

LIFEWAYS OPERATING PROCEDURE

UTILIZATION MANAGEMENT/CLINICAL

SUBJECT: **04.02.04 Self-Determination Practice Guideline**

PURPOSE: The purpose of this practice guideline and procedure is to describe the philosophy of self-determination and its application within the LifeWays system, and to describe the responsibilities of each entity to ensure a successful experience for consumers wishing to participate in self-determination.

GOVERNING AGENCY POLICY: 04.02 Clinical Program Management

VALUES AND PRINCIPLES UNDERLYING SELF-DETERMINATION

Self-determination embodies the values of person-centered planning (PCP) and is based on the following four guiding principles that should apply to people with disabilities: 1) The **freedom** to choose where to live, with whom and the development of a personal lifestyle; 2) The **authority** to control the supports provided and the money that is spent on the individual's behalf; 3) The **support** to develop a life dream and reach toward that dream; and 4) The **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

DEFINITIONS

Choice Voucher: The Choice Voucher System is one option for implementing arrangements that support self-determination. It provides a concrete set of methods for setting up contracts and payment mechanisms to make it possible for self-determination participants to exercise authority over employees and budgets.

Fiscal Intermediary (FI): An independent agency that manages the funds in the participant's individual budget, makes payments to providers of services as authorized, acts as an employer agent when the participant directly employs staff, and provides the participant with support and assistance as needed.

Primary Clinician: A person, usually a case manager/supports coordinator, who works with the participant to develop the IPOS and manages the corresponding self-determination budget as authorized by LifeWays and provides other assistance and support as needed.

Employee: Also referred to as a worker, direct care worker, or staff, a person that is employed by the consumer to perform service.

Individual Plan of Service (IPOS): The plan of services and supports that will be authorized and paid for to provide the participant with medically necessary public mental health treatment. The IPOS may also be referred to as the Treatment Plan.

Self-determination budget: Also referred to as Individual or Service Budget, the funding authorized to provide the expected services and supports sufficient to implement each goal in the amount, scope and duration identified in the participant's IPOS.

Medicaid: A government program that provides funding for services and supports that are deemed medically necessary to improve the consumer's health outcomes.

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Participants: A participant is a Medicaid recipient (consumer) who is eligible for services and supports through the public mental health system and has chosen self-determination and the choice voucher system to exercise authority and control over their treatment.

Medical Necessity: Services authorized under self-determination must be medically necessary for the participant, meaning the supports, services and treatment are:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance abuse disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance abuse disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability, or substance abuse disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance abuse 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.

Amount, Scope, Duration: What kind, how much and how often, and for how long the Medicaid services that are listed in a person's individual plan of service will be provided.

NOTIFICATION OF SELF-DETERMINATION

LifeWays shall provide the necessary information, education and technical assistance to consumers/guardians and family members, employees of consumers, and service providers regarding self-determination and applicable LifeWays policies and procedures.

LifeWays shall promote self-determination by making educational materials available at all points of access and provider agencies. LifeWays Customer Services shall distribute the Member Handbook to all new consumers, which includes a brief explanation of self-determination at LifeWays. LifeWays Customer Services is available to answer questions related to the self-determination process and can provide more detailed information to the consumer as defined in this Operating Procedure. The LifeWays Self-Determination Coordinator is **the subject matter expert and is** responsible to ensure content of all published materials is accurate and describes the philosophy of self-determination and its application within the LifeWays system. **When changes are made to self-determination policy or procedures either internally by LifeWays or externally by the Michigan Department of Community Health, LifeWays shall ensure that appropriate revisions are made to the LifeWays Self-Determination Practice Guideline and Attachments and changes are clearly communicated in writing to participants.**

Consumers can request to receive services via a self-determined arrangement upon entry into services or at any time during the course of treatment. If a new consumer is interested in self-determination, the LifeWays Access Center will follow the normal procedures for eligibility and service referral and specify self-determination, after which the LifeWays Self-Determination Coordinator will review the referral information to initiate the self-determination process. For current consumers, LifeWays Network

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Providers shall, at the time of person-centered planning or when interest is expressed by the consumer: 1) inform consumers of their choice to receive services under a self-determined arrangement; 2) review, with consumers, the LifeWays brochure explaining self-determination at LifeWays, and; 3) provide additional information, resources or refer the consumer to LifeWays Customer Services if appropriate for additional information to assist the consumer in making an informed decision.

AUTHORIZING SELF-DETERMINATION

LifeWays Utilization Management (UM) Team shall provide information and assistance necessary to assist network providers, consumers and their supports in identifying available services that the consumer may need as it relates to their individual treatment needs under medical necessity criteria. All consumers with Medicaid are eligible to participate in Self-Determination. The consumer has the right to choose from qualified providers to execute the individual plan of service. **Providers may be in or out of network and must meet the Medicaid qualifications to serve LifeWays consumers. Evidence-based practices (EBPs) are excluded from being provided under a self-determination arrangement due to the additional monitoring that LifeWays requires (i.e. biennial fidelity assessments, quarterly program outcome monitoring, etc.).** Flexible community resources and natural supports must be utilized prior to utilization of LifeWays resources.

Individual treatment planning shall be conducted using a person-centered planning approach and encouraging the utilization of independent facilitation. If a consumer chooses self-determination, the primary clinician shall provide the LifeWays UM Team, prior to initiation of self-determination, with the following information: 1) consumer name, 2) effective date, 3) guardian (if applicable), 4) individual plan of service (IPOS) goals, and 6) services requested under the self-determination model to address the identified individual plan of service goals. A consumer may choose to self-determine all or part of their authorized services with the exception of psychiatric evaluation, medication review, **access center assessment and crisis intervention services**, psychiatric inpatient services, **and evidence-based practices**.

UM shall coordinate authorization requests with the primary clinician through attendance at meetings and/or **review of** documentation submitted through the authorization process to assist the clinician in identifying what supports **and resources** the consumer already has to meet their needs, what needs remain unmet, and how best to meet the remaining unmet needs (net need). UM shall follow the same eligibility criteria for service authorization under self-determination as for in-network services.

UM shall enter authorizations into the electronic consumer information system under the Fiscal Intermediary provider. **An initial** Budget Determination Summary will be created by UM **from the authorization(s)** to assist the consumer/guardian, primary clinician, and Fiscal Intermediary in establishing the self-determination budget. The Budget Determination Summary will identify the consumer name, case number and diagnosis, the IPOS start date, primary clinician and fiscal intermediary names, authorized services, per unit rate, **total units authorized and the total** budget **dollar** amount per service type and in total (which are calculated **by multiplying**

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the unit rate by the total authorized units) for the treatment plan year. Thereafter, a complete budget shall be created for the consumer/guardian with the support of the Fiscal Intermediary and primary clinician to include direct service and indirect costs (i.e. employment costs, FI service costs, etc.) of participating in Self-Determination. The budget must be within the scope of the authorized amounts provided in the Budget Determination Summary. The Budget Determination Summary, in addition to the monthly budget reports provided by the Fiscal Intermediary, shall be filed with the consumer's IPOS as maintained by the primary clinician. If a change to the self-determination budget or a need for additional services is identified during the treatment period, the primary clinician is responsible for coordinating such change with UM, documenting the change through a formal addendum to the IPOS and requesting an updated authorization and Budget Determination Summary from UM. The consumer/guardian, with the support of their primary clinician, fiscal intermediary, and circle of supports, shall manage their service utilization within the established Total Self-determination budget indicated on the Budget Determination Summary.

CONTRACTS AND AGREEMENTS

Once a consumer has requested participation in self-determination and the self-determination budget has been authorized, the Fiscal Intermediary shall initiate the contracts and agreements process. The following outlines the documents required to complete the self-determination enrollment:

1. Self-Determination Agreement – Also known as the Choice Voucher Agreement, a signed agreement between the consumer and LifeWays. The agreement outlines the purpose of the program and clearly defines LifeWays and the consumer's responsibilities while the consumer is enrolled in self-determination.
2. Employment Agreement – A signed agreement between the consumer and the employee. The agreement outlines the services to be provided, the rate of reimbursement, the employee responsibilities, and other employer-employee agreements necessary to facilitate the employment process.
3. Medicaid Provider Agreement – A signed agreement between LifeWays and the employee or organization serving the consumer under the Employment Agreement. The agreement outlines the provider's responsibilities per Medicaid regulations and LifeWays standards.
4. Staffing Agency Agreement – A signed agreement between the consumer and a provider agency. The agreement outlines the services to be provided, the rate of reimbursement, the responsibilities of the provider, and other agreements necessary to support the consumer in the self-determination model.
5. **Ethical Standards** – **An attestation signed by the employee to ensure ethical standards are followed during service delivery.**

Once these above agreements are fully executed (signed by all parties), a copy shall be sent from LifeWays to the primary clinician to file with the consumer's individual plan of service (IPOS). The primary clinician is responsible for assisting the Fiscal Intermediary with the agreement process, which may include coordinating the necessary signatures and ensuring all parties receive copies of respective agreements. Ideally, all agreements should be fully

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executed prior to the start of service. Copies of all agreements shall be retained by the primary clinician in the consumer record and by the FI in the employment record.

LifeWays contracts for Fiscal Intermediary services. The contract between LifeWays and the Fiscal Intermediary outlines respective roles and responsibilities as well as the method of reimbursement. The LifeWays Provider Manual is an attachment to this contract and is available online at www.lifewayscmh.org.

SERVICE CLAIMS/TIMESHEETS

In accordance with the Employment Agreement and/or Staffing Agency Agreement, the provider shall submit an invoice or time sheet to the consumer/guardian for review and approval signature. The consumer/guardian shall submit the invoice or time sheet to the fiscal intermediary for processing. The provider is responsible for ensuring they are requesting payment for services as outlined and authorized within the consumer's IPOS at the rate agreed upon within the Employment or Staffing Agency Agreement.

Time sheets must be approved by the consumer/guardian or an authorized representative. LifeWays strongly encourages the consumer/guardian to maintain this responsibility. If the consumer/guardian chooses to delegate the responsibility of approving time sheets to a designated representative, this arrangement must be outlined in a written agreement and provided to the Fiscal Intermediary. A designated representative should not be a person who financially benefits from the authorization of time sheets. It is preferred that an authorized representative be a natural support to the consumer (i.e. friend, family member). Staff shall not approve their own time sheets.

The FI then submits a service claim to LifeWays for reimbursement through an electronic 837-File format and is responsible for ensuring a "clean claim" is submitted. If an 837-File format is used, the LifeWays Information Systems team will coordinate importing of the claims detail into the electronic consumer information system for processing. Clean claims will be paid within thirty (30) days of submission.

A clean claim meets all of the following criteria:

1. The service that constitutes the claim has been authorized.
2. The service that constitutes the claim must be reimbursable as defined in the Employment Agreement or Staffing Agency Agreement and Medicaid Provider Agreement.
3. The service claim submitted to LifeWays is received within ninety (90) calendar days of the date of service.
4. The service claim submitted to LifeWays is without errors (i.e. correct service code, not a duplicate claim), and all required data elements associated with the specific claim are present and in standardized format (837-File format).
5. The service claim submitted to LifeWays is at a reimbursement rate equal to or less than the LifeWays issued rate for that service; any overage requested shall be denied.

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6. The service claim submitted to LifeWays is for service provided to the consumer. Non-service related expenses, such as vacation or bonus pay, shall be denied.

If necessary, an invoice shall be submitted to LifeWays instead of a service claim for employment related costs, such as Worker's Compensation. The Fiscal Intermediary is responsible for assisting the consumer in managing employer related costs and shall have a process for building these indirect costs into the consumer's budget.

The FI may dispute a denied claim by contacting LifeWays Customer Services to initiate a formal appeal. (Reference: LifeWays Provider Manual, Customer Services: Grievance and Appeals Process)

SELF-DETERMINATION BUDGET MONITORING

Once the consumer's self-determination budget has been established by LifeWays UM through the authorization process, all parties involved in self-determination have a responsibility to assist in monitoring utilization to ensure the consumer's treatment expenses do not exceed the total self-determination budget.

Specifically, the FI is responsible for meeting with the consumer, initially, to review their IPOS services and associated expenses, including FI service fees and other related expenses that the consumer must anticipate. It is the FI's primary responsibility to provide a monthly budget report to the consumer to assist the consumer in properly managing their self-determination budget. The FI must notify the consumer/guardian, primary clinician, and LifeWays in writing when: 1) the consumer is projected to be overspent before the end of the IPOS period, and/or 2) the consumer is overspent and claims will no longer be paid. LifeWays will not pay for expenses, direct or indirect, that exceed the Total Self-determination budget.

It is the consumer's responsibility to review the budget reports prepared by the FI and make a concerted effort to stay within the parameters that were set by LifeWays to prevent overspending or spending at a faster rate than authorized. The self-determination budget is based on medical necessity to provide the amount, scope and duration of service to meet the consumer's treatment needs. Using services at a higher intensity than requested at the time of treatment planning is inappropriate and may expend funds before the treatment period is over. Consumers may be flexible with their spending in regards to units used within a service type, but only within labor laws and medical necessity. Once the self-determination budget is expended, no further services will be reimbursed by LifeWays for the treatment period; however, the consumer shall continue to receive services from their employee(s). If a consumer consistently inappropriately manages the self-determination budget, LifeWays may recommend alternative arrangements through a person-centered planning approach, which may include authorizing in-network services instead of self-determination arrangements. Continuity of service shall be ensured during a transition from self-determination to in-network services. The consumer may appeal a decision to terminate a self-determination arrangement through the Grievance and Appeal process by contacting LifeWays Customer Services. **LifeWays may decline any request for self-determination participation if there are significant concerns**

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that may impede the consumer from being successful or if the self-determination budget is so small that the FI fee would comprise a large percentage of the budget. In these situations, it would be recommended that the consumer obtain services through an in-network provider and not through a self-determined arrangement.

It is the primary clinician's responsibility to support the consumer in monitoring their self-determination budget, which includes reviewing the consumer's service array and assisting the consumer in making necessary adjustments in usage to prevent over-expenditure. If medically necessary, the primary clinician should request additional services from LifeWays Utilization Management.

It is LifeWays responsibility to facilitate all parties in appropriately monitoring and managing the self-determination budget and to provide necessary education to ensure the consumer is receiving adequate care to achieve their treatment outcomes.

Individuals providing services under self-determination are expected to adhere to LifeWays Ethical Standards and Medicaid regulations. The self-determination program is NOT exempt from laws governing Medicaid funding. The LifeWays Corporate Compliance Committee shall investigate complaints of suspected fraud and abuse within the Self-Determination program and shall notify the appropriate authorities as required by law.

Repayment of paid claims may be required of the service provider (employee or provider agency) if, during the course of an investigation/review conducted by LifeWays, it is determined that:

- 1) There is no documentation to support a LifeWays paid claim;
- 2) Service delivery did not address the goal(s) of the treatment plan;
- 3) There is no treatment plan goal to support the service; and/or
- 4) There is no current treatment plan for the date of service billed.

LifeWays will seek recoupment of paid funds if any of the above reasons are substantiated. Written notification will be sent to the consumer/guardian, service provider, Fiscal Intermediary and LifeWays Finance. The Fiscal Intermediary shall withhold the total amount from the provider's next payment. LifeWays Finance shall withhold the total amount from the next provider pay to the Fiscal Intermediary. If necessary and appropriate, the provider can request a repayment plan with the Fiscal Intermediary, which should also be communicated to LifeWays Finance if FI provider pay withholding should reflect the same schedule.

HIRING QUALIFIED EMPLOYEES

The consumer is the employer under the self-determination model and has the right to choose their employees and direct and supervise their work. Employment Agreements and/or Staffing Agency Agreements document the terms and conditions of employment. The consumer is primarily responsible to ensure their employees are qualified and competent by requiring the following minimum hiring standards be satisfied as a pre-condition of employment:

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1. Not excluded from program participation by LifeWays, Medicaid or Medicare;
2. At least 18 years of age at the time of hire;
3. Able to prevent transmission of communicable disease (infection control/**blood borne pathogens** training);
4. Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed;
5. **Not currently under jurisdiction of the court. If there is a previous felony conviction, it cannot be related to the scope of their employment responsibilities, and the consumer must sign a statement of acknowledgement. For services to children, the provider cannot be a conviction felon as evidenced by a criminal background check;**
6. Must act within the scope of practice defined by their professional license;
7. Have a valid driver's license and appropriate insurance to operate motor vehicles used to provide transportation as appropriate.

Consumers as employers must adhere to labor laws and ensure their employees receive the required initial and ongoing trainings as described below. The FI can provide further assistance to the consumer regarding the hiring process. The consumer is encouraged to review "Hiring and Managing Personal Assistants" a publication by *The Arc Michigan* (1-800-292-7851).

LifeWays reserves the right to exclude a practitioner or organization from becoming an employee or staffing agency under self-determination if issues of non-compliance with Medicaid regulations are substantiated. **Exclusion will be based on a review of significant adverse findings from internal or external sources and may include recipient rights violations, licensing violations/sanctions, malpractice claims, unethical conduct, corporate compliance substantiations, certification/accreditation decisions, and/or non-adherence to LifeWays Self-Determination Practice Guideline. LifeWays shall render the decision to exclude a provider from serving under a self-determined arrangement based upon the severity of risk to consumer care.**

TRAINING REQUIREMENTS

The consumer is responsible for assisting their employees in obtaining required training. All employees must receive, minimally, training in Recipient Rights, Infection Control/**Blood Borne Pathogens**, HIPAA, Grievance & Appeals, Self-Determination, and other training as identified in the consumer's individual plan of service. Employees providing in-home services must also obtain certification in CPR & First Aid and Medication Administration training (if passing medications). Medication Administration training may be obtained by a qualified resource (i.e. Pharmacist, Registered Nurse, Physician, etc.). Training may be provided by LifeWays or external training resources.

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- LifeWays Self-Determination Coordinator and Customer Services shall be responsible for ensuring educational materials regarding self-determination are available to network providers, consumers and the public.
- LifeWays shall provide technical assistance and training as needed to participants (consumers, guardians, employees of consumers, fiscal intermediary staff, etc.) regarding roles and responsibilities under self-determination and applicable LifeWays' policies and procedures.
- LifeWays shall ensure compliance with self-determination policies and procedures and Medicaid regulations via a comprehensive compliance audit no less than every two (2) years (i.e. Certification Review, Billing Verification Review). This audit will include review for evidence of compliance with employee qualification standards. Funds paid to unqualified employees may be subject to repayment to LifeWays.
- LifeWays Contract Team shall be responsible for development and enforcement of contract documents, to include: 1) the Self-determination Agreement between LifeWays and the consumer/guardian, 2) the Service Contract between LifeWays and the Fiscal Intermediary service provider, 3) the Medicaid Provider Agreement between the employee and LifeWays, **and 4) job descriptions/staff agency agreements.**
- LifeWays UM shall be responsible to monitor documentation of service provision through case reviews or the service authorization process to ensure medical necessity is present. Funds used in excess of the authorized self-determination budget may be subject to repayment to LifeWays by the Fiscal Intermediary. Funds unsupported by medical necessity may be subject to repayment to LifeWays by the service provider.
- LifeWays UM shall advise consumers and providers on person-centered planning principles to ensure the appropriate information is obtained to determine medical necessity for services.
- LifeWays UM shall develop the individual self-determination budget based on authorized services.
- LifeWays UM Team shall receive a monthly budget report from the Fiscal Intermediary for each self-determination consumer and is responsible to review said reports and facilitate communication regarding potential budget overages. However, the FI is primarily responsible to communicate potential overages in writing to the consumer/guardian and primary clinician.
- LifeWays shall ensure appropriate training opportunities are available to employees providing direct care and treatment. Costs associated with employee training that is not available through LifeWays may be submitted for payment to the FI from the consumer's self-determination Budget.
- LifeWays Quality Management Team is responsible to monitor and report self-determination quality indicators to include demographics of the self-determination population and cost effectiveness of the model.
- LifeWays is the trustee of the funds that support the LifeWays self-determination process, and any remaining funds within the consumer's individual self-determination budget at the end of the IPOS period shall remain with LifeWays.

PRIMARY CLINICIAN/EMPLOYEE RESPONSIBILITIES

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- The primary clinician shall be responsible to support and monitor the development and implementation of an Individual Plan of Service (IPOS) using person-centered planning principles and shall adhere to requirements outlined within the Michigan Mental Health Code, Medicaid Provider Manual, and LifeWays Provider Manual. Evidence of pre-planning and PCP meetings is expected.
- The primary clinician shall develop measurable goals with the consumer and ensure services are being provided in accordance with the IPOS and authorized services.
- The primary clinician shall contact LifeWays UM prior to the initiation of any change in service.
- The primary clinician shall notify LifeWays **if an amendment to the IPOS is needed to supplement the consumer's treatment based on medical necessity.**
- The primary clinician shall ensure that necessary treatment authorizations are current before service is provided.
- The primary clinician shall be primarily responsible to coordinate the consumer's treatment under the self-determination model.
- The primary clinician shall ensure that the consumer/guardian has the support needed to hire qualified and competent employees.
- The primary clinician shall be responsible for assisting with the agreement process, which may include coordinating the necessary signatures and ensuring all parties receive copies of respective agreements.
- The primary clinician shall assist the consumer in monitoring self-determination expenses through the monthly self-determination budget reports provided by the FI.
- Providers serving the consumer shall document their services in accordance with Medicaid documentation standards. For community living supports, checklists are acceptable forms of documentation, but shall not be the sole documentation maintained by the provider.
- Providers serving the consumer shall ensure their services are provided in accordance with the IPOS and service authorizations.
- Employees serving the consumer have a duty to treat as authorized at the determined level of care (amount, scope, duration) until the consumer meets discharge criteria, declines service, or a referral is accepted by another service provider.

FISCAL INTERMEDIARY (FI) RESPONSIBILITIES

- **The FI shall provide orientation to consumers/guardians new to a self-determined arrangement.**
- The FI shall assist the consumer in the employment process to ensure hiring of qualified employees, including the completion of a criminal background check.
- The FI shall be responsible for initiating an Employment Agreement or Staffing Agency Agreement between the consumer/guardian and the provider. However, the consumer/guardian is responsible for its enforcement as the employer.
- The FI shall facilitate the execution of all required agreements between participants and providers before paying claims.

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- The FI shall not pay unqualified employees. A qualified employee is defined as **an adult who is in good standing with the law (not currently under jurisdiction of the court) with no prior felony convictions related to scope of their employment responsibilities. For providers of services to children, background must be free of any felony convictions.** Additionally, the provider must have received a high school diploma or equivalent, and the required trainings.
- The FI shall not pay employees who have not provided evidence of receiving required training.
- The FI shall ensure there is a current authorization before any service is paid. LifeWays shall deny payment of claims with no authorization.
- The FI is responsible to ensure claims are submitted to LifeWays within ninety (90) days of date of service. LifeWays shall deny payment of claims received from the FI more than ninety (90) calendar days from the date of service.
- The FI shall negotiate an appropriate monthly FI service fee with LifeWays based on the array of services that will be provided to the consumer.
- The FI shall meet with each consumer/guardian at the initiation of self-determination to provide basic education about the self-determination program and: 1) review FI services; 2) review budget report format and schedule; 3) facilitate the completion of relevant paperwork; 4) assist with employment process, and 5) to answer questions.
- The FI shall be primarily responsible for any communication necessary for all participants to appropriately manage the individual self-determination budget.
- The FI shall provide a monthly budget statement of spending to consumer/guardian, primary clinician, and LifeWays. Said budget statement shall minimally include: 1) a list of authorized services for the treatment period and the related budget amount; 2) an accounting of current month expenditures; 3) an accounting of year-to-date expenditures; and 4) remaining budget balance by service and in total. The FI may also choose to provide the average spending per month to assist in projecting potential overspending if expenses continued at the same rate through the end of the treatment period.
- The FI shall notify the consumer/guardian, primary clinician, and LifeWays in writing when: 1) the consumer is projected to be overspent before the end of the IPOS period, and/or 2) the consumer is overspent and claims will no longer be paid.
- The FI shall be available to the consumer/guardian to answer questions and advise participants when requested.
- The FI shall participate in an annual reconciliation process with LifeWays, which includes providing annual statements for each consumer's budget detailing the total budget and amount spent to assist in identifying discrepancies and confirm the total expenses of the self-determination program.

CONSUMER/GUARDIAN RESPONSIBILITIES

- Consumers and/or their legal guardians have the right to choose, direct and supervise the employee/staffing agency providing authorized services.

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- Consumers/guardians shall be supported in the employment process by the primary clinician.
- Consumers/guardians shall ensure that employees meet basic requirements, including: 1) a criminal background check that is absent a felony conviction **related to employment responsibilities, or in the case of services to children, absent any felony convictions**, and; 2) a high school diploma or equivalent.
- Consumers/guardians are responsible for assisting their employees in obtaining required trainings. Consumers/guardians shall be primarily responsible to enforce all agreements made within the Employment Agreement or Staffing Agency Agreement.
- Consumers/guardians shall participate in person-centered planning to direct their treatment and develop measureable goals to support the authorized services.
- Consumers/guardians shall not pay employees more than the established LifeWays rate (per unit or per diem/day) identified in the Budget Determination Summary.
- Consumers/guardians shall monitor service authorizations and the expiration dates to ensure service is provided within authorization parameters. The FI and primary clinician shall support the consumer in this responsibility. The consumer/guardian and the primary clinician shall ensure there is a current authorization before any service is provided, and that re-authorizations are requested when necessary.
- Consumers/guardians shall use the self-determination budget appropriately to pay employees for direct care or service delivery as documented in the IPOS and authorized services or for employment related costs, such as worker's compensation, FICA, training costs, and FI fees.
- Consumers/guardians shall not use the self-determination budget to pay employee bonuses or vacation/sick pay, as the funds are only allowed to be used for actual service provided to the consumer similar to a fee-for-service model.
- Consumers/guardians shall abide by all applicable labor laws. If overtime pay is necessary, the consumer/guardian shall ensure that the total expenses remain within the authorized self-determination budget for the treatment period, as overtime pay may cause the consumer to spend the self-determination budget more quickly than initially planned. Overtime pay does not justify a self-determination budget being over-spent.
- Consumers/guardians shall ensure that documentation of treatment provided is consistent with the IPOS goals and authorized services.
- Consumers/guardians shall ensure the self-determination budget is spent according to the authorized amount, scope, and duration identified in the IPOS to prevent under or over spending. If it is determined that the consumer consistently inappropriately manages their self-determination budget, LifeWays reserves the right to recommend alternative arrangements through a person-centered planning approach, which may include in-network services instead of under a self-determined arrangement.
- Consumers/guardians shall provide feedback to LifeWays, the primary clinician, and/or the fiscal intermediary on their satisfaction with the FI services, the self-determination arrangement, and their achievement of treatment outcomes.

REFERENCES

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MDCH/CMHSP Managed Specialty Supports and Services Contract
MDCH Revised Plan for Managed Care, September 2000
MDCH Self-Determination Policy and Practice Guideline, July 2003
MDCH Choice Voucher System: Self-Determination Technical Advisory Version 2.0,
September 2008
“Hiring and Managing Personal Assistants” by The Arc Michigan

ATTACHMENT:

Self-determination Process Flow Chart
Self-determination: Commonly Asked Questions
Self-determination Training Requirements and Resources
Self-determination Brochure
Power Point Training: Self-Determination–A Primer for Primary Clinicians
Power Point Training: Self-Determination–Training for Consumer/Guardians and Staff

HISTORY

Effective date: December 20, 2000

Revised: 09/09/03, 02/18/04, 04/06/05, 08/17/05, 09/29/06, 10/01/09, 9/20/10, 5/13/11
Reviewed: 07/11/07, 02/25/08