



Self-Directed Services and Choice Voucher Handbook for Persons Served

Introduction

It is the policy of The Right Door for Hope, Recovery and Wellness to provide opportunities for self-directed services to all adults with intellectual or developmental disabilities and adults with mental illness. Choice Voucher arrangements are also available for children with developmental disabilities and/or severe emotional disturbance. You have the option of selecting an independent facilitator to begin the process of implementing a self-directed/choice voucher service arrangement. You will have the authority to select, control, and direct approved, medically necessary services and supports, through the management of the resources allotted in your individual budget. Promoting self-direction for individuals with significant service and support needs requires a shift from the approaches that fit people into an existing service array to approaches that are truly person-centered and person-controlled.

Self-determination is at the core of these service arrangements. Self-determination is all about choice and control. It is about giving over decision-making authority to people with disabilities, with support of their family and friends. It is about freedom. Self-determination asserts that a person should not have to lose their freedom because they require support from the public sector.

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Should I Self-Direct Services?

What are the advantages of self directing services?

- Personally controlled planning process with support from family and friends
- Individualized budgeting in regards not only to what you buy, but also for how much
- Choice of where and when supports are provided
- Choice and direct of support workers
- Control of how budgeted funds are spent for approved services and goods, meaning you negotiate the pay rate within allowable limits

What are the responsibilities of self directing services?

- Develop your own job description for the positions you want to fill
- Recruit your own staff
- Interview people to see who you want to hire
- Check references and make sure background checks are done
- Train staff
- Set up the schedule for when each staff person will work
- Have a back-up plan for absent support workers
- Give feedback to staff on how well they are doing their job
- Make sure time sheets are completed...sign off for accuracy
- Keep up with your budget....how much you are spending for services
- Participate in individual service plan meeting (ISP)
- Report to primary clinician how things are going with your services
- Making sure reporting and documenting are done
- Fire staff if you are dissatisfied with their work If you have made the decision to self-direct, this guide and workbook will give you information and tools to do it successfully.

Principles of Self-Determination

Self-determination (SD) is a value that promotes authority over an individual's life. It involves making choices and taking responsibility of his or her life by hiring their own staff and managing their services within a pre-determined budget through the person-centered planning process. Self-determination is not a program, but a different way of delivering services. It gives persons served and guardians more control over the use of the Medicaid dollars that are set aside for a person's care.¹

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

The Choice Voucher System for Children provides a concrete set of methods that gives families of children receiving services and supports the meaningful authority to choose and directly hire providers of authorized services and supports.²

Being prepared is an important starting point for self-determination. Reading the corresponding policies and this handbook will prepare persons served for success throughout the process. The Right Door will support persons served in navigating the responsibilities of self-directed service arrangements; however, there are guidelines and policies persons served should be aware of before entering into this type of arrangement. All services received must have prior authorization: this means that before a service is provided, it must be evaluated to determine whether there is a **medical necessity** for the service. Medical necessity is further explained on Page 11 of this handbook. If a person served has any questions they may contact their primary clinician at any time.

¹ Adapted from Saginaw County CMH Authority Self-Determination Handbook 2016

² Choice Voucher System for Children Technical Advisory, 2015

Principles of Self-Determination

- **Freedom** to plan your life with the needed supports.
- **Support** to help you arrange your resources and staff.
- **Responsibility** of accepting an active role in your community through jobs, clubs, churches and helping others. It also means carefully using public dollars to meet your needs and make your life better.
- **Authority** to control a set budget on the supports and services you need.

Roles of Different Stakeholders

Intake and Evaluation Team Members

- Conducts person-centered assessments
 - Writes assessment reports
- Is knowledgeable of community resources

Person Served/Employer

- Understand the budget and determine how many hours of service you can afford
- Develop a job description and identify qualities you are looking for in a support worker
 - Recruit, screen, and interview possible workers
 - Check references and make hiring decisions. Provide them the required information to complete for the Financial Management Service (FMS) Provider
 - Train on specific needs of the person being supported
 - Determine work schedule of support workers
 - Develop open communication with support workers
 - Provide positive/negative feedback on job performance
 - Create a positive work environment
 - Set boundaries and expectations
 - Develop a back-up plan for when support workers are absent
 - Sign off on time sheets and submit them for payment
- Keep documentation of services as used, including notes on services provided for 7 years.
 - Review budget reports and stay within your budget

Roles of Different Stakeholders Cont.

Primary Clinician

A primary clinician is the individual assigned by The Right Door to assist a person served in accessing and coordinating services, supports and/or treatment. They are responsible for providing persons served with the necessary information related to self-direction and choice voucher arrangements once requested. A primary clinician will also:

- Facilitate the person-centered planning process, if the person served chooses
 - Requests authorizations for services
 - Assist in communicating changes in a person served's needs
 - Partner with person served to amend their individual plan of services
- Reviews required Medicaid documentation when submitted to medical records by person served/employer.

Self-Direction Employees/Staff

Employees work for the person served and are responsible for knowing what the person served's needs, goals, and plans are through review of the individual plan of service. Employees will be qualified:

- At least age 18
 - Able to prevent transmission of any communicable disease
- Able to communicate expressively and receptively in order to follow the IPOS, support person served's needs and provide documentation of services provided
 - In good standing with the law (criminal background check)
- Clear Recipient Rights checks (if something arises, this will be reviewed on an individual basis)
 - Able to perform basic first aid procedures
- Not a conflict of interest (not the person served's legal guardian, spouse or person financially responsible)
 - Must have a valid/current driver's license and auto insurance if they will be transporting person served
 - Complete agreements and forms required for employment
 - Complete required trainings
 - Provide services outlined in the IPOS when scheduled
 - Submit accurate documentation after providing services
 - Submit accurate time sheets to employer
- Fill out incident reports for any unusual incidents that occur during their shift and give to the case manager within 24 hours of discovery of the incident.

Roles of Different Stakeholders Cont.

Financial Management Service (FMS)

At no time can Medicaid dollars go directly or indirectly to a person served, guardian, or responsible party, therefore an FMS is used to pay for services and help coordinate self-directed services.³ The FMS will assist persons served with some of their responsibilities as an employer. The FMS is an independent legal entity under contract with The Right Door that receives the money identified in the individual budget from The Right Door and helps a person served coordinate various employment tasks. When employee timesheets are submitted by the person served/guardian/employer, the FMS makes a payment to the person's workers or providers.

An FMS also:

- Facilitates the completion of required documents
- Ensures staff are trained by working with the employer
- Completes background checks **before employees are hired and annually thereafter**
- Helps a person served manage payroll, taxes and some legal responsibilities
 - Pays employees after processing time sheets
 - Distributes monthly budget reports to the employer and The Right Door
- Communicates with employer and The Right Door if there are budget concerns such as over or under-utilization

The Right Door has contracts with the FMS agencies listed below. Persons served/employers are encouraged to speak to their primary clinician about choosing one that works for them.

GT Independence

215 Broadus Street

Sturgis, MI 49091

(877) 659-4500

www.gtindependence.com

Roles of Different Stakeholders Cont.

The Right Door for Hope, Recovery and Wellness (The Right Door)

The Right Door is there to help persons served/employers along the way. The Right Door provides training and education for participants of self-determination and choice voucher arrangements.

The Right Door also has the responsibility to:

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

Independent Facilitator

An independent facilitator is an individual outside of The Right Door that persons served may choose to facilitate their individual plan of service meetings during the person-centered planning process. For a list of available independent facilitators contracted through The Right Door, please speak with your primary clinician for more information. This is optional and is available at no cost to persons served.

Medical Necessity

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

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

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.⁴

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

“Deny services:

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

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

Medical Necessity Continued

□ For which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and/or

□ Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.” 5

Self-Directed Services Process for Persons Served

1. Person informs Primary clinician of desire to start or continue a self-directed services arrangement.
2. Primary clinician discusses the process and responsibilities with person/employer. This includes reading and discussing the handbook, self-direction orientation folder, and policies related to self-direction.
3. Primary clinician and person served/employer review current Individual Plan of Service (IPOS)/complete IPOS for areas and/or services to be included in the self-direction arrangement. **The IPOS MUST contain an Emergency Back-up Plan outlining steps to follow should staff not report to work.**
4. Primary clinician works with person served/PCP meeting supporters to develop a proposed budget for the self-direction arrangement services outlined within the IPOS (this budget includes requested rates of pay, staff hours, holiday, training hours, and vacation times). Primary clinician and person served/employer discuss and agree on the proposed budget.
 - Of note, if there is a change in approved The Right Door services throughout the year, an updated budget will need to be completed to correspond with the IPOS and approved authorizations. If person served/employer want to modify the budget, a review should be completed with the primary clinician asap.
5. The proposed budget is reviewed by The Right Door CEO and the Clinical Supervisor for approval. Once approval is provided, the budget is finalized. The Right Door will send the budget to the FMS for further implementation.
6. For a new Self-Direction arrangement, the budget must be finalized and signed prior to completion of the Self-Direction Agreement. The FMS will work with person served/employer to complete the Choice Voucher/Self-Determination Agreement. The FMS will send the agreement to The Right Door CEO for approval and signature.
 - *** Before services can begin, a valid agreement, budget, and authorizations must be in place.
7. The FMS will complete background requirement checks of all employees. Once employees are approved, the primary clinician will notify person served/employer to schedule a meeting with the FMS for completion of employer related documents.
 - *** Each employee must sign a Self-Direction Provider Agreement.
- 8. Services can begin for new Self-Directed services arrangement!**

Self-Directed Services Process for Persons Served

9. All employees must complete training within required timeframe. Evidence of this training must be forwarded to the FMS and saved by the employer for at least 7 years and to be available at anytime requested for proof of Medicaid compliance.
10. On-going monitoring of the arrangement should occur by the primary clinician as well as the employer. FMS will send monthly budget reports to the employer and The Right Door.
11. The primary clinician maintains at least monthly contact with person served and communicates concerns, issues or proposed changes throughout the year until the annual IPOS is due again or changes to the budget arise.

Interviewing and Hiring Employees

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

Here are some important things to remember:

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

Steps to Hiring Employees⁶

Step 1: Preparing for SD Staff

With the primary clinician and The Right Door review, persons served/employers determine their financial budget and staffing requirements based on the amount, scope and duration identified in their IPOS. The authorized budget will go to the FMS. The FMS will work with the employer on employment model.

Step 2: Finding Potential Employees

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

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

Step 3: Preparing for Interviews

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

Step 4: Interviewing

Schedule interviews!

Remember during the interview process, persons served/employers **should:**

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

Here are some interview questions to consider using in this step⁷:

1. Tell me a little bit about yourself.
2. Tell me about your previous employment. What were your responsibilities?
3. Why did you leave?
4. What was your most challenging job/position?
5. What was your most rewarding job/position?
6. Why does this position appeal to you?
7. How do you handle stress and/or emergencies? Give an example of what you would do if a health issue or emergency came up.
8. What are your strengths?
9. What are your weaknesses?

⁶ Adapted from Stuart T. Wilson "Hiring Employees" booklet, 2016

⁷ Adapted from Stuart T. Wilson "Interview Guide" online, 2016

Steps to Hiring Continued

10. What hobbies or interests do you have, and would you share them?
11. What kind of community activities do you enjoy?
12. Do you have a vehicle? Would you be willing to drive?
13. Why do you want to work for us?
14. Describe a difficult work situation and how you overcame it.
15. Why should we hire you?
16. Do you have any questions about the job or duties?

Review questions for you to consider:

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

Step 5: Identifying Employees

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

Step 6: Hiring

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

Some policies to consider establishing with your new employees:

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

Sample Job Description

EXAMPLE JOB DESCRIPTION

Self-Directed Support Professional

Location: Ionia County, MI

Schedule: Varies depending on the individual's needs.

Position Description:

Self-Directed Support Professionals provide personalized supports to individual(s) with a mental illness, intellectual or developmental disability according to the service plan designed by the individual receiving services. Services are provided individually within the community and/or at home. Due to the independent nature of this position, it is essential that staff have strong communication skills to provide on-going feedback and be self-motivated.

The Self-Directed Support Professional will assist individuals with specific valued outcomes as noted in their service plan; including, but not limited to, life enrichment, skills, development related to employment opportunities, overall personal growth and independent living skills, as well as community participation and inclusion. Duties may also include assistance with personal care, activities of daily living, and recreation activities.

Qualifications:

- Valid Michigan driver's license and reliable vehicle (if providing transportation).
- 18 years of age or older.
- Ability to work independently, demonstrate sound judgment, and complete necessary documentation.
- Level of experience may vary based on the preference of the individual receiving services.
- Willingness to complete required training prior to providing services to individuals.

Additional requirements may be required according to service being provided to Medicaid Enrollee.

Preferred Qualifications: (add yours)

Documentation requirements:

- Use of paper timesheets, smartphone and/or tablet for documentation of time and service provided. Complete incident report forms when emergencies, accidents or incidents occur and submit to The Right Door Recipient Rights Officer.

Sample Job Description Cont.

Transportation duties (If Provided):

Driving Record check through FMS (not required by CMHSP)

Ensure a safe ride by adhering to all traffic laws and rules of the road.

Submit an incident report immediately for any transportation related accidents when the person served is in the vehicle. Accidents or tickets that occur during personal time should be reported to the employer prior to providing transportation again.

Staff members are responsible for keeping their personal vehicles in safe, operating condition with working seat belts, and the following minimum insurance requirements:

Bodily Injury: \$100,000 each person/\$300,000 each occurrence

Property Damage Liability: \$100,000 each occurrence

If assigned to medication administration:

Accept incoming medication and assure that the physician's order is current and complete; issue receipt.

Administer medication in accordance with agency procedure, Community Mental Health training guidelines, and universal precautions.

Safeguard health of persons served by securing medications per policy, restricting access, destroying contaminated medications and returning unused and expired medication.

Maintain an accurate and organized record of current medication administration, including updating the medication log and documenting errors or concerns in incident reports.

Benefits (check all that apply):

Paid training

flexible schedule

health expense reimbursement

paid time off ___ **days per year**

paid holidays

Mileage reimbursement

EMPLOYEE ACKNOWLEDGEMENT

I have read this job description and I understand that my job performance will be evaluated based upon these items as well as other assigned duties that are appropriate to the position.

Printed Name

Date

Documentation Requirements

All of the requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and monitoring requirements apply to services and supports acquired using arrangements that support self-determination. 8 Copies of all agreements, timesheets and supporting notes for the persons served shall be kept for a period of 7 years by the employer and may be requested at any time during an audit of The Right Door. It is important for the employer to develop a practice which keeps them organized and this may mean utilizing the support of employees or natural supports.

Below are descriptions and examples of documents that may be used in a self-determination arrangement. This is not an exhaustive list and employers may find they use forms that are not listed depending on the individual plan of service. If persons have any questions or concerns they may consult with the primary clinician or financial management system. Should a person served need copies of these documents, the FMS and/or primary clinician should be able to provide the documents if accompanied by a verbal or written request from the employer.

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

Below are the items that should be included in a binder or file in the person served's home.

- Individual Plan of Service (IPOS)
- IPOS training record
- Any IPOS addendums
- Progress Reviews
- Data sheets for specific goals/objectives (If behavior plan)
- Adult Home Help logs (if applicable)
- Contacts List (see example on page 33)
 - Guardian or Emergency Contact
 - Staff Contact List
 - Primary Care Doctor
 - Primary Clinician
 - Other Supports
 - The Right Door Contacts

Documentation Requirements Cont.

- Medical information (See example on page 34)
 - Medicaid card numbers
 - Medication log sheets (if passing medications)
 - Consent for medical treatment
 - Allergies
 - Preferred Hospital
 - Chronic Medical Conditions
 - Medical Broker/Advocate Contact Information
- Staff Information
 - Work schedule (monthly or weekly)
 - Summary of Staff Hours
 - Staff Job Descriptions
 - Extra Timesheets
- Self-Directed Progress Notes
- Incident Report Forms (including blank forms)

Time Sheets

As an employer, persons served have a responsibility to ensure that employee timesheets are turned into the FMS correctly and on time. There should be a mechanism in place to cross-check the hours worked by an employee and the budgeted hours per authorized service. Additionally, timesheets must indicate the correct service code for shifts worked. It should be clear to the FMS and The Right Door which service was provided, for how long and by whom. It should be clear if the time was a billable service or non-billable time (like waiting for a person served at an appointment, another provider is providing a service while staff is present). Each service provided should match the service code noted on the timesheet for that time frame. Finally, timesheets must be signed by both the employer and employee.

Timesheets should include:

- Start time/stop time
- Date
- Person served Name/ID
- Service code
- Billable/non-billable indicator
- Printed name of provider
- Signature of provider
- Signature of employer

Payroll issues/questions should be addressed with the FMS.

Monitoring

Budget Monitoring

On-going monitoring of the self-direction budgets occurs on a monthly basis by the primary clinician and the employer. The FMS will provide financial status reports to the primary clinician and the employer at a minimum of monthly. The FMS will contact the primary clinician by phone or e-mail in the case of an over or under expenditure of 10 percent in one month prior to making a payment for that expenditure.

The primary clinician will then contact the employer to discuss this over or under-utilization and convene a person-centered planning meeting to determine a solution if necessary.

Service Utilization Monitoring

On-going monitoring of services utilized under a self-direction/choice voucher arrangement will occur at least annually or on an as-needed basis (e.g. at the time of addendums) by the Self-directed arrangement review team.

- a. Primarily monitored by Primary Clinician, Supervisor and the Employer (Person served/Guardian)
- b. Used to identify over/under utilization
- c. Services should be in alignment with the IPOS
- d. Some fluctuations are expected, but dramatic fluctuations or changes in usage will be reviewed by the supervisor, primary clinician and self-directed arrangement review team.

Medicaid Fraud, Waste and Abuse

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

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

Consequences of Medicaid fraud include but are not limited to:

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

To report fraud and/or abuse of Medicaid please contact the Corporate Compliance Officer for The Right Door at **616-527-1790 or 888-527-1790**

Or

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

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

The Right Door Provider Network department oversees Self-Directed services arrangements and will conduct regular audits of arrangements to ensure accuracy of billing and to prevent Medicaid Fraud, Abuse, or Waste.

Discontinuation of Self-Directed Services

Either party—The Right Door or the employer—may terminate a self-directed services agreement, and therefore, terminate the arrangement. Common reasons that The Right Door may terminate an agreement after providing support and other interventions described in this guideline, include, but are not limited to:

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

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

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

Discontinuation of a self-determination agreement, by itself, shall neither change the individual's IPOS, nor eliminate the obligation of The Right Door to assure specialty mental health services and supports required in the IPOS are provided. In any instance of termination, The Right Door must provide a written explanation of applicable appeal, grievance, and dispute resolution processes and (when required) appropriate notice.

Frequently Asked Questions (FAQs)

How Do Arrangements That Support Self-Direction Work?

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

How Do Individuals Use Arrangements That Support Self-Direction?

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

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

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

How Can Persons Served Make Changes or Solve Problems?

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

What is a Self-Directed Services Agreement?

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

What is an Individual Budget?

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

Frequently Asked Questions (FAQs)

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

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

What Do Persons served Use the Funds in the Individual Budget For?

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

How does the Financial Management Service (FMS, previously referred to as the FI) support Persons Served with the Individual Budget?

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

Can Persons Served Use Arrangements that Support Self-Direction if They Have a Guardian?

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

How Can the Primary Clinician Assist Persons served?

The primary clinician is responsible for working with persons served to develop a plan and individual budget. They can give information about arrangements that support self-direction. They must monitor arrangements to make sure everything is going well and assist persons served when they need help. Any time persons served have a problem, they should let their primary clinician know right away.

How Do Persons Served Hire Workers?

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

How Do Persons Served Manage Workers?

Persons served set the hours and job duties (consistent with the duties for the workers in their plan). Persons served sign the timesheet so worker(s) get paid. Persons served must let a worker know if they are unhappy with their work and what needs to change.

Frequently Asked Questions (FAQs)

Can a Person's Friends and Family Help?

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

Examples of allies may include:

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

What Happens If a Worker Doesn't Show Up?

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

How Do Workers Get Paid?

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

How Can a Person Served Make Changes?

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

What If a Person Served Cannot Solve a Problem Through the PCP Process?

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

Additional Informational Resources

The Right Door Procedure:

[The Right Door Self-Determination and Self-Directed Services Procedure: C 320.4](#)

Other Resources:

[Center for Self-Determination](#)

[Michigan Department of Health and Human Services \(MDHHS\)](#)

[Michigan Medicaid Provider Manual](#)

[Michigan Rehabilitation Services \(MRS\)](#)

[The Arc of Michigan](#)

[IMPART Alliance \(Advocacy for Direct Care Workers\)](#)

Definitions

PRIMARY CLINICIAN

Staff person who works with the person to gain access to and coordinate services, supports and/or treatment that the person wants or needs.

CHOICE VOUCHER SYSTEM

A term describing a set of agreements whereby a person served by The Right Door may be authorized to use an individual budget to directly procure one or more of the services and supports required to accomplish their Person-Centered Plan. The Right Door will support application of these resources to the costs of services and supports obtained from qualified providers as chosen by the person served. The Right Door supports the person served to be a direct employer of personal assistants, the contractor for services/supports with qualified providers, and therefore in a lead role concerning how, where, and by whom needed services and supports are provided.

COMMUNITY LIVING SUPPORTS (CLS)

CLS services are meant to help increase and maintain a person's independence, support an individual's achievement of their goals, and promote community participation and productivity through skills training and personal assistance. These supports are provided by paid staff to help adults who are dealing with serious mental illness or intellectual/developmental disabilities. These supports may also help families who have children with an intellectual/developmental disability or serious emotional disturbance.

PERSON SERVED

For the purposes of this handbook, "person served" means the adult person served or child of direct services or their representative.

FINANCIAL MANAGEMENT SERVICE (FMS)

An independent legal entity that acts as a fiscal agent under contract with The Right Door or its designated sub-contractor. The purpose of the FMS is to receive funds making up a person's individual budget, and make payments as authorized by the person served to providers and other parties to whom a person using the individual budget may be obligated. A FMS may provide a variety of supportive services that assist the person served/employer in selecting, employing and directing individual and agency providers. Examples of entities that might serve in the role of a FMS include; bookkeeping or accounting firms; advocacy

Definitions

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

Definitions

PRE-PAID INPATIENT HEALTH PLAN (PIHP)

A PIHP is the managed care entity providing funding and ensuring care for individuals served by Medicaid. Mid-State Health Network is the PIHP for The Right Door for Hope, Recovery and Wellness.

QUALIFIED PROVIDER

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

SELF-DETERMINATION

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

Contact List

Staff Name: _____ Phone: _____

Staff Name: _____ Phone: _____

Staff Name: _____ Phone: _____

Staff Name: _____ Phone: _____

Staff Name: _____ Phone: _____

Staff Name: _____ Phone: _____

Guardian/Emergency Contact Name: _____

Guardian/Emergency Contact Phone: _____

Primary Care Physician: _____ Phone: _____

Primary Clinician Name: _____ Phone: _____

OTHER Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Notes:

Medical Information

Allergies:

Preferred Hospital:

Name: _____

Location: _____

Chronic Medical Conditions:

Medical/Patient Advocate: _____

Phone _____

For Complaint or Reporting

Call our main number and request to speak to the person you need to connect with. 1.616.527.1790 or Toll-free: 1.888.527.1790

Compliance Officer: Susan Richards, LMSW

Customer Service/Recipient Rights Officer: Jennifer Morgan, LMSW

Self-Directed Services Manual

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