CHAPTER: 4	SECTION: 40	SUBJECT: INDIVIDUAL
		CARE TO CONSUMERS
TITLE: SELF DETERMINATION		
EFFECTIVE DATE:	R	EVISED DATE:
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ISSUED AND APPROVED BY:		
EXECUTIVE DIRECTOR		

Self-determination is based on the belief that one has the freedom to define one's life, make meaningful choices regarding one's life, and have the chance to direct the medically necessary services and supports needed to pursue that life. The option of self-determination will be offered at least annually during the person centered planning process, and can be requested by the participant at any time.

Person Centered Planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally-defined goals and aspirations are identified. The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship.

Self-determination uses an individual budgeting process to achieve a self-determined life. An Individual Service Budget (ISB) allows an individual to control financial resources devoted to him/her, to purchase medically necessary supports and services. Development of an ISB shall be done in conjunction with development of an IPOS, using a Person Centered Planning process.

With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports. The public mental health system must offer arrangements that support self-determination, assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

- I. PURPOSE: To provide policy direction that defines self-determination and guides the practice and implementation of self-determination within Community Mental Health of Ottawa County's (CMHOC) public mental health system.
- **II. APPLICATION:** This policy applies to all consumers, guardians, and families receiving services from Community Mental Health of Ottawa County. This policy applies to all CMHOC staff, and all CMHOC contractual providers.

#### III. DEFINITIONS:

<u>Self-determination</u> - A philosophy that incorporates a set of concepts and values that emphasize participation and achievement of personal control for individuals served through the public mental health system. The Michigan Department of Health and Human Services Self-Determination Implementation Technical Advisory from March 1, 2013 states that self-determination is based on the following four principles:

**Freedom:** The ability for individuals, with assistance from significant others (e.g., chosen family and/or 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 one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.

**Authority:** The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others as needed. It is the **authority** to control resources.

**Support:** The arranging of resources and personnel, both formal and informal to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the **support** to develop a life dream and reach toward that dream.

**Responsibility:** The acceptance of a valued role by the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life-enhancing. This includes the **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

<u>Choice Voucher System</u> – A set of methods for setting up contracts and payment mechanisms that support the accomplishment of self-determination by participants that are under the age of eighteen.

Agency Supported Self-Direction Model — A self-determination/choice voucher arrangement in which a contractual provider/agency maintains and oversees a resource pool of staff from which a consumer/participant can choose to hire for a self-determination/choice voucher arrangement. In this model the agency is responsible to ensure staff meet all state and federal provider staff qualifications and training requirements for arrangements. The agency with choice may also act as the role of the fiscal management service agency. Also with this model, the agency has a contractual arrangement with the CMHA.

<u>Purchase of Service Model</u> – A self-determination/choice voucher arrangement in which a non-contracted agency or professional provider enters into an agreement with the consumer/participant to provide services as outlined in the individual service budget. A fiscal management service (FMS) agency is required for this model to facilitate payment to the agency/provider. The individual may choose any qualified provider and will partner with the CMHSP to ensure their chosen provider meets all applicable Medicaid and professional requirements.

<u>Direct Employment Model</u> – A self-determination/choice voucher arrangement in which the consumer/participant finds and directly hires and contracts with his/her own staff. In this model

it is the participants' responsibility to ensure their staff meet all state and federal provider qualifications. The fiscal management service agency still maintains payroll responsibilities.

<u>Individual Service Budget</u> – A sum of money allotted for the purchase of self-determined services identified in the Individual Plan of Service (IPOS). An individual budget is a fixed allocation of public mental health resources. These resources are negotiated during the Person-Centered Planning process, developed into an individualized budget and approved by the local CMHSP. The consumer using a self-determination/Choice Voucher arrangement uses the funding authorized to acquire, purchase, and pay for specialty mental health and Intellectual/Developmental Disability services and supports that are accomplished through the consumer's IPOS.

<u>Fiscal Management Service (FMS) Agency</u> - A fiscal management service agency is an independent legal entity (organization or individual) that acts as the fiscal agent of CMHOC for the purpose of assuring financial accountability for the funds in the participants' individual budgets. The FMS receives the funds comprising the person's individual budget; makes payments as authorized by the employer to providers of services, supports or equipment; acts as support for the employer when the individual directly employs workers; and minimizes and eliminates conflicts of interest. The FMS agency may also provide a variety of supportive services, as contracted with CMH, that assist the individual in selecting, employing and directing individual and agency providers.

Qualified Provider — A provider who meets the Michigan PIHP/ CMHSP Provider Qualifications per Medicaid Service and HCPCS/CPT Codes and be at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon or illegal alien). Licensed professionals must act within the scope of practice defined by their licenses as outlined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and in the administrative rules that govern licensed, certified and registered professionals.

#### IV. POLICY:

It is the policy of CMHOC to ensure that all individuals with intellectual/developmental disabilities and/or mental illness have the opportunity to voluntarily participate in the self-determination process and to promote greater accessibility and availability of such arrangements for individuals receiving services.

#### V. PROCEDURE:

## 1. Inform participants of the options

The option of Self-Determination, possibilities, models and arrangements involved, will be explained and offered at least annually during the Person-Centered Planning process. All consumers/families/legal representatives shall be provided with the necessary information and education about the principles of self-determination and the possibilities, models and arrangements involved. All consumers/families/legal representatives shall have access to the

tools and mechanisms supportive of self-determination. Consumers/families/legal representatives will be informed all self-determination opportunities available to them as part of the pre-planning stage of person centered planning. Documentation of the pre-planning process will include what aspects of self-determination were offered to the consumer and whether the consumer wishes to pursue those options.

# 2. Development of the budget.

Employers involved in self-determination shall have the authority to select, control and direct their own specialty mental health services and supports arrangements by responsibly controlling the resources allotted in an individual budget, towards accomplishing the goals and objectives in their IPOS.

CMHSPs shall ensure that an individual budget is used with formal self-determination and Choice Voucher arrangements. The individual budget will be based upon the IPOS supports and services identified during the assessment and person-centered planning process, and comply with all Medicaid requirements related to individual budgets for self- determination/Choice Voucher Arrangements and funding of CMH covered services. The identified and budgeted IPOS supports and services will meet the definition of the Michigan Medicaid Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services Medical Necessity Criteria.

The Supports Coordinator/Case Manager (SC/CM) will facilitate the development of the individual budget. The development of the individual budget, with the FI, will include a review of the way money is being spent (reviewing all income and expenses and whether the individual has funds available for services and supports and to pay for activities and expenses). Specific areas of discussion will include who pays the bills, personnel management, and how the individual will receive needed services and supports (amount, scope and duration.) The SC/CM will support the employer/consumer as needed, including supporting delivering of services and supports in appropriate amount, scope, and duration.

The budget is finalized when the IPOS is signed and finalized. The budget may be amended during the planning year using the PCP process.

# 3. Using a fiscal management service agency.

The SC/CM assists the consumer, family, and his/her advocates with selecting a Fiscal Management Service (FMS) Agency and collaborates with the CMHOC's Self-Directed Services Coordinator who can;

- 1. Provide education to the consumer and family,
- 2. Assist to assure that procedures are followed and all forms, training, and checks are completed prior to service provision, and
- 3. Assure appropriate data entry into the electronic fiscal system.

## 4. Becoming the employer of record – rights and responsibilities

A discussion of possibilities for informal support must start with this legal fact: All individuals, regardless of their abilities and disabilities, are presumed competent under state law unless there

is a legal determination otherwise. That legal determination may be in the form of a guardian under the Mental Health Code for a person with a developmental disability or a guardian or conservator under the Estates and Protected Individuals Act for a person with a mental illness. The guardian must act on behalf of the individual per the legal guardian arrangement. In regards to self-determination this includes: assuring employee training is complete & current; following through on rules and regulations of employment; assuring that timecards, progress notes are accurate & timely; as well as reviewing the budget & hours to assure both are within limits as identified in the person centered plan.

## 5. Employees

All employees must be qualified providers per Medicaid guidelines and remain current on designated training.

The participant and/or family/guardian must ensure that the individual budget is utilized to purchase services which meet medical necessity criteria as outlined in the Michigan Medicaid Manual, are authorized in the IPOS, and are delivered by qualified providers. Services must be documented with sufficient detail to allow reconstruction of what transpired for each service billed, must be signed and dated by the provider. For services billed in 15 minute units, a start and stop time must be identified for that particular service. If Day or Encounter services are billed, then each day of service must be documented. They must also ensure that invoices of services provided are submitted accurately, in a timely manner, and are within authorized services and amounts.

# 6. Monitoring of services

Service provision must be documented on the designated progress note and made available upon request to CMHOC. This ensures all employees are adhering to the authorized IPOS supports and services.

Monitoring of the services and expenditures are to be done by the FMS, SC/CM, Self-Directed Services Coordinator and the employer to ensure compliance with IPOS and budgetary parameters.

# 7. Termination of the Self Determination Agreement

Either party, CMHOC or the employer/consumer may terminate a self-determination agreement, and therefore, the self-determination arrangement. Prior to CMHOC terminating an agreement the participant will be informed of the issues that have led to consideration of a discontinuation or alteration decision, in writing, and provide an opportunity for problem resolution.

#### VI. REFERENCE

Community Mental Health of Ottawa County Operational Guideline for Corrective Action Plan for Self Determination Program. (2011, November 1).

Lakeshore Regional Entity Self Determination Procedure. (2022, May 19).

Michigan Department of Health and Human Services Choice Voucher System for Children. (2016, March 1).

Michigan Department of Health and Human Services Michigan PIHP/CMHSP Provider Qualification per Medicaid Services & HCPCS/CPT Codes. (2023, June 30).

Michigan Department of Health and Human Services Self-Directed Services Technical Requirements. (2022, January 31).

Michigan Department of Health and Human Services Self-Direction Technical Requirement Implementation Guide. (2022, January)

Michigan Legislature. (2017). Public Health Code Occupational Regulations MCL§333.16109.

The Michigan Department of Health and Human Services Standards for Mental Health Services, and MDHHS Administrative Rules