intermediary. Of note, the employer should send the timesheets directly to the FMS/FI; timesheets should not be given back to the employees. The employer is to keep copies of all timesheets on file at the employer's location and have them available to their case manager on home visits. Employers should never sign a blank timesheet or one that is known to be inaccurate. Employers must immediately notify their case manager if asked to sign a timesheet they are not comfortable with.
- The employer ensures that staff has completed all initial and annual required trainings.
- If the employer has required that the employees driving record be checked/monitored, the employer will assure that employees' driver's license and auto insurance are both current if they are transporting the consumer.

The financial management service/fiscal intermediary will assist consumers with the hiring process and completion of payroll forms.

Steps to Hiring Employees⁵

Step 1: Preparing for SD Staff

With the case manager and CMHCM accountant, consumers/guardians determine their financial budget and staffing requirements based on the amount, scope and duration identified in their IPOS and the rates they would like to pay their employees.

Step 2: Finding Potential Employees

Consumers/guardians should write out a clear and detailed job description that informs potential employees about what is expected of them. Never assume they know if they haven't been told. See sample Job Description on page 17.

Next, consumer/guardian should advertise that they are looking for someone with the set of skills written in the Job Description. Try online classifieds, job website, social media, college job boards, the local CMH or even word of mouth.

Step 3: Preparing for Interviews

Consumers/guardians look through the responses and coordinate interviews, being sure to carefully review credentials and applications. Keeping a check list handy of exactly what the consumer is looking for in a candidate is helpful. Consumers can have their family, friends or other natural supports assist in going through the applications and give feedback.

Step 4: Interviewing

Schedule interviews!

Remember during the interview process, consumers/guardians should:

- Give a brief introduction about consumer to put the candidate at ease and give them a bit of information about consumer's background/needs
- Review the job description and why consumer is looking for employees
- Give time for the candidate to talk about themselves, their qualifications and any skills that would apply. Character and personality are very important because this person may just become a part of the consumer's life!
- Ask open ended questions that cannot be answered with just "yes" or "no"
- Let the candidate have a chance to ask questions. The more they understand, the better they can perform the job.

Here are some interview questions to consider using in this step⁶:

1. Tell me a little bit about yourself.
2. Tell me about your previous employment. What were your responsibilities?
3. Why did you leave?
4. What was your most challenging job/position?
5. What was your most rewarding job/position?
6. Why does this position appeal to you?

⁵ Adapted from Stuart T. Wilson "Hiring Employees" booklet, 2016

⁶ Adapted from Stuart T. Wilson "Interview Guide" online, 2016

7. How do you handle stress and/or emergencies? Give an example of what you would do if a health issue came up.
8. What are your weaknesses?
9. What are your strengths?
10. What hobbies or interests do you have, and would you share them?
11. What kind of community activities do you enjoy?
12. Do you have a vehicle? Would you be willing to drive?
13. Why do you want to work for us?
14. Describe a difficult work situation and how you overcame it.
15. Why should we hire you?
16. Do you have any questions about the job or duties?

Review questions for you to consider:

- Were they confident?
- Were they capable?
- Would I want them in my home?
- Could they handle an emergency?
- Were they friendly?
- Will they work well with others?

Step 5: Identifying Employees

Review the candidates' information and answers to interview questions. Each candidate must meet the requirements listed above under the Employee Responsibilities. The FMS/F.I. and case manager can assist consumers in gathering pre-employment information, training and arrange for background checks.

Step 6: Hiring

Hire employees! When it's time to hire employees the case manager and/or the Provider Network Monitor can be requested to further explain the self-direction arrangement and expectations. Training will be completed at this point and agreements will be signed.

Some policies to consider establishing with your new employees:

- Probationary Time- Consumers may want to establish a probationary employment period during which an employee may be terminated with or without cause. Generally, a probationary period lasts anywhere from 3 to 6 months. This period will give the consumer and the employee time to determine if it's a good match and if the employee can meet the requirements and responsibilities that consumers have outlined in the job description and IPOS.
- Vacation/Holiday Pay- Consumers should develop a manual for staff to follow that explains the policies for each employee. Policies may include: holiday pay, vacation, specific travel expenses, or time off. Having a vacation and sick policy established clearly states the procedures for taking time off for employees and allows the consumer time to make a to the staff work schedule.
- Overtime pay and scheduling- Consumers should establish and post a regular staff schedule to make sure all shifts are staffed and to avoid overtime pay. A well-managed staff will save the consumer time and money as well as ensure supports are provided as outlined in the plan of service.

Sample Job Description

Job Description: Working for (Employer's Name)

Job Title: Community Living Support Provider

Job Description: To assist Employer to lead a life like anyone else and to be as independent as possible.

Job Duties: 15hrs a week

- * Assistance with budgeting money in order to have spending money for household supplies after rent and utilities are paid and also assistance to make food stamps last.
- * Assistance/reminders to meal plan, and make a grocery list for future grocery shopping.
- * Assist with enhancing cooking skills. Try new recipes and work on food and kitchen safety. Give guidance with the use of the stove and stove-top, teach to make crock-pot meals, freeze portions for later, and work on proper food storage and rotation of food in the fridge.
- * Transportation to go grocery shopping and help to stick with the list/budget created.
- * Accompany to injections every 2 weeks and medical appointments as employer gets easily confused and overwhelmed at appointments. Does fairly well with taking medication (forgets only sometimes) but needs help to re-order and pick up.
- * Assist with organizing appointments on a calendar and assuring that has made arrangements to get to and from appointments.
- * Assist Employer to keep track of how many hours of support you have worked together from week to week. If you go over one week then you will need to short yourself the next and vice versa for under use of hours.
- * Make and keep a schedule of cleaning in the home, and reminders to clean. Help employer to stay on top of the cleaning schedule as not to become overwhelmed. A little each time you are together should help to get in the routine of always keeping the home clean. When too many days have gone by with no cleaning is when the task becomes too large and ends in trouble with the landlord.
- * Help to assure that employer is following through with medical recommendations from doctor.
- * Staff to accompany into community to become better acquainted with her surrounding and get involved in things outside of apartment complex. Employer enjoys bowling, going out to eat and movies. Wants to have family and friends over for dinners at her apartment.

House Rules:

- No smoking in the home or car
- Staff needs to read the person centered plan and indicate that you have done so by dating and initialing on the plan of service.
- You are to provide transportation as part of your employment and any payment for excessive mileage should be worked out in advance with the consumer and or the support team **and documented in a progress note or on the time sheet.**
- No using their phone for personal calls. You may have a cell phone but you are asked to limit any calls to 2 minutes or less, and only for emergent needs.
- No talking on your cell phone or texting while driving. If you have to take the call please pull off the road to do so.
- No eating my food unless offered to you.
- If you are going to be more then 10 minutes late, please call to let the employer know.
- No Alcohol or Drug use/possession on property
- No Swearing
- No running personal errands on work time.
- No wearing scrubs to work- causal clothing is appropriate
- No Bringing your kids/friends/family/significant other to work with you
- No using their personal property of any kind without asking permission.

My signature below indicates that I have read and understand what is expected of me when working for Employer in their home and community.

Signature: _____

Date: _____

REQUIRED AGREEMENTS AND FORMS

Listed below are required documents for self-direction/choice voucher participants and staff. Each of the documents are to be read by staff and signed indicating that they have read and understand the material. Once completed the signed documents must be sent to the fiscal intermediary who will maintain a record for each staff. Your case manager and fiscal intermediary will assist in completing the below documents and provide answers to any questions that may come up.

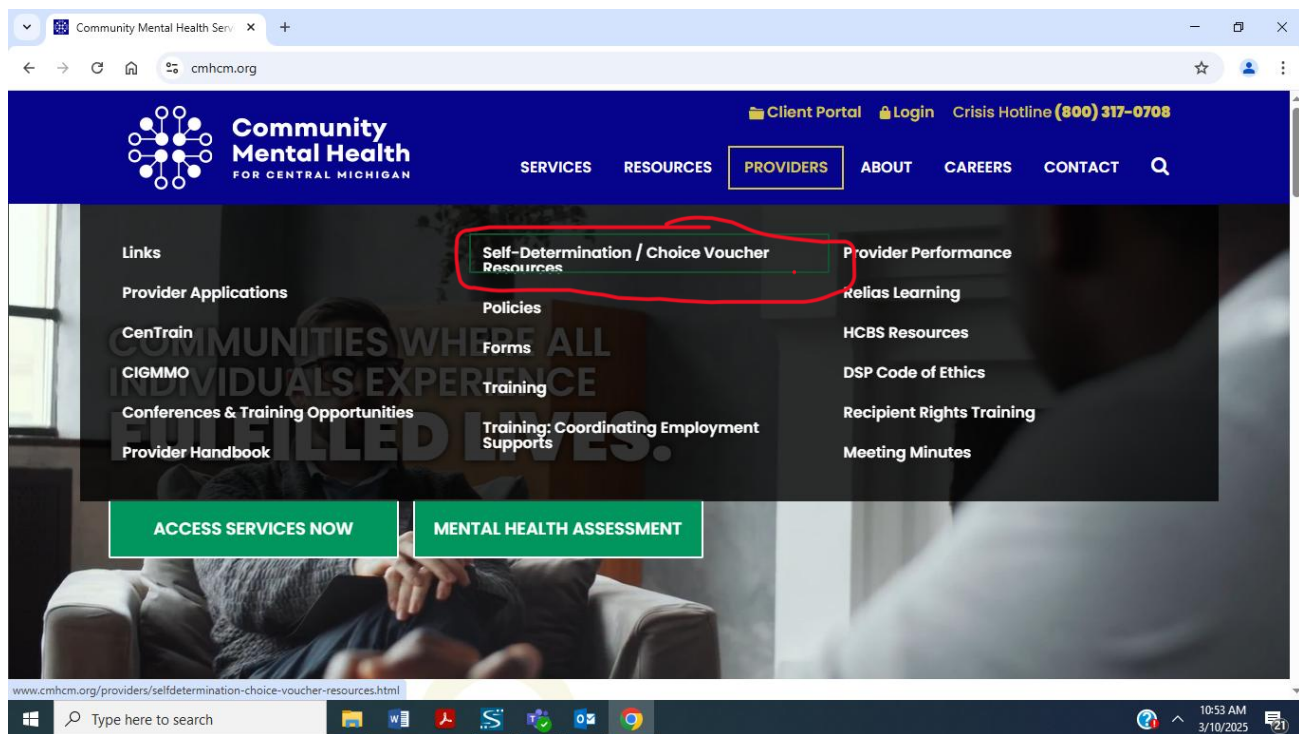
- [Self Determination Agreement](#) - *For Adults*
- [Choice Voucher Agreement](#) - *For Children*
- [Self Determination Provider Agreement \(Adults\)](#)
- [Medicaid Provider Assurance \(Children\)](#)
- [Employment Agreement](#)
- [Purchase of Service Agreement](#)
- [Criminal Background Check](#)
- [Authorization for Recipient Rights Check](#)

REQUIRED TRAININGS

Listed below are required *trainings* for self-direction/choice voucher participants and staff. Each of the trainings are to be read by staff and signed indicating that they have read and understand the training material. Once completed the signed training documents must be sent to the F.I. who will maintain a training record for each staff.

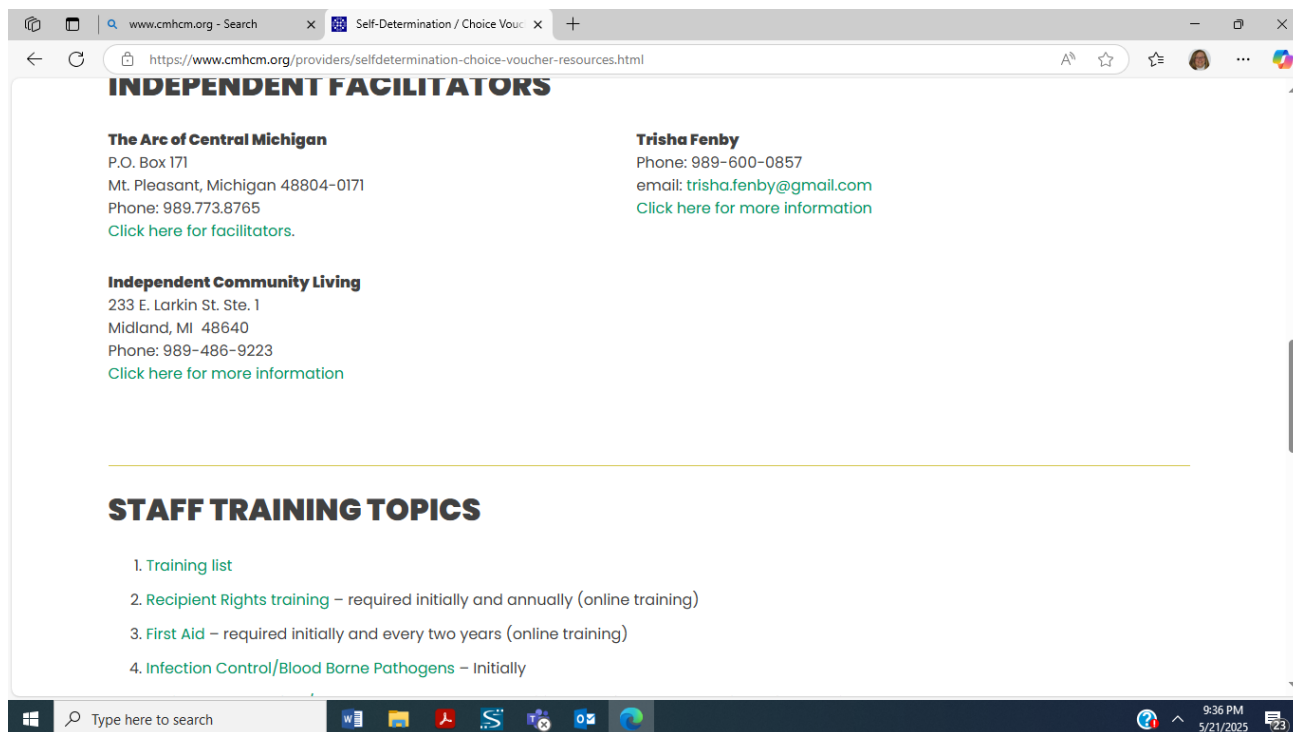
To locate these trainings online, follow these steps:

1. Go to www.cmhcm.org
2. Hover over “**Providers**” → then click on “**Self-Determination/Choice Voucher Resources**”



3. Scroll down to **“Staff Training Topics”**

4. Choose from the list of links to complete trainings.



Required Employee Trainings (All are required prior to providing services and then as directed)

- [Training List](#)
- [Recipient Rights training](#) – required initially and annually (online training)
- [First Aid](#) – Initially and then every 2 years
- [Infection Control/Blood Borne Pathogens](#) - Initially
- [Environmental Safety and Emergency Preparedness](#) – Initially and then consumers who receive waiver services (SEDW, CWP or HWP) every three years
- [Person Centered Plan training and Training Verification](#) -Initially and then each time the PCP changes
- [Training Signature Page](#) – must be signed by staff and trainer, then submitted to FMS to be considered complete

Optional Trainings (completed at the request of the employer)

- [Corporate Compliance, Deficit Reduction and Ethics training](#)
- [Health Insurance and Portability Insurance Act](#)
- [Limited English Proficiency](#)
- [Cultural Competency and Diversity](#)
- [Trauma Informed Care](#)

☐ Specialized Training (as specified in the IPOS – document the type and date of each training). Refer to Orientation & Annual Training Topics in Centrain for more information.

- [Basic Medication Administration](#)
*Required initially within 90 days for Residential providers.
*Required if recommended in individual's PCP for Choice Voucher Agreements and staff providing Community Living Supports (CLS).
- [Positive Approaches/Challenging Behaviors/Non-Aversive Techniques & Crisis Intervention](#)
*Required initially within 90 days for Residential providers. *Required if recommended in individual's PCP for Choice Voucher Agreements and staff providing Community Living Supports (CLS).
- Non-physical Intervention
- Culture of Gentleness

DOCUMENTATION REQUIREMENTS

All of the requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and monitoring requirements apply to services and supports acquired using arrangements that support self-direction.⁷ Copies of all agreements, timesheets and supporting notes for the consumer shall be kept for a period of 7 years by the employer and may be requested at any time during a CMHCM audit. It is important for the consumer to develop a practice which keeps them organized and this may mean utilizing the support of employees or natural supports.

Below are descriptions and examples of documents that may be used in a self-direction arrangement. This is not an exhaustive list and consumers may find they use forms that are not listed depending on the individual plan of service. If consumers have any questions or concerns they may consult with the case manager or fiscal intermediary. Should a consumer need copies of these documents, the fiscal intermediary and/or case manager should be able to provide the documents if accompanied by a written request from the consumer/guardian.

All documentation is subject to review by auditing bodies and must be made available upon request by CMHCM.

Where and How to Keep Documentation

As noted previously, all documentation is subject to review by auditing bodies and must be made available, upon request. This means that staying organized is a central component of a self-determination arrangement. Each consumer/guardian should find a way that works best. Below are the items that should be included in a binder or file in the consumer's home.

- Individual Plan of Service (IPOS)
- IPOS training record (See example on page 25)
- Any IPOS addendums
- Reviews of progress
- Data sheets for specific goals/objectives
- Adult Home Help logs (if applicable)
- Contacts List (see example on page 32)
 - Guardian or Emergency Contact
 - Staff Contact List
 - Primary Doctor
 - Case Manager
 - Other Supports
 - CMIT and CMHCM Contacts

⁷ MDHHS Self-Determination Policy and Practice Guideline, 2012

- Medical information (See example on page 33)
 - Medicaid card numbers
 - Medication log sheets (if passing medications)
 - Consent for medical treatment
 - Allergies
 - Preferred Hospital
 - Chronic Medical Conditions
 - Medical Broker/Advocate Contact Information
- Staff Information
 - Work schedule (monthly or weekly)
 - Summary of Staff Hours
 - Staff Job Descriptions
 - Extra Timesheets
- CLS Progress Notes
- Incident Report Forms (including blank forms)

Person-Centered Planning Training

All Staff must be trained on a consumer's IPOS before the effective date of the plan to understand what is necessary to meet a consumer's needs. The IPOS should clearly state what interventions the staff must complete with the consumer to achieve the consumer's objectives and goals. **A copy of the IPOS and Training Record must be kept in the home so that staff may reference it at any time. Also, copies of the IPOS and Training Record must be provided to both the Case Manager and FMS for uploading into the consumer chart.**

An example of the IPOS and Training record can be found on the CMCHM Website or here: [IPOS Training Record](#) [IPOS Training Record Instructions](#)

An example of a PCP Individual Plan of Service can be found on the CMHCM Website or here: [Person/Family Centered Plan](#)

Person Centered Planning and Self-Determination Training can also be found under the Provider tab on the CMHCM website or here: [Person-Centered Plan and Self-Determination Training](#)

Individualized Budget

The individual budget authorized by CMHCM provides a set amount of resources sufficient to implement a consumer's individualized plan of service. Below is a sample of a Self-Direction/Choice Voucher budget. This budget is monitored monthly for over/under utilization. An individualized budget must be accessible, flexible and portable. If there is a change in a consumer's circumstances, an amendment can be made to their IPOS and subsequently to the individualized budget.

CV/Self-Determ Budget for:

County:

PCP Date:

Step 1: Community Living Support (CLS) and Respite Services:

		Dates of Service					
		End Date					
		Start Date					
		% of Year	0.00%	0.00%	0.00%	0.00%	0.00%
							(Must add up to 100%)
Employee	Rate	Hours/Week	Hours/Week	Hours/Week	Hours/Week	Wages to Include	Annual Totals
Employee #1							
CLS		10					\$ -
Taxable Overhead - Annual			0	0	0		\$ -
Total Employee #1		10	0	0	0		\$ -
FUTA @ 1.8%	0.018					0	\$ -
FICA & Medicare @ 7.65	0.0765						\$ -
Unemployment @ 2.7%	0.027					0	\$ -
W/C insurance							\$ -
Nontaxable Overhead-Annual-							\$ -
Total	0	AHH Rate				Yes	\$ -
Employee	Rate	Hours/Week	Hours/Week	Hours/Week	Hours/Week	Wages to Include	Annual Totals
Employee #2							
Choose Service		5					\$ -
Taxable Overhead - Annual			0	0	0		\$ -
Total Employee #1		5	0	0	0		\$ -
FUTA @ 1.8%	0.018					0	\$ -
FICA & Medicare @ 7.65	0.0765						\$ -
Unemployment @ 2.7%	0.027					0	\$ -
W/C insurance							\$ -
Nontaxable Overhead-Annual-							\$ -
Total	0	AHH Rate				Yes	\$ -
Employee	Rate	Hours/Week	Hours/Week	Hours/Week	Hours/Week	Wages to Include	Annual Totals
Employee #3							
Choose Service							\$ -
Taxable Overhead - Annual			0	0	0		\$ -
Total Employee #1		0	0	0	0		\$ -
FUTA @ 1.8%	0.018					0	\$ -
FICA & Medicare @ 7.65	0.0765						\$ -
Unemployment @ 2.7%	0.027					0	\$ -
W/C insurance							\$ -
Nontaxable Overhead-Annual-							\$ -
Total	FALSE	AHH Rate				No	\$ -
Employee	Rate	Hours/Week	Hours/Week	Hours/Week	Hours/Week	Wages to Include	Annual Totals
Employee #4							
Choose Service							\$ -
Taxable Overhead - Annual			0	0	0		\$ -
Total Employee #1		0	0	0	0		\$ -
FUTA @ 1.8%	0.018					0	\$ -
FICA & Medicare @ 7.65	0.0765						\$ -
Unemployment @ 2.7%	0.027					0	\$ -
W/C insurance							\$ -
Nontaxable Overhead-Annual-							\$ -
Total	FALSE	AHH Rate				No	\$ -

CV/Self-Determ Budget for:

County:

PCP Date:

Date Prepared		
Case Manager		
Effective Date		
Fiscal Intermediary		
Guardian		
Does this consumer receive AHH?		
If so, who is the provider?		
Total Monthly DHS Home Help Hrs		
If no AHH, was an assessment done?		
Have all required annual trainings been completed for the staff listed above? (The Case Mgr will verify that the trainings are completed with the consumer/guardian).		

Total Annual Self Determ Budget	
Previous Annual Self Determ Budget	
Annual Increase/(Decrease)	\$ -

DH S Home Help Dollars Per Yr	\$ -
CMHCM Dollars Per Year	\$ -
Total Annual Dollars	\$ -

Remaining Year Budget	\$ -

Average Overall CLS Rate	#DIV/0!
Avg CLS Rate With Transportation	#DIV/0!

Additional Non-Self Determination Annual Budget Items

Total Non-Self Determination Services	\$ -
Grand Total for CMHCM Services	\$ -

WC - Frank Ross - \$200 Policy, Full Time (>19 Hrs) \$556, Parttime (<20 hrs) \$248
WC - Stuart Wilson - \$250 Policy, Full-time(>17 Hrs) \$550, Part-time (<18 hrs) \$155
WC-G T Financial - \$225 Policy, Full-time(>17 Hrs) \$550, Part-time (<18 Hrs) \$155

Unemployment is paid on the first \$9,500 of wages.

Participant/Guardian Signature

Date

Time Sheets

As an employer, consumers have a responsibility to ensure that employee timesheets are turned into the **FMS/** F.I. correctly and on time. There should be a mechanism in place to cross-check the hours worked by an employee and the budgeted hours per authorized service. Additionally, timesheets must indicate the correct service code for shifts worked. It should be clear to the **FMS/**F.I. and CMHCM which service was provided, for how long and by whom. Each service provided should match the service code noted on the timesheet for that time frame. Finally, timesheets must be signed by both the employer and employee.

The timesheet is completed electronically through the FMS developed Electronic Visit Verification (EVV) platform. It is required that staff use either a tablet or a smart phone to complete the log in and out process. A representative from the FMS agency that you have chosen will assist with training on how to log in and out of this platform to complete your timesheet.

Staff who live at the same address as the consumer may be eligible for an exemption to completing EVV. To request an exemption request form, please email: evvexemptions@cmhcm.org

Why are CLS Progress Notes Important?

- Every Medicaid covered service requires documentation that indicates a medical necessity for service
- CLS Progress notes monitor the progress of a consumer, and also track where a consumer is in their achievement of the goals that they have developed with CMHCM
- Documentation supports open communication between CLS staff and CMHCM staff. Supports Coordinators/Case managers will be reviewing progress notes to update the Person-Centered Plan as needed
- CLS goals and objectives are tracked through Progress Notes and this is essential to treatment success

What do CLS Services Encompass?

According to the Medicaid Provider Manual, CLS services are face-to-face services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings.

Coverage includes assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities:

Meal Preparation; Laundry; Routine, Seasonal, and Heavy Household Care and Maintenance; Activities of Daily Living; Shopping for food and other necessities of daily living

Coverage also includes Staff assistance, support and/or training with activities such as:

Money management; Non-Medical Care; Socialization and Relationship Building; Transportation from the residence to, from and among community activities; Participation in regular community activities and recreation opportunities; Attendance at medical appointments; Acquiring or procuring goods and non-medical services; Reminding, observing, and/or monitoring of medication administration; and Assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Completing CMHCM CLS Progress Notes

- A CLS staff person must complete a CLS progress note for each shift they work with a consumer.
- There should only be one staff person documenting on each CLS progress note: if there are multiple shifts throughout the day, each staff person must complete a separate progress note.
- Each section of the CLS progress note form should be filled out. This includes:
 - Consumer Name and Consumer ID
 - Date of Service
 - Start Time and End Time
 - Staff Name (Please Print)
 - Provider Name
 - Task Completed (Check each box as applicable for the service provided)
 - Check for whether the goal is present in the consumer's PCP (Yes or No)
 - Task Descriptions (Please provide a narrative on what occurred with this consumer so that if an outsider was reading the information, they would be able to reconstruct the services provided during that consumer's shift)
 - Staff Initials
 - Staff Signature
- Each progress notes sheet must be signed by the staff person providing the service for that shift.

CMHCM (6/1/16)

Key Words for Progress Note Completion

Achieved	Advocated	Arranged	Assisted	Attended	Built
Checked	Completed	Coordinated	Directed	Explained	Guided
Helped	Increased	Learned	Participated	Prepared	Prompted
Provided	Reminded	Socialized	Supported	Taught	Trained

What Happens After the CLS Notes are Completed?

After the progress notes are completed for the consumer, the documentation sheets should be kept together in a folder/binder and stored in a safe place. Case managers and Supports Coordinators will be monitoring this documentation of service delivery for each consumer on a monthly basis and may obtain copies of this documentation as needed. Please be aware that case holders may ask for further information if a progress note is not completed accurately/thoroughly.

CLS progress notes can also be completed via the FMS platform. Both Stuart Wilson and GT Independence provide the option for staff to complete CLS progress notes either via their electronic platforms or on paper. The electronic platform would eliminate the need for the consumer to store paper copies of the CLS progress notes.



Community Mental Health for Central Michigan

CLS Progress Note

Consumer Name: John Smith Consumer ID: 000001

Date of Service: 6/1/16 Start Time: 9:00 ☒ AM ☐ PM End Time: 11:00 ☒ AM ☐ PM

Staff Name (please print): Jane Doe Provider: CLS Solutions

Task Completed	Goal Present in PCP?	Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.
<input checked="" type="checkbox"/> Meal Preparation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>This staff verbally guided and assisted John in learning how to make breakfast. We reviewed his weekly menu for options and he chose to make pancakes. I prompted him to locate the items and then verbally directed him through the meal prep. During this, I reminded him about kitchen safety in using the stove as he had a difficult time in turning on the burner. While finishing the pancakes, John became frustrated as his first one was burnt. I prompted John to remain calm when he became frustrated.</p> <p>After breakfast, this staff assisted John in cleaning up the kitchen. This staff provided direction and the action steps to clean the dishes, wipe down the countertops, and clean the stove top.</p>
<input type="checkbox"/> Non-Medical Care (not requiring nurse or physical intervention)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Money Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Shopping for food and other necessities of daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Routine Cleaning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Community Integration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Socialization and Relationship Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Behavioral Supports/ Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (please describe)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	


Staff Signature/ Credentials

6/1/16
Date



Contact List

Staff Name: _____ Number: _____

Staff Name: _____ Number: _____

Staff Name: _____ Number: _____

Staff Name: _____ Number: _____

Staff Name: _____ Number: _____

Staff Name: _____ Number: _____

Guardian or Emergency Contact: _____

Primary Doctor: _____

Case Manager: _____

Other: _____

Other: _____

Other: _____



Medical Information

Allergies: _____

Preferred Hospital: _____

Chronic Medical conditions: _____

Past Surgeries (When/Where/Why): _____

Medical/Patient Advocate (name /#): _____

MONITORING

Budget Monitoring

On-going monitoring of the self-direction budgets occurs on a monthly basis by the case manager and the employer. The financial management service will provide financial status reports to the case manager and the employer no later than 15 days after the end of the month. The FMS/FI will contact the case manager by e-mail if all approved units have been utilized and there are none left to make payment to the SD staff. The case manager and their supervisor will then discuss whether or not additional units will be added to cover through the end of the IPOS year.

The case manager will then contact the consumer to inform of this over or under-utilization and convene a person-centered planning meeting to determine a solution if necessary.

Service Utilization Monitoring

On-going monitoring of services utilized under a self-determination/choice voucher arrangement will occur at least annually or on an as-needed basis (e.g. at the time of addendums) by the Utilization Management Department.

- a. Primarily monitored by Primary Clinician, Supervisor and the Employer (Consumer/Guardian)
- b. Used to identify over/under utilization
- c. Services should be in alignment with the IPOS
- d. Some fluctuations are expected, but dramatic fluctuations or changes in usage will be reviewed by the Utilization Management department

MEDICAID FRAUD AND ABUSE

When directly coordinating services that are paid for by Medicaid, consumers have a responsibility to protect against fraud and abuse. The following are examples of Medicaid fraud and/or abuse:

- Falsifying time sheets or other documents
- Pre-dating or post-dating documents
- Billing for services that were not provided or performed
- Billing for more expensive services
- Poor or no documentation to support services delivered
- Forging a signature
- Signing a document for someone else, even if they ask you to
- Referring for or receiving kickbacks for referrals
- Providing and billing for services that are not medically necessary
- Using Medicaid dollars to purchase, repair or maintain an asset (like a home or vehicle)
- Using the same clinical documentation for multiple services or shifts (for example, copying the same documentation and using other dates instead of writing a specific document for each time period)

Consequences of Medicaid fraud include but are not limited to:

- Repayment of funds
- Exclusion from participating in Federal Programs
- Criminal Charges⁸

To report fraud and/or abuse of Medicaid please contact the Corporate Compliance Officer for CMHCM at **989-772-5938**.

Or consumers may contact the Michigan Fraud and Abuse Hotline at **855-MI-FRAUD (643-7283)**

Additionally, Medicaid services cannot overlap except in very limited circumstances. As an employer under a self-direction/choice voucher arrangement, consumers are responsible for ensuring services do not overlap. If there is an inappropriate overlap of services, the employer (consumer) is responsible for paying the employee for services provided during the overlap period.

The CMHCM Provider Network department oversees SD arrangements and will conduct regular audits of SD arrangements to ensure accuracy of billing and to prevent Medicaid Fraud, Abuse, or Waste.

⁸ Department of Health and Human Services Centers for Medicare & Medicaid Services, *Medicare Fraud & Abuse: Prevention, Detection, and Reporting*, 2014.

DISCONTINUATION OF SELF-DIRECTION

Either party—CMHCM or the consumer—may terminate a self-direction agreement, and therefore, terminate the self-determination arrangement. Common reasons that CMHCM may terminate an agreement after providing support and other interventions described in this guideline, include, but are not limited to:

- Failure to comply with Medicaid documentation requirements;
- Failure to stay within the authorized funding in the individual budget;
- Inability to hire and retain qualified providers;
- Conflict between the individual and providers that results in an inability to implement IPOS.

Prior to CMHCM terminating an agreement, and unless it is not feasible, CMHCM shall inform the consumer of the issues that have led to consideration of a discontinuation or alteration decision, in writing, and provide an opportunity for problem resolution. Typically resolution will be conducted using the person-centered planning process, with termination being the option of choice if other mutually-agreeable solutions cannot be found.

Termination of a Self-Direction Agreement by CMHCM is not an appealable Medicaid Fair Hearings issue. Only a change, reduction, or termination of Medicaid services can be appealed through the Medicaid Fair Hearings Process, not the use of arrangements that support self-direction to obtain those services. In any instance of CMHCM discontinuation or alteration of a self-determination arrangement, the local processes for dispute resolution may be used to address and resolve the issues through the CMHCM Customer Service department.

Discontinuation of a self-direction agreement, by itself, shall neither change the individual's IPOS, nor eliminate the obligation of CMHCM to assure specialty mental health services and supports required in the IPOS are provided.⁹

⁹ From the MDHHS Self-Determination Policy and Practice Guideline, 2012

Frequently Asked Questions (FAQ's)

How Do Arrangements That Support Self-Direction Work?

Through the PCP process, consumers can pick the best way to obtain the services and supports in their plan. Consumers may know who they want to hire to be their worker or they may choose how to find workers.

How Do Individuals Use Arrangements That Support Self-Direction?

By using arrangements that support self-direction, individuals with developmental disabilities or serious mental illness are better able to achieve their dreams and goals. With the support of their workers, they pursue their interests: many times these interests turn into businesses or paying opportunities. They meet and make friends with common interests. With control over funding comes the power to build the lives they want in the community, just like anyone else.

How Is Person-Centered Planning Different Than Self-Direction?

Person-Centered Planning is the way that a consumer decides what their overall goals are; an Individual Plan of Service (IPOS) comes out of the PCP process to outline how a consumer can achieve those goals including what services and supports they need from the community mental health system. *Self-Direction* is a way to have more control over how those services and supports are provided.

How Can Consumers Make Changes or Solve Problems?

Consumers will go through the PCP process any time they want to change their IPOS. A new or updated PCP process is often the best way to make changes or solve problems because a consumer's allies can work together to help come up with creative solutions.

What is a Self-Direction Agreement?

The local mental health agency has the responsibility to make sure that Medicaid and other public funds are used the way they should be used. When consumers use arrangements that support self-direction, their mental health agency agrees to share that responsibility with them. Consumers manage their individual budget, but the supports coordinator or case manager will check in with consumers to make sure that their needs are being met. Consumers and their mental health agency have a written agreement called a Self-Determination Agreement. The agreement describes a consumer's rights and responsibilities. Before signing it, a consumer should review it with their supports so they understand it and agree to it. If a consumer doesn't agree with something in the agreement, they should talk to their supports coordinator or case manager about it.

What is an Individual Budget?

An individual budget is the funding needed for the services and supports in a consumer's plan from a mental health agency. A consumer's individual budget is developed after or at the same time their IPOS is developed through the PCP process and approved by the mental health agency.

Can Consumers Use the Funds in the Individual Budget Any Way They Want?

No. The dollars contained in the individual budget can only be used for the services and supports in the plan approved by the mental health agency.

What Do Consumers Use the Funds in the Individual Budget For?

Consumers use the funds in their individual budget to pay the professional providers or the workers they choose to provide the services and supports in their plan. Consumers may choose how much they are going to pay someone within rates set by their mental health agency. Consumers sign the timesheets for their workers or invoices from the professional providers to authorize payment to them.

How Does the Financial Management Service/Fiscal Intermediary Support Consumers With the Individual Budget?

A Fiscal Management Service/Fiscal Intermediary (FMS/FI) is an agency that handles an individual budget. The FMS/FI receives the money in the individual budget from the mental health agency. When it receives a signed timesheet or invoice from the consumer (employer), it makes a payment to the workers or providers of services. The FMS/FI also handles all of the legal and tax aspects of being an employer for the consumer.

Can Consumers Use Arrangements That Support Self-Direction if They Have a Guardian?

Yes. Depending on the type of guardian they have (plenary or partial) and the powers the guardian has been given by the court, consumers and their guardians will work together so they can participate in arrangements that support self-direction.

How Can the Supports Coordinator or Case Manager Assist Consumers?

The supports coordinator or case manager is responsible for working with consumers to develop a plan and individual budget. He or she can give information about arrangements that support self-direction. He or she must monitor arrangements to make sure everything is going well and assist consumers when they need help. Any time consumers have a problem, they should let their supports coordinator or case manager know right away.

How Do Consumers Hire Workers?

Consumers may choose any worker who meets the Medicaid provider qualifications for the service or support he or she is providing. Consumers may hire friends or family members or recruit workers through word of mouth, ads, the Internet, or other means. Consumers cannot hire their legal guardian or a relative who has legal responsibility for them (such as a spouse).

How Do Consumers Manage Workers?

Consumers set the hours and job duties (consistent with the duties for the workers in their plan). Consumers sign the timesheet so worker(s) get paid. Consumers must let a worker know if you are unhappy with their work and what needs to change. For more information about directly employing workers, read the book *Hiring and Managing Personal Assistants*, produced by The Arc Michigan.

(http://www.arcmi.org/pdf/HiringManaging_ARC_MI_test.pdf)

Can a Consumer's Friends and Family Help?

Yes. Consumers should ask people they have chosen to be involved in their PCP process or others to be allies and help handle responsibilities. When choosing allies, consumers should think about people who they trust and who will respect and honor their feelings and preferences throughout the process.

Examples of allies may include:

- Friends
- Family members
- People consumer works or goes to school with
- People known from community organizations they are involved in
- Members of church, mosque or temple
- Staff who have worked with the consumer

What Happens If a Worker Doesn't Show Up?

For the times that a worker is sick or wants to go on vacation, consumers need a plan for who will support them while he or she is gone. This plan is called a back-up plan. It ensures that consumers get the support they need if a worker is not there. The back-up plan is developed through the PCP process and is outlined in the IPOS. Consumers can have an agency provide back-up or have a list of friends and family members willing to support them when a worker is not there.

How Do Workers Get Paid?

When directly employing workers, the Financial Management Service/Fiscal Intermediary (FMS/FI) serves as the employer agent. The FMS/FI pays a consumer's workers and withholds and pays taxes and unemployment insurance. While the FMS/FI performs these duties for the consumer, as employer the consumer still has a responsibility to make sure that the FMS/ FI does its job right.

How Can a Consumer Make Changes?

Making changes to the Individual Plan of Service is easier when the consumer is in charge. Consumers can find a new worker if the worker they have is not meeting their needs or is no longer available. Consumers may be able to make small changes in their individual budget without involving the supports coordinator or case manager. A consumer and their case manager may be able to make some changes over the phone. For many changes, a consumer should work with their case manager to make the change. Bigger changes are best made using the PCP process. A consumer can have a PCP meeting and update to their IPOS at any time.

What If a Consumer Cannot Solve a Problem Through the PCP Process?

If a consumer is unable to find a solution to a problem through the PCP process, they should be sure to let their case manager or the Customer Service Department know. Every mental health agency has local dispute resolution and mediation processes to help consumers resolve a dispute about self-determination. Consumers also have the right to appeal any actions the mental health agency plans to take to change, reduce or terminate their Medicaid services through the Medicaid Fair Hearings Process.

What is the Medicaid Fair Hearings Process?

A Medicaid Fair Hearing is conducted by the state Administrative Law Judge (ALJ) who reviews an action taken by the mental health agency (the change regarding Medicaid services in your plan). Consumers have the right to choose someone to represent them at the hearing. To obtain a hearing, consumers must make a written request within 90 days of their notice of the action. If consumers make the request within 12 days of the notice before the action takes effect, the existing services and supports will remain in place until the hearing. However, if consumers do not succeed in the hearing, their mental health agency can charge them for the cost of the services and supports provided during that time.¹⁰

¹⁰ Adapted from State of Michigan, "Self-Determination FAQs Brochure, May, 2013

OTHER RESOURCES

CMHCM Policies:

Self-Determination – CMHCM Self-Determination Policy 2-300-003

Michigan Department of Health and Human Services Advisories:

Self-Directed Services Technical Requirements

Choice Voucher System for Children Technical Advisory

http://www.michigan.gov/documents/mdhhs/CHOICE_VOUCHER_SYSTEM_for_Children_12_2015_515803_7.pdf

Other Resources:



The Center for Self-Determination
<https://www.self-determination.com>


Community Mental Health for Central Michigan
www.cmhcm.org

Michigan Department of Health and Human Services
<http://www.michigan.gov/mdch>

Michigan Medicaid Provider Manual

Medicaid Provider Manual
mdch.state.mi.us
<https://www.mdch.state.mi.us › manuals › Medicalai...>

Michigan Rehabilitation Services (MRS)

LEO - Michigan Rehabilitation Services
 **State of Michigan (.gov)**
<https://www.michigan.gov › leo › bureaus-agencies › mrs>

The Arc of Michigan
<https://arcmi.org>

DEFINITIONS

CASE MANAGER (SUPPORTS COORDINATOR) (CM or SC)	Staff person who works with the person to gain access to and coordinate services, supports and/or treatment that the person wants or needs.
CHOICE VOUCHER SYSTEM	A term describing a set of agreements whereby a consumer served by CMHCM may be authorized to use an individual budget to directly procure one or more of the services and supports required to accomplish the consumer's Person-Centered Plan. CMHCM will support application of these resources to the costs of services and supports obtained from qualified providers as chosen by the consumer. CMHCM supports the consumer to be a direct employer of personal assistants, the contractor for services/supports with qualified providers, and therefore in a lead role concerning how, where, and by whom needed services and supports are provided.
COMMUNITY LIVING SUPPORTS (CLS)	CLS services are meant to help increase and maintain a person's independence, support an individual's achievement of their goals, and promote community participation and productivity through skills training and personal assistance. These supports are provided by paid staff to help adults who are dealing with serious mental illness or intellectual/developmental disabilities. These supports may also help families who have children with an intellectual/developmental disability or serious emotional disturbance.
CONSUMER	For the purposes of this handbook, "consumer" means the adult consumer or child of direct services or his/her representative.
FINANCIAL MANAGEMENT SERVICE (FMS)	An independent legal entity that acts as a financial management service under contract with CMHCM or its designated sub-contractor. The purpose of the financial management service is to receive funds making up a consumer's individual budget, and make payments as authorized by the consumer to providers and other parties to whom a consumer using the individual budget may be obligated. A financial management service may provide a variety of supportive services that assist the consumer in selecting, employing and directing individual and agency providers. Examples of entities that might serve in the role of a financial management service include; bookkeeping or accounting firms; advocacy organizations; a subsidiary of a service provider entity.

GUARDIAN	A person appointed by the court to exercise specific powers over a person who is a minor, is legally incapacitated or has a developmental disability.
INDEPENDENT FACILITATOR	The Independent Facilitator is a consumer selected ally from outside of CMHCM that supports a consumer's self-determination with the person-centered planning process. The independent Facilitator assists the consumer with multiple aspects of the process including, but not limited to, identifying goals they want to reach, identifying topics they want to discuss at the meeting, as well as where, when and how the meeting will happen.
INDIVIDUAL BUDGET	A fixed allocation of public mental health resources denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health services and supports needed to accomplish a consumer's plan of services/supports. The consumer served uses the funding authorized to acquire, purchase and pay for specialty mental health services and supports in the consumer's plan.
INDIVIDUAL PLAN OF SERVICE (IPOS)	The document that identifies the needs and goals of the consumer and the medical necessity, amount, scope, and duration of the services and supports to be provided. For consumers receiving mental health, co-occurring disorder, or developmental disabilities services, the individual plan of services must be developed through a person-centered planning process. In the case of minors with developmental disabilities, serious emotional disturbance or mental illness, the child and his/her family are the focus of service planning, and family members are an integral part of the planning process.
NATURAL SUPPORTS	People who are part of an individual's life and who are supportive. Usually they are people who are not paid to be part of the person's life. This could include family, friends, neighbors, church members, co-staff, or others in the community.
PERSON-CENTERED PLANNING (PCP)	A process for planning and supporting the person receiving services that builds upon the person's capacity to engage in activities that promote community life and honors the person's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the person so desires.

PRE-PAID INPATIENT HEALTH PLAN
(PIHP)

A PIHP is the managed care entity providing funding and ensuring care for individuals served by Medicaid. Mid-State Health Network is the PIHP for Community Mental Health for Central Michigan.

QUALIFIED PROVIDER

A provider of services or supports that can demonstrate compliance with the requirements contained in the contract between MSHN and CMHCM, including applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the consumer's person-centered planning process, and should be specified in the consumer's plan, or result from a process developed locally to assure the health and well-being of consumers, conducted with the full input and involvement of local consumers and advocates.

SELF-DETERMINATION

A fundamental human right defined by a set of principles that all people have the freedom to decide how they want to live their lives, where and with whom. To that end, relationships with others should be encouraged to grow and be protected. All individuals have the ability to contribute to their community in a meaningful way. Community membership includes having an opportunity to be employed, to have your own home and be involved in the routines of community life. As individuals are given control over their lives and resources, they will assume greater responsibility for their decisions and actions and should receive the support they need to do so. This support comes in many forms, not always from a paid support system. In fact, the goal of the support system should be to remove barriers.

UTILIZATION MANAGEMENT (UM)

A department of CMHCM that reviews and approves or denies requests for service authorization.