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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES Behavioral Health and Developmental Disabilities Administration SELF DETERMINATION POLICY October 1, 2017

Purpose of this Policy

The purpose of this Self Determination (SD) Policy is to describe the requirements for the use of self directed services and supports and individual budgets within the community mental health system (as implemented by PIHP/CMHSPs) to ensure that self directed services are made available as a means to access mental health specialty services and supports.

Requirements of PIHPs/CMHSPs in Providing Support for Self-Determination

PIHP/CMHSPs must meet the following requirements:

1. The option to use self directed services is made available to adults with intellectual and/or developmental disabilities and adults with serious mental illness.
2. The option to use Choice Voucher Arrangements is made available to families of children on the Children's Waiver Program and Habilitation Supports Waiver. PIHPs/CMHSPs have discretion to make Choice Voucher Arrangements available to other families of minor children.
3. A range of implementation options is made available that people receiving services can choose from. Support services such as fiscal intermediaries and supports brokers are made available.
4. Self directed services are offered to people regardless of age, disability, diagnosis, functional limitations, cognitive disabilities, sex, sexual orientation, race, ethnicity, physical characteristics, national origin, religion and other such factors.
5. Self directed service arrangements are developed and operated within the requirements of the respective contracts between MDHHS and PIHPs/CMHSPs and in accordance with federal and state law.
6. Self directed services are implemented through partnerships between the PIHP/CMHSP and the person.
7. A Self-Determination Agreement is made in writing between the PIHP/CMHSP and the person describing the responsibilities and authority of both parties.
8. Once an Individual Plan of Service (IPOS) and an individual budget has been approved, Self directed services and supports are made available to that person.
9. Choosing self directed services does not change a person's access to a service array, except that fiscal intermediary services may only be approved for people using self directed services.
10. A person choosing self directed services shall not serve as a method for a PIHP/CMHSP to reduce its obligations to a person, avoid providing needed

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services and supports, or reduce the service rates for mental health specialty services and supports.

11. All requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and PIHP/CMHSP monitoring requirements apply to self directed services and supports.
12. The PIHP/CMHSP must have procedures to ensure continuity of services during the transition to or from the self directed service design and other service delivery methods or provider types.
13. People who choose self directed services must be provided with opportunities to participate in efforts to define quality, such as the determination of worker qualifications and training, personal goal setting, and performance measures.
14. The PIHP/CMHSP must provide training to ensure a common understanding of using self directed services as a means to achieve self determination among administrators, case managers/supports coordinators, direct service workers, supports brokers, individuals and their families, agency-based staff and others. Training should include recruiting and educating direct service workers, individual budget development and processing, and how PCP relates to the individual budget.
15. The investigative authority of the Recipient Rights office applies because self directed services involve mental health specialty services and supports.
16. PIHP/CMHSP policies and practices must recognize and address that strong inherent conflicts of interest may exist between a person's self directed choices and traditional service delivery methods. The PIHP/CMHSP must watch for and seek to eliminate potential or actual conflicts of interest between itself and its provider systems and the processes and outcomes sought by the person.

Information, Support and Accommodations Must PIHPs/CMHSPs Provide

A PIHP/CMHSP shall assure that information about SD is provided to everyone it serves. People must have access to information and counseling on SD through a variety of sources as needed or desired.

The PIHP/CMHSP must offer individualized supports to people receiving services. The person centered planning process and IPOS will determine what a person needs to be successful when using self directed services. People who choose self directed services must have access, for example to culturally and linguistically sensitive information, training in issues specific to self directed services as well as fiscal intermediary services and supports brokers to assist them in successful management of their services and supports. PIHP/CMHSPs must actively support a person's use of self directed services with the information and assistance needed and requested. PIHP/CMHSPs must actively assist people with selecting qualified providers and otherwise support them with successfully managing the individual budget. Voluntary training must be made available on how to select, manage, and dismiss providers of services and supports.

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Person Centered Planning (PCP) Process Supports Self-Determination

In addition, the following information and support must be provided:

1. PCP and how it is applied through SD;
2. Use of and access to a grievance process;
3. Individual rights including appeal rights;
4. Reassessment and review schedules for PCP, budgeting, etc.

If the person chooses to direct some or all of the services or supports, the PCP process must be used to ensure that the IPOS and/or the Self-Determination Agreement meets the following additional requirements:

1. The self directed services and supports the person will be responsible for are identified.
2. The methods by which the person will plan, direct or control services, including whether the person will directly employ workers and/or control an individual budget.
3. Appropriate risk management techniques that recognize the roles and shared responsibilities in self directed service and assure the continued appropriateness of the IPOS and individual budget based upon the resources and support needs of the person.
4. The process for facilitating voluntary (and involuntary) transition to and from a self directed service arrangement and traditional service delivery models.
5. The supports used by the person to pursue SD shall be described and agreed to by the person and the PIHP/CMHSP.
6. The fiscal intermediary that will be used.
7. Supports broker services chosen. If no supports broker is required or chosen, the person must have training in acting as his/her own supports broker.
8. The finalized IPOS must be signed by the person and written copy of the IPOS with individual budget should be provided to all relevant parties, as determined through the PCP process.

The PCP process for utilizing self directed services must be conducted in a manner and language understandable to the person. When necessary, people must be provided with auxiliary aids and services for effective communication. The planning process must provide meaningful access to people who have reading and verbal skills or Limited English Proficiency.

Informal Representatives:

The PIHP/CMHSP must have a policy that describes:

1. the process for authorization of informal representatives;
2. the maximum scope of the authority that an informal representative can exercise;
3. safeguards to ensure that the informal representative supports the person's expressed wishes (including exceptions to using substituted judgment on behalf of the person when the person's requests cannot be ascertained or when the person's wishes would result in substantial harm to himself or herself).

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A PIHP/CMHSP may not refuse the informal representative that the person chooses, unless in the process of applying the requirements for authorization, the PIHP/CMHSP discovers and can document evidence that the informal representative is not acting in accordance with these policies or cannot perform the required functions.

Fiscal Intermediary

A PIHP/CMHSP shall select and make available fiscal intermediaries to provide financial management services (FMS) to perform employer agent functions, ensure financial accountability for funds in the individual budget, and provide other support management functions as described in the Fiscal Intermediary Technical Requirement (Contract Attachment P3.4.4), in order to assist the person in selecting, directing and employing and/or contracting with providers of services and supports.

Fiscal intermediary services must meet the following federal requirements in addition to the more stringent technical requirements referenced above:

- (i) Manage federal state and local employment, tax, labor, worker's compensation insurance and other requirements that apply when the person functions as the of service providers.
- (ii) Make financial transactions on behalf of the person when the person has personal budget authority.
- (iii) Maintain separate accounts for each individual budget and provide monthly reports of expenditures against budget in a manner understandable to the person.

A PIHP/CMHSP shall assure that fiscal intermediary entities are oriented to and support the principles of SD, and able to work with a range of personal styles. The PIHP/CMHSP shall select, contract with fiscal intermediaries, and manage the use of fiscal intermediaries consistent with the Fiscal Intermediary Technical Requirement.

An entity acting as a fiscal intermediary shall be free from other relationships involving the PIHP/CMHSP or the person that would have the effect of creating a conflict of interest for the fiscal intermediary in relationship to its role supporting people using a SD budget. These other relationships typically would include the provision of direct services to the person (including serving as an Agency Supported Self Determination). The PIHP/CMHSP shall identify and require remedy to any conflicts of interest of the entity that interfere with its performance as a fiscal intermediary.

A PIHP/CMHSP shall collaborate with and guide the fiscal intermediary and each person with a SD contract to assure compliance with various state and federal requirements and to assist the person in meeting his or /her responsibilities. It is the obligation of the PIHP/CMHSP to assure that fiscal intermediaries are capable of meeting and maintaining compliance with their contract requirements including those in the Fiscal Intermediary Technical Requirement.

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Employer Authority

Self directed services build upon the choice already available within the community mental health system. In Michigan, all Medicaid beneficiaries have a right under the Balanced Budget Act to choose the providers of the services and supports identified in the IPOS. The person must be able to choose from at least two providers of each covered support and service and must be able to choose an out-of-network provider under certain circumstances.

Provider choice, while critically important, must be distinguished from self-directed services which extend personal choice to control and management over providers and service delivery, also called employer authority (i.e., directly employs or contracts with providers)

PIHP/CMHSPs support people to exercise employer authority in the following ways:

1. The exercise of employer authority by a person choosing SD shall be voluntary.
2. If the IPOS/Self-determination Agreement includes the employer authority to select, manage, or fire providers, it must specify the person's authority, any limits to authority, and the parties responsible for functions outside the authority.
3. Within the maximum service rates set by the PIHP/CMHSP, a person shall be able to access any willing and qualified provider entity that is available to provide services and supports and set the provider's wage rate.
4. A PIHP/CMHSP shall assist a person using a SD budget to select, employ, and direct his/her support personnel, to select and retain chosen qualified provider entities, consistent with the MDHHS Self-Determination Implementation Technical Advisory.
5. People must be allowed to direct the training of their workers in a manner consistent with applicable program requirements and receive financial support to accomplish critical training needs.
6. Approaches shall provide for a range of control options up to and including the direct employment model:
 - i) Direct employment (also called employer of record).
 - ii) Access to a provider entity that can serve as employer of record for workers selected by the person (Agency Supported Self Determination).
 - iii) Direct contract (purchase of service agreements) with professional providers
 - iv) PIHP/CMHSP contractual language with provider entities that assures personal selection and removal of workers.
 - v) Use of PIHP/CMHSP-employed workers selected by the person.
7. A person in a SD contract shall have the freedom and support to use any of the options described above.
8. Written agreements are required between the person/employer and every directly employed worker or directly contracted provider that specify the services and supports to be provided, the rate to be paid, and the responsibilities of the provider.
9. Persons/employers shall be responsible for assuring all providers meet applicable provider qualifications.

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10. Funds allotted for specialty mental health services and supports may not be used to purchase services that are not specialty mental health services and supports.
11. Contracts with providers of specialty mental health services should be fiscally prudent. However, the wages for directly employed workers and the fees and rates paid to contracted providers shall be determined by the person (or negotiated by the person and provider), within the limits of the individual budget. The PIHP/CMHSP shall provide guidance as to the maximum rate for each service or support, which may not differ or be less for people choosing SD.
12. Conflicts of interest that providers may have must be considered. Persons cannot hire or contract with legally responsible relatives (for an adult, the person's spouse) or with his or legal guardian. Persons cannot hire or contract with their landlord for supports and/or services.

Budget Authority and Development of Individual Budget

Authority over an individual budget is a core element of SD. This means that the person has decision making authority over how funds in their budget are spent. The individual budget represents the expected or estimated costs, in a dollar amount, of a concrete approach to accomplishing the person's IPOS. The individual budget must be sufficient to meet the person's needs appropriately in the community and maintain the person's health and safety. The individual budget shall be developed through the PCP process and formally agreed to by both the person and the PIHP/CMHS. A copy of the individual budget must be provided to the person prior to the start of the services that support SD.

When a person is exercising budget authority, the Self-Determination Agreement (including the IPOS and individual budget) must:

1. Outline the methods for calculating the dollar amount and categories in the budget based on reliable costs and service utilization;
2. Authorize the individual budget for the same amount of time as the IPOS, usually one year.
3. Define a flexible and easily accessible process for making timely adjustments in dollar amount to reflect changes in the person's IPOS, particularly to support health and safety;
4. Provide for a regular procedure to evaluate expenditures under the individual budget including those outlined in the IPOS and/or Self-Determination Agreement;
5. Not result in payment for medical assistance directly to the person;
6. Include the directions and assistance necessary for the person to use the individual budget properly.

Each PIHP/CMHSP must develop and use accurate, fair and flexible system for determining the individual budget that assures appropriate and timely services and supports are provided based on the person's needs as specified in the IPOS. The team-based budget formulation and approval process must be used to address the person's needs (e.g. not associated with any particular residential setting, "one size fits all" rubric or other methodology disassociated from the person; is flexible, permits for timely,

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straightforward modifications and adjustments and maintains the person's health and safety in the community).

Funds included in an individual budget are the assets and responsibility of the PIHP/CMHSP and must be used consistently with all statutory and regulatory requirements. Authority over their direction is delegated to the person, for the purpose of achieving the goals and outcomes in the person's IPOS. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person.

The following requirements must guide development and use of the individual budget:

1. Limitations in use of the individual budget should be discussed with the person and those who support him or her as part of the PCP process.
2. A person's IPOS sets forth the flexibility that a person can exercise to accomplish his or her goals and objectives. People must have the flexibility to choose how funds will be used based on the services and supports in the IPOS in a transparent manner, including where appropriate, the ability to move things categorically as needed.
3. A person must have the flexibility to quickly and easily change his or her IPOS and individual budget, based on changes in needs and preferences, with an assurance of health and safety.
4. A person must have the ability to make larger changes to the IPOS by reconvening the PCP Process, when needs or circumstances change. Since the budget is based upon the person's IPOS, when the IPOS needs to change, the individual budget may need to be reconsidered as well. In accordance with the PCP Policy, the PCP process may be reconvened any time the person chooses.
5. If a person desires to exercise flexibility in a manner that is not identified in the IPOS, then the PIHP/CMHSP must be notified before the adjustment may be made. The PIHP/CMHSP shall attempt to address each situation within a short time frame.

Typically, the individual budget is provided to the fiscal intermediary, which will pay invoices and time sheets approved by the person and consistent with the individual budget. For more information, refer to Fiscal Intermediary Technical Requirement.

Self Directed Services Termination & Grievance and Appeal Rights

Either party—the PIHP/CMHSP or the person—may terminate a Self-Determination Agreement, and therefore, the arrangement. Common reasons that a PIHP/CMHSP may terminate an agreement after providing support and other interventions include but are not limited to: failure to comply with Medicaid documentation requirements; failure to stay within the authorized funding in the individual budget; arbitrarily firing workers frequently; and conflict between the individual and providers that results in an inability to implement IPOS. Prior to the PIHP/CMHSP terminating an agreement, the PIHP/CMHSP shall inform the person of the issues that have led to consideration of termination, in writing, and provide an opportunity for problem resolution. Typically resolution will be conducted using the PCP process, with termination being used only

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when other mutually-agreeable solutions cannot be found. In any instance of PIHP/CMHSP discontinuation or alteration of self directed supports, the local processes for dispute resolution may be used to address and resolve the issues.

Discontinuation of a Self-Determination Agreement, by itself, shall not eliminate the obligation of the PIHP/CMHSP to assure the specialty mental health services and supports required in the IPOS are provided. In any instance of PIHP/CMHSP discontinuation or alteration, the person must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (when required) appropriate notice.

Termination of a Self-Determination Agreement by a PIHP/CMHSP is not a 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 SD to obtain those services.

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What Is Self-Determination?

Self-determination (SD) is the value that people served by the community mental health system must be offered choice and control while being supported to have a meaningful life in the community. The components of a meaningful life include:

- work or volunteer activities that are chosen by and meaningful to the person,
- reciprocal relationships with other people in the community, and
- daily activities that are chosen by the person and support the person to connect with others and contribute to his or her community.

Self directed services are the means by which community mental health supports and endorses an individual to lead a self determined life. Self-directed services are a way that the person directly controls, budgets and plans for the services and supports they receive. These services and supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports with help from chosen friends and family members as a part of an ordinary community life.

Through self directed services; utilizing an individual budget; the person can maximize independence and control over needed services and supports. People using self directed supports and services should be given as much responsibility as they want to hire, train, supervise, schedule, determine duties, and dismiss the providers or direct service workers whom they directly employ or with whom they directly contract.

The purpose of the community mental health system is to support adults and children with intellectual and developmental disabilities, adults with serious mental illness and co-occurring disorders (including co-occurring substance abuse disorders), and children with serious emotional disturbance by providing mental health specialty services and supports that enable them to live successfully in their communities—achieving community inclusion and participation, independence, and productivity.

Self-Determination is required by the contracts between the Michigan Department of Health and Human Services (MDHHS) and Prepaid Inpatient Health Plans (PIHPs) and the contracts between MDHHS and Community Mental Health Services Programs (CMHSPs) to assure ways for the person to directly control how, and by whom they are supported. The federal Home and Community Based Services (HCBS) Final Rule (42 CFR 441.700 et. seq.) describes the federal requirements for self directed services. This Policy both includes those requirements and sets forth Michigan specific requirements for use of self directed services.

The HCBS Final Rule requires that Medicaid-funded services and supports be integrated in and support full access to the greater community, including opportunities to choose where to live, seek employment and work in competitive integrated settings, engage in community life, control personal resources, and obtain services in the community to the same degree of access as anyone else. 42 CFR 441.700 et. seq.

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What Are the Core Elements of Self-Determination?

Information and Support People are regularly provided with information about the principles of SD and the possibilities, models and arrangements involved in multiple ways (such as, but not limited to, trainings, forums, Q&As, videos, brochures and one-one-one conversations). Supports brokers are available to assist with implementation.

Person-Centered Planning (PCP) PIHP/CMHSPs shall ensure that the PCP process is used for individuals to both plan for meaningful lives and to design the provisions that support SD as the way to obtain services and supports.

Budget Authority People have authority over an individual budget authorized by the community mental health system to acquire their services and supports.

Employer Authority People are able to directly employ or directly contract with chosen providers of their services and supports.

Wellness and well-being Issues of wellness, well-being, health and primary care coordination support needed are discussed. Plans are developed to guide health and safety allowing the person to live the way he or she wants to live, including making healthy or unhealthy choices just like anyone else in the community.

How does the PCP Process Support Self-Determination?

The Person-Centered Planning (PCP) process establishes the foundation for planning self-directed supports and services. Through PCP, a person is engaged in planning, decision-making, problem solving, monitoring progress, and making needed adjustments to goals, supports and services. PCP is a process directed by the person that involves support and input from those people who care about the person. The PCP process is used any time a person's goals, desires, circumstances, choices, or needs change. While PCP is the required planning approach for mental health specialty services and supports, it is preferred that the PCP include planning for other public supports, privately-funded services and natural supports or resources chosen by the person. Self directed services must be developed through the PCP process according to the standards described in the PCP Policy and this SD Policy.

The process is intended to identify the person's strengths, capacities, preferences, needs, and desired outcomes. The PCP process may include other persons, freely chosen by the person, who contribute to the process.

If the person chooses to direct some or all of the services or supports, the PCP process must be used to ensure that the IPOS and/or the Self-Determination Agreement meets the following additional requirements:

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- The self directed services and supports the person will be responsible for are identified.
- The methods by which the person will plan, direct or control services, including whether the person will directly employ workers and/or control an individual budget.
- Appropriate risk management techniques that recognize the roles and shared responsibilities in self directed services, and assure the continued appropriateness of the IPOS and individual budget based upon the resources and support needs of the person.
- The process for facilitating voluntary (and involuntary) transition to and from an SD contract and traditional service delivery models.
- The supports used by the person to pursue SD shall be described and agreed to by the person and the PIHP/CMHSP.
- The fiscal intermediary that will be used.
- Supports broker services chosen. If no supports broker is required or chosen, the person must have training in acting as his/her own supports broker.
- The finalized IPOS must be signed by the person and written copy of the IPOS with individual budget should be provided to all relevant parties, as determined through the PCP process.

The PCP process for utilizing a SD budget must be conducted in a manner and language understandable to the person. When necessary, people must be provided with auxiliary aids and services for effective communication. The planning process must provide meaningful access to people who have limited reading and verbal skills or Limited English Proficiency.

What is the Role of the Supports Broker?

Supports broker services must be available to each person who chooses to use self-directed services. The supports broker is chosen by and supports the person in managing their arrangement and serves as a liaison between the person and PIHP/CMHSP, assisting people as needed to identify potential personnel requirements, resources to meet those requirements, and the services and supports to sustain people as they direct their own services and supports. The supports broker acts on behalf of the person and takes direction from the person. If no supports broker is chosen, the person must have training in acting as his/her own supports broker.

What is the Role of an Informal Representative?

Self-directed services and supports should include family members, guardians, or other legal representatives as applicable. Some people who need assistance with decision-making will not have an authorized representative (a guardian or other person who is authorized under Michigan law, including but not limited to an agent under a power of attorney) to represent the person for the purpose of making decisions related to care or well-being. People without an authorized representative must have the option to choose an informal representative to assist them in managing their supports. An informal representative may be a parent, a family member, friend, or an advocate for the person.

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What Authority Can a Person Choosing Self Directed Services Exercise?

What Is Employer Authority and What Are the Options?

Self directed services build upon the choice already available within the community mental health system. In Michigan, all Medicaid beneficiaries have a right under the Balanced Budget Act to choose the providers of the services and supports identified in the IPOS. The person must be able to choose from at least two providers of each covered support and service and must be able to choose an out-of-network provider under certain circumstances.

Provider choice, while critically important, must be distinguished from self-directed services which extend personal choice to control and management over providers and service delivery, also called employer authority (i.e., directly employs or contracts with providers)

What Is Budget Authority and How Is the Individual Budget Developed?

Authority over an individual budget is a core element of using self directed services. This means that the person has decision making authority over how funds in their budget are spent. The individual budget represents the expected or estimated costs, in a dollar amount, of a concrete approach to accomplishing the person's IPOS. The individual budget must be sufficient to meet the person's needs appropriately in the community and maintain the person's health and safety. The individual budget shall be developed through the PCP process and formally agreed to by both the person and the PIHP/CMHSP. A copy of the individual budget must be provided to the person prior to the start of the services that support SD.

How are Wellness and Well-Being Addressed in Self Directed Service Arrangements?

People who use community mental health services and supports must be supported in taking risks associated with pursuing their goals. Issues of wellness, well-being, health and primary care coordination support needed are addressed. Plans are made for the person to live the way he or she wants to live and to make healthy and unhealthy choices just like anyone else in the community (such as, but not limited to, choice of sex partners, smoking, drinking soda pop, eating candy or other sweets). If the person chooses, issues of wellness and well-being will be addressed privately between the person and case manager or supports coordinator (or any person chosen by the person) outside of the PCP process.

The resolution of risk management issues should be guided by the person's preferences and needs, and implemented in ways that maintain the greatest opportunity for personal control and direction. PCP and SD highlight personal responsibility including taking appropriate risks. The IPOS must identify risks and risk factors and measures in place to minimize them, while considering the person's right to assume

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personal risk just like everyone else. The plan must assure the health and safety of the person.

Guardianship does not preclude a person being able to take these risks.

Guardianship for individuals with developmental disability shall be utilized only as is necessary to promote and protect the well-being of the individual, including protection from neglect, exploitation, and abuse; shall take into account the individual's abilities; shall be designed to encourage the development of maximum self-reliance and independence in the individual; and shall be ordered only to the extent necessitated by the individual's actual mental and adaptive limitations.

Michigan Mental Health Code 330.1602 § 602

When necessary, there must be a back-up plan for assumed risks and for a variety of emergency situations. The contingency or "back-up" plan must become a part of the person's IPOS. As part of the contingency planning process, an assessment of the risks to the person must be completed and a discussion about how the risks will be addressed must be held. The PCP process must also include planning for contingencies such as when a needed service is not provided that could jeopardize the person's health or safety. The IPOS must include appropriate risk management techniques that explicitly recognize the roles and sharing of responsibilities in obtaining SD services and assure the appropriateness of the IPOS and individual budget based upon the resource and support needs of the person.

How Can Self Directed Service Arrangements Be Terminated and What Grievance and Appeal Rights Does a Person Have?

Either party—the PIHP/CMHSP or the person—may terminate a Self-Determination Agreement, and therefore, the arrangement. Common reasons that a PIHP/CMHSP may terminate an agreement after providing support and other interventions include but are not limited to: failure to comply with Medicaid documentation requirements; failure to stay within the authorized funding in the individual budget; arbitrarily firing workers frequently; and conflict between the individual and providers that results in an inability to implement IPOS. Prior to the PIHP/CMHSP terminating an agreement, the PIHP/CMHSP shall inform the person of the issues that have led to consideration of termination, in writing, and provide an opportunity for problem resolution. Typically resolution will be conducted using the PCP process, with termination being used only when other mutually-agreeable solutions cannot be found. In any instance of PIHP/CMHSP discontinuation or alteration of self directed supports, the local processes for dispute resolution may be used to address and resolve the issues.

Discontinuation of a Self-Determination Agreement, by itself, shall not eliminate the obligation of the PIHP/CMHSP to assure that those same specialty mental health

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services and supports required in the IPOS are provided. In any instance of PIHP/CMHSP discontinuation or alteration, the person must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (when required) appropriate notice.

Termination of a Self-Determination Agreement by a PIHP/CMHSP is not a 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 SD to obtain those services.

How Are Words Used in this Policy Defined?

Agency Supported Self Determination (Also Known As Agency with Choice)

A provider agency that serves as employer of record for direct support workers, yet enables the person using the supports to hire, manage, and/or terminate workers.

Choice Voucher Arrangements

If in a family centered youth guided plan, it is determined the family would like to use self directed services; it is referred to as Choice Voucher given that children cannot fully achieve self determination until adulthood.

CMHSP

A Community Mental Health Services Program (CMHSP) is an entity operated under Chapter Two of the Michigan Mental Health Code, or an entity under contract with the CMHSP and authorized to act on its behalf in providing access to, planning for, and authorization of services and supports for eligible individuals.

Fiscal Intermediary

A fiscal Intermediary is an independent legal entity (organization or person) that acts as a fiscal agent of the PIHP/CMHSP for the purpose of assuring fiduciary accountability for the funds comprising an individual budget. A fiscal intermediary shall perform its duties as specified in a contract with a PIHP/CMHSP or its designated sub-contractor.

Person

For the purposes of this policy, “person” means a person receiving mental health services and supports. The person may have a legal guardian. The role of the guardian using self directed services shall be consistent with the guardianship arrangement established by the court (as evidenced by the guardian’s Letters of Authority). Where a person has been deemed to require a legal guardian, there is an extra obligation on the part of the CMHSP and those close to the person to assure that the person’s preferences and dreams drive the use of self directed services and supports, and that the best interests of the person are primary.

Individual Budget

An individual budget is a fixed dollar amount of community mental health resources. These resources are agreed upon as the necessary cost of the mental health specialty

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services and supports needed to accomplish a person's IPOS. The person controls the use of his or her individual budget, determining, with the assistance of chosen family and friends, from whom, and under what circumstances, he or she purchase authorized services and supports. By using an individual budget, people acquire power to make meaningful choices about how they live their lives.

IPOS

An IPOS means the person's individual plan of services and/or supports, as developed using the PCP process.

PIHP

For the purposes of this policy, a Prepaid Inpatient Health Plan (PIHP) is a managed care entity that provides Medicaid-funded mental health specialty services and supports in an area of the state. There are 10 PIHPs in Michigan.

Qualified Provider

A qualified provider is a direct services worker, professional, agency or vendor that is a provider of mental health services or supports that can demonstrate compliance with the requirements contained in the contract between MDHHS and the PIHP/CMHSP, including Medicaid requirements.

Self-Determination (Also Known As Self-Direction)

Self-determination is a set of beliefs that people who require support from the community mental health system should be able to define what they need in terms of the life they seek, have access to meaningful choices, and have control over their lives in order to build lives in their community (meaningful activities, relationships and employment). Self-determination is based on five principles:

FREEDOM: The ability for individuals, with assistance from chosen family and friends to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to choose where and with whom one lives, who and how to connect to in one's community, and the opportunity to contribute in one's own ways.

AUTHORITY: The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with help from chosen family and friends, as needed. It is the authority to control resources.

SUPPORT: The arranging of resources and people, both formal and informal, to assist the person in living his/her desired life in the community; rich in community associations and ways to contribute. It is the support to develop life goals and work toward those goals.

RESPONSIBILITY: The person has a valued role in the community through employment, meaningful activities and connections with others, and is accountable for spending public dollars consistently with the IPOS.

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AFFIRMATION: People who use services and supports play an important role in restructuring the community mental health system by sharing their opinions, serving on communities and in leadership roles, acting as a change agent and offering constructive ideas for improvement.

Specialty Mental Health Services & Supports

This term includes any service/support that can legitimately be provided using funds authorized by the PIHP/CMHSP in the individual budget. It includes alternative services and supports as well as Medicaid-covered services and supports.

Supports Broker

Supports Brokers help their employer – a person self directing services, develop and manage their services and supports, providing support in a way that is flexible and responsive to the needs and abilities of their employer. Supports Brokers also help their employers develop and monitor their individual budgets through the PCP process, and develop back-up plans to mitigate potential risks to the health and safety of the participant. Additionally, Supports Brokers assist their employers in the process of managing employees, including recruiting, hiring, and monitoring as necessary. Supports Brokers are committed to a value system that supports each person's fundamental right to live a life of dignity, self determination, and community inclusion.

Supports Brokers assure the person's health and welfare is supported – assuring safety through a network of family members, friends and paid supports. Supports Brokers help provide leadership, resources, ideas and coordination for their employers. A Supports Broker has a clear focus on helping an employer identify individualized goals to increase independence and quality of life.

Supports Broker defined in the Michigan Medicaid Manual: to explore the availability of community services and supports, housing, and employment and then to make the necessary arrangement to link the beneficiary with those supports.

A supports broker is:

- Selected by the beneficiary.

- Demonstrates competence in areas of job responsibilities for services and supports broker.

- Functions under the supervision of a supports coordinator.

- At least 18 years of age.