

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH**

Date Issued: 01/02

Date Revised 10/09;01/13;11/13;11/14;11/17;03/19

Page 1

<b>CHAPTER</b> Service Delivery		<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher			
<b>WRITTEN BY</b> A. Schlichting & K. Bringard	<b>REVISED BY</b> Alana Gottler		<b>AUTHORIZED BY</b> SCCCMHA Board	

I. APPLICATION

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Programs
- Residential Programs
- Specialized Foster Care
- SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) to assure that Self Determination arrangements are available to all adult individuals with a mental illness and /or developmental disability who are eligible for public mental health services. Choice Voucher is what Self Determination is called for children.

III. DEFINITIONS:

- A. Fiscal Intermediary (FI): An independent legal entity (organization or individual) that acts as a fiscal agent for the purpose of assuring fiduciary accountability for the funds comprising a person’s individual budget. A fiscal intermediary shall perform its duties as specified in a contract with a CMHSP or its designated subcontractor. The purpose of the fiscal intermediary is to receive funds making up a person’s individual budget, and make payments as authorized by the individual to providers and other parties to whom a person using the individual budget may be obligated. A fiscal intermediary may also provide a variety of supportive services that assist the individual in selecting, employing and directing individual and agency providers.
- B. Individual Budget: An individual budget is a fixed allocation of public mental health resources, and may also include other public resources whose access involves the assistance of the CMHSP, denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health services and supports needed to accomplish a person’s plan of services/supports. The person served uses the funding authorized to acquire, purchase and pay for specialty mental health services and supports that support accomplishment of the individual’s plan. The budget is developed through the Person Centered Planning process.
- C. Qualified Provider: An individual worker, a specialty practitioner, professional, agency or vendor that is:
  - At least 18 years of age,
  - Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.

CHAPTER Service Delivery	CHAPTER 03	SECTION 001	SUBJECT 0010
SECTION Treatment	SUBJECT Self Determination / Choice Voucher		

- Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed.
- In good standing with the law according to the MDHHS/PIHP contract (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
- Meet CMHSP provider qualifications

D. Specialty Mental Health Services: Includes any service/support that can legitimately be provided using funds authorized by the CMHSP in the individual budget.

#### IV. STANDARDS:

- A. Participation in the Self-Determination payment system shall be a voluntary option made available to all adult recipients, unless the cost ratio of paying a Fiscal Intermediary to the actual cost of services makes it too costly and inefficient.
- B. Individuals shall responsibly control the resources allotted in an individual budget toward accomplishing the goals/objectives in their plan.
- C. Self Determination (SD): Incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability 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. Within Michigan's public mental health system, self-determination involves accomplishing system change to assure that services and supports for people are not only person-centered, but person-defined and person-controlled. Self-determination is based on four principles. These principles are:
1. 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 services and 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 in one's community, the opportunity to contribute in one's own way, and the development of a personal lifestyle.
  2. 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 that are available for supports and services.
  3. 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 or ambition and reach toward that dream.
  4. 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.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

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

- D. Agreement on the plan must include a description of the arrangements that will, or may, be applied by the individual to select, control, and direct the provision of those services/supports.
- E. Development of an individual budget shall be done as part of the plan and agreed to by the individual and the CMHSP.
  1. The directions and assistance necessary for the individual to properly apply the individual budget shall be provided to the individual, in writing when the agreement is finalized.
  2. Mental Health funds comprising an individual budget are the property and responsibility of the CMHSP. Authority over their direction is delegated to the individual, for the purpose of achieving the goals and outcomes contained in the individual's plan of service. Limitations associated with this delegation shall be determined in the process of developing the IPOS and/or employer of record.
  3. An arrangement shall be made in writing between the CMHSP and the individual describing the responsibility and the authority of both parties in the use of the individual budget.
  4. An individual budget, once authorized, shall accompany the individual's plan of service. It shall be in effect for a defined period of time, typically one year. Since the budget is based upon the individual's plan of service and supports, when the plan needs to be changed, the budget must be reconsidered as well. In accordance with the person centered planning practice guidelines, the plan may be reopened and reconsidered whenever the person or the agency feels it needs to be reconsidered.
  5. The funds aggregated and used to finance an individual budget may be controlled by more than one funding source. Flexibility in the use of these funds is therefore constrained by the specific limitation of funding sources (e.g. Home Help, VA, Vocational Rehabilitation, etc.)
  6. An individual budget shall be flexible in its use. Adjustments in the application of the individual budget shall occur within the framework that has been agreed to by the person receiving services and the CMHSP and described in an attachment to the self-determination arrangement.
  7. Funds allotted for specialty mental health services may only be used to purchase specialty mental health services. Contracts with providers of specialty mental health services should not be entered into if they are not fiscally prudent.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

- F. A recipient shall be able to use any willing and qualified provider who is available to provide the needed treatment, services and supports. Approaches may include CMHSP Direct Operated or contractual services, or through a direct purchase of service agreement with the person receiving services.
1. Fees and rates paid to providers with a direct purchase of services agreement with the person receiving services shall be negotiated by the individual. The individual must stay within the boundaries of the authorized individual budget.
  2. Where a person receiving services selected and directed provider of services has a direct contract with the CMHSP, the provider may be paid by the CMHSP, not the fiscal intermediary. In that case, the portion of funds in the individual budget would not be lodged with the fiscal intermediary, but instead would remain with the CMHSP as a matter of fiscal efficiency.
- G. A person receiving services shall be able to access alternative methods to choose, control and direct personnel necessary to provide direct support including:
1. Acting as the employer of record of personnel.
  2. Access to a provider entity that can serve as employer of record for personnel selected by the person receiving services.
  3. CMH contractual language with provider entities that assures individual selection of personnel, and removal or reassignment of personnel who fail to meet individual preferences.
  4. Use of CMH employed direct support personnel as selected and retained by the person receiving services.
- H. Fiscal intermediaries shall be under contract to the CMHSP or a designated sub-contracting entity. Contracted functions may include:
1. Payroll agent for direct support personnel employed by the person receiving services (or chosen representative), including acting as an employer agent for IRS and other public authorities requiring payroll withholding and employee insurances payments.
  2. Payment agent for recipient-held purchase of services and consultant agreements with providers of services and supports.
  3. Provision of periodic (not less than monthly) financial status reports concerning the individual budget, to both the CMHSP and the individual. Reports made to the individual shall be in a format that is useful to the individual in tracking and managing the funds making up the individual budget.
  4. Provision of an accounting to the CMHSP for the funds transferred to it and used to finance the costs of authorized individual budgets under its management.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

5. Assuring timely invoicing, service activity and cost reporting to the CMHSP for specialty mental health services and supports provided by individuals and entities that have a direct agreement with the individual.
6. Other supportive services, as denoted in the contract with the CMHSP that strengthen the role of the person receiving services as an employer, or assist with the use of other agreements directly involving the consumer in the process of securing needed services.
- I. An entity acting as a fiscal intermediary shall be free from any relationship that would be a conflict of interest. The fiscal intermediary may not be a direct service provider to any of the individuals to be served by this project. The fiscal intermediary must never be in the situation of having to provide payment to itself for services rendered to any person receiving services through this Self-Determination program.

V. PROCEDURES:

(This section applies to SCCCMHA and its provider network only)

A. **Procedural guide to set/run/monitor Self-Determination / Choice Voucher Arrangement**

During pre-planning meeting, discuss self-determination as an option for delivery of applicable services. It can also be discussed as a service option as appropriate throughout the year. Ensure that family is aware of benefits and responsibilities that accompany a self-determination arrangement. Benefits include: increased flexibility, freedom to decide how one wants to live his or her life and support to organize resources in ways that are life enhancing and meaningful to the individual.

**Supports Coordinator**

1. ~~Send SD Coordinator an e-mail indicating an individual has expressed interest in an arrangement.~~
1. ~~Send SD Coordinator an e-mail indicating an individual has expressed interest in an arrangement and request some dates with availability for a meeting.~~
2. ~~Schedule meeting with potential employer (typically individual or guardian) and SD Coordinator. The meeting will entail: discuss roles and responsibilities of SCCCMHA, the employer of record and FI; training information; weekly note guidelines; budget information; contact information for questions/concerns; education of current FI's. Complete budget worksheet based off IPOS and send to SD Coordinator.~~
  - a. ~~SC MUST ensure that a current case consult has been completed (for any cases with 10 hours or more) with approval for CLS/Respite hours and is scanned in the record.~~

Formatted

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

b. SC to ensure Budget dates must align with IPOS dates – Arrangement will not be made past IPOS expiration date.

2.—

—Get Release of Information for FI agency.

3.— Get clarification following the meeting if an arrangement will be pursued or not as well as what FI they have selected.

3.— Complete budget worksheet based off IPOS and send to SD Coordinator.

● SC MUST ensure that a current case consult has been completed with approval for CLS/Respite hours and is scanned in the record.

● SC to ensure Budget dates must align with IPOS dates—Arrangement will not be made past IPOS expiration date.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25", Tab stops: 1.25", Left

**Self Determination Coordinator**

4.— Complete the paperwork for SD/CV Arrangement and cover letter which will be sent to guardian/individual for signature.

Formatted: Indent: Left: 1.25", No bullets or numbering

3. SD Coordinator will reach out to individual and/or guardian to discuss self-determination including: roles and responsibilities of SCCCMHA, the employer of record and FI; training information; weekly note guidelines; budget information; contact information for questions/concerns; education of current FI's.

4. Send application packet to potential worker and/or individual/guardian with training information.

4.— Send budget to FI

**Employer (Individual/Guardian)**

5. Choose employee(s) and have them complete application packet and send to SD Coordinator.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 4 + Alignment: Left + Aligned at: 0.91" + Tab after: 1.19" + Indent at: 1.19"

**Self Determination Coordinator**

Formatted: Font: Not Bold, Underline

6. Once application packet is received SD Coordinator will send complete referral packet to chosen FI field service representative.

Formatted: Font: Not Bold

7. Complete the paperwork for SD/CV Arrangement.

Formatted: Font: Not Bold, Underline

8. Complete weekly note packet for employee including return envelopes to be explained and given to employee at start-up meeting.

9. Attend start-up meeting with FI representative, employer of record and employee.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

**Supports Coordinator**

- ~~4. Contact FI field service rep to complete a start-up meeting with the family (SC does not need to attend this meeting but is encouraged to do so if available.)~~
- ~~4. Open location of FI and add authorizations for services (amend if not already in the plan-ensure to add intervention information):~~
  - ~~• Authorization needed for 1 time start up~~
  - ~~• Authorization needed for monthly FI (1 per month)~~
  - ~~• Authorization needed for services (CLS/Respite/daily rate)~~
- ~~4. Complete a weekly activity note and give to employee on record. SC to express importance of this form being turned in to SC at the same time that staff send timesheets to the FI. Weeklies can be mailed in or faxed to SC (ideally every 2 weeks minimum monthly).~~

- 10. Open location of FI and add authorizations for services (amend if not already in the plan-ensure to add intervention information).
  - Authorization needed for 1 time start up
  - Authorization needed for monthly FI (1 per month)
  - Authorization needed for services (CLS/Respite/daily rate)

Formatted: Font: Not Bold, Underline

Formatted: Font: Not Bold, Underline

**Employer (Individual/Guardian)**

- ~~4. Choose and hire employee(s).~~

**Employees**

5.3. Completes required trainings and can start services only after they have been completely trained. SC can make a request to SD Coordinator if there is question on whether an employee has completed all the trainings.

**Support Coordinator**

6.4. Complete IPOS training log with all employees that are providing service (this is part of employee training).

**Employer**

7.5. Sends proof of trainings to SD Coordinator.

**Fiscal Intermediary**

8.6. Provide monthly budget to employer of record and SD Coordinator.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

**Self Determination Coordinator**

9.7. Review monthly budget sheets and forward to SC.

**B. Terminating an SD/CV arrangement**

**Supports Coordinator**

1. Notifies SD Coordinator with end date.
2. Ends location code according to end date and early terminates authorizations.

**Self Determination Coordinator**

3. Notifies FI and sends termination letter.

**C. Renewing an arrangement at time of IPOS**

**Support Coordinator**

1. Sends new budget worksheet to SD Coordinator
- ~~2. Ensures a new weekly note is completed.~~

**Self Determination Coordinator**

- ~~3.~~ 2. SD Coordinator will send renewed arrangement paperwork to employee of record for signature. SD Coordinator will send weekly note paperwork to employer of record or employee.

Formatted: Underline  
Formatted: No bullets or numbering

Monthly printouts will be sent to the individual / family of service usage (from Fiscal Intermediary). This will allow everyone to monitor the budget. The individual/family, who are also the employers, will need to follow up with Fiscal Intermediary if there are concerns to assure the budget remains on track.

If staff quit or are unable to work and the employer does not find a new staff within 2-3 weeks, contact designated staff immediately. The arrangement can be suspended on a short-term basis which saves the monthly cost paid to the Fiscal Intermediary. If a staff cannot be found on the longer-term basis, the arrangement may need to be terminated.

If there are concerns related to misuse of approved services or lack of progress on goals within a SD arrangement this would be treated as any other situation. Services provided under a SD arrangement are Medicaid services and the same follow up and expectations remain.



<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0010
<b>SECTION</b> Treatment	<b>SUBJECT</b> Self Determination / Choice Voucher		

Self Determination arrangements are voluntary for the individual / family and CMH. If the arrangement is not meeting the needs of the individual it can be terminated on either end and at any time.

Resources are available on the Compass under Adult and Family Services and Child and Family Services.

VI. REFERENCES:

MDHHS Medicaid Contract, Self Determination Policy & Practice Guideline

VII. EXHIBITS:

None Available

