Self-Determination and Self-Directed Arrangements

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that the option to Self-Direct Services shall be available to all members who use community mental health services, including persons with intellectual and developmental disabilities, persons with mental illness, and persons with co-occurring disorders. Self-Directed Services are a partnership between DWIHN and the member. The person-centered planning process will drive Self-Determination along with the development of an Individual Plan of Service (IPOS), as well as exploration of Self-Directed services.

PURPOSE

To set the policy direction in accordance with the Michigan Department of Health and Human Services (MDHHS) Self-Direction Technical Requirement Implementation Guide and the Self-Directed Practice and Fiscal Intermediary Guideline.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, DWIHN Network Providers, any individual being paid with Medicaid dollars through a Self-Directed Arrangement.

2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, and Autism.

3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, Autism, Grants, and General Fund.

KEY WORDS

1. Agreements: Legally executed documents between the member receiving services (or their legal representative if applicable) and the provider of an authorized service. Each agreement clearly identifies the responsibilities of the signing entity.

2. Casemanager: A Medicaid covered service that works collaboratively with the member served, as well as their supports, to assess needs and goals, build plans of service, link to resources, monitor outcomes, and advocate for persons served.

3. Clinically Responsible Service Provider (CRSP): Agency with a contract with DWIHN to provide
Support Coordination or Casemanagement services.

4. **Employer of Record (EOR):** The term for the person who is a legal employer. The employer of record takes on the responsibility of traditional employment tasks and liabilities. The employer of record may delegate some of their employer responsibilities to the Financial Management Service Provider such as actual payment of services, employment taxes and workers compensation policies, training requirements, and payroll distribution.

5. **Financial Management Service Provider (FMS) formerly called Fiscal Intermediary (FI):** An agency that provides administrative and billing support for a member who has a Self-Directed Arrangement; they receive payment from DWIHN to pay for authorized services. The FMS is minimally responsible for: completing background checks for self-hired staff, billing for services in the budget, paying authorized services, tracking expenditures, providing monthly statements to the person, and adhering to FMS responsibilities detailed in the Technical Requirement Implementation Guide.

6. **Independent Facilitator:** A person who will facilitate the Person Centered Planning Meeting, this person is not an employee of DWIHN or the CRSP and is selected by the person. They will assist with arranging the meeting, encouraging discussion at the meeting, and focuses on support needs and goals.

7. **Individual budget:** A fixed allocation of public mental health funds derived from the costs of services and supports. The member's budget is based on services determined to be medically necessary through the Person Centered Planning process.

8. **Person Centered Planning (PCP):** Process used to develop the Individual Plan of Service where the member is regarded as the "expert of their own life". The member decides when to have the meeting, where to have the meeting, who will come to the meeting, and what topics are important to them to discuss at the meeting.

9. **Self-Determination:** Self-determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. The goals of SD, on an individual basis, are to promote full inclusion in community life, to have self-worth and increase belonging while reducing the isolation and segregation of people who receive services. Self-determination builds upon choice, autonomy, competence and relatedness which are building blocks of psychological wellbeing.

10. **Self-Direction or Self-Directing services:** Self-Direction or Self-Directing services is a method for moving away from professionally managed models of supports and services. It is the act of selecting, directing, and managing one’s services and supports. People who self-direct their services are able to decide how to spend their services budget with support, as desired.

11. **Support Coordinator:** (formerly called Casemanager) A Medicaid covered service available for member receiving services to facilitate community inclusion and participation, maximize independence, and/or enable productivity in home- and community-based settings by implementing an Individual Plan of Services (IPOS) through the person-centered planning process.

**STANDARDS**

1. Self-Determination is based on the four key principles that follow:
   a. Freedom: The ability for members, with assistance from significant others (e.g., chosen family and/or friends), to plan their life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to review personal resources and choose where and with whom one lives, who and how to connect to in one’s community, the opportunity to contribute in one’s own ways, and the development of a personal lifestyle.
b. Authority: The assurance for a member receiving services, with the support from significant others as needed, control a certain sum of dollars in order to select who will provide their supports with the backing of their significant others, as needed. It is the authority to control resources.

c. Support: The arranging of resources and personnel - both formal and informal - to assist the member in living his/her desired life in the community, rich in community associations and contributions. The member organizes support to develop a meaningful life.

d. Responsibility: The acceptance of a valued role by the member 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.

2. Self-Directing services is an approach to care which provides an opportunity for people to attain and maintain control over the course of their lives, while at the same time owning responsibility to spend public dollars efficiently and effectively. Self-Directing services is about supporting people to design their own unique lives, and draw from all available resources, including, but not limited to, the public mental health system.

3. A hallmark of self-direction is assuring a member has the opportunity to direct a fixed amount of resources identified in an individual budget which is derived from the person-centered planning process. The member independently or with assistance from allies, controls the use of the resources in his/her member budget to determine which services and supports he or she will purchase, from whom, and under what circumstances. Through this process, members possess power to make meaningful choices in how they live their life.

4. DWIHN shall:
   a. assure compliance to MDHHS Self-Directed guidelines.
   b. review and monitor contractor adherence to this policy as one element in its network management program and as one element of the QAPIP Goals and Objectives.

5. Mental health funds included in the individual budget are the assets and the responsibility of DWIHN and must be used consistent with statutory and regulatory requirements. DWIHN shall contract with a diverse pool of Financial Management Service Providers whose primary responsibility is to ensure that members with an individual budget have access to funds and spend the funds as authorized in their Individual Plan of Service.

6. DWIHN, through its network of providers, shall assure compliance in the areas that follow: governance, pre-planning, person-centered planning, and discontinuation:
   a. Governance
      1. DWIHN shall implement a method for members to control and direct an member budget or resource allocation consistent with MDHHS Self-Direction Technical Requirement Implementation Guide (attached) regarding member budget/resource allocation amounts and permissible adjustments to authorized amounts to address changes in the member's condition or situation. The method shall specify procedures for members to authorize and direct the delivery of services and supports from qualified providers selected by the member, subject to considerations regarding the economical and efficient operation of the public mental health system.
      2. DWIHN shall design options, how to access these options and the range of alternatives that might be selected by the member to direct and manage authorized services and supports.
3. DWIHN shall design and implement alternative approaches for those members electing to use an individual budget to facilitate direct provider arrangements. The approaches shall provide for a range of control options up to and including direct retention of providers through purchase of service agreements between the member and the provider.

4. Issues of the member’s health, safety and well-being shall be central to assuring successful accomplishment of a member’s Individual Plan of Service. These issues are to be addressed and resolved using the Person-Centered Planning process, balancing member preferences and opportunities for Self-Directed Arrangements with DWIHN’s obligations under federal and state law and applicable waiver regulations.

5. Self-Directed Arrangements shall be applied consistent with federal and state law and regulations.

6. Self-Directed Arrangements are not to be construed as a means to avoid service obligations to the member or to inappropriately reduce the provision of medically necessary services and supports.

b. Pre-planning

1. DWIHN shall create a standardized method to provide members with information regarding Self-Directed principles, support possibilities, and how to initiate an arrangement. Members interested in utilizing a Self-Directed Arrangement will be informed of the various means, procedures and methods that can be used to implement Self-Determination. Members shall be assisted through the procedure to implement their Self-Directed Arrangement (including the use of an Independent Facilitator).

c. Person-Centered Planning Process

1. Self-Directed Arrangements shall begin when DWIHN and the member reach an agreement on a Person-Centered Plan. The amount of public mental health resources authorized to accomplish the plan, an explanation of any applicable restrictions and limitations associated with the utilization of public mental health and/or Medicaid funds, and an agreement on the specific means through which authorized resources are to be managed, applied and accounted for shall be included in the plan.

2. Fiscal responsibility, economical and efficient use of public funds as well as legal compliance with the DWIHN and MDHHS instructions shall guide the member and the provider in reaching an agreement on the allotment and use of resources comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of DWIHN and the member. Methods for insuring such accountability must be in place via use of a FMS.

d. Discontinuation

1. Self-Directed Arrangements are voluntary and therefore, the member may elect to discontinue the use of this method of service delivery at any time. DWIHN, as an agreeing party, may terminate a Self-Directed Agreement.

2. Prior to implementing any decision to discontinue or modify a Self-Directed Arrangement, (including an member budget and corresponding agreements), DWIHN will inform the member of the issues that have led to the consideration of a discontinuation in writing and provide an opportunity for problem resolution. Typically the resolution would be conducted using the Person Centered Planning process with termination being the option if other mutually-agreeable solutions cannot be agreed upon. In an instance where DWIHN discontinues a Self-Directed
Arrangement, the member is provided an explanation of applicable grievance and dispute resolution processes as appropriate notices.

3. Discontinuation of a Self-Directed Arrangement, by itself, neither changes the member’s authorized services nor eliminates the obligation of DWIHN to assure specialty mental health services and supports required in the Individual Plan of Service.

4. Termination of a Self-Directed Arrangement by DWIHN is not a Medicaid Fair Hearing issue. Only a suspension, reduction, or termination of Medicaid service can be appealed through the Medicaid Fair Hearing Process, not the use of agreements that support Self-Directed to obtain those services. Despite the termination of an agreement (which is only the method of service delivery); the amount, scope, and duration of services will not change.

QUALITY ASSURANCE/IMPROVEMENT

1. DWIHN shall review and monitor contractor adherence to this policy as an element in its network management program and as an element of the QAPIP Goals and Objectives.

2. DWIHN must develop and implement a plan for assessing and monitoring FMS performance to ensure that the FMS is properly performing its functions.

3. DWIHN must actively involve members served.

4. If the FMS fails to fulfill its functions properly (especially accounting for Medicaid funds and handling the employer agent duties) and do not discover the situation through its monitoring process and take corrective action, Detroit Wayne Integrated Health Network, providers and subcontractor(s) may be held responsible and exposed to liability and potential financial penalties. (Refer to MDHHS Self-Direction Technical Requirement Implementation Guide, Version 2.0, October 2020).

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, providers, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY AND REFERENCES


RELATED POLICIES

1. DWIHN Individual Plan of Service/Person Centered Plan

RELATED DEPARTMENTS

1. Claims Management

2. Clinical Practice Improvement

3. Compliance

4. Customer Service
5. Information Technology  
6. Integrated Health Care  
7. Legal  
8. Managed Care Operations  
9. Management & Budget  
10. Quality Improvement  
11. Recipient Rights  
12. Utilization Management  

**Attachments**

- MDHHS' Self-Determination Practice Fiscal Intermediary Guideline 7-29-20.pdf  

**Approval Signatures**

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