


## SWMBH Operating Policy 4.6

<b>Subject:</b> Self Determination		<b>Accountability:</b> Utilization Management	<b>Effective Date:</b> 1/1/14	<b>Pages:</b> 7
<b>REQUIRED BY:</b> BBA Section _____ PIHP Contract Section: MDHHS Attachment 4.7.1 Self-Determination Practice & Fiscal Intermediary Guideline NCQA/URAC Standard _____ SA SARF _____ Other _____			<b>Last Reviewed Date:</b> 3.31.16	<b>Past Reviewed Dates:</b> 1.8.15
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Approved By:  5.12.16 Date:			<b>Required Reviewer:</b> Director of Um and ME	

### I. Purpose

To establish the standards that define, guide and detail how Southwest Michigan Behavioral Health (SWMBH) and its provider network comply with the federal laws and Michigan Department of Health and Human Services (MDHHS) Contract requirements pertaining to the practice of self-determination including the Self Determination Practice and Fiscal Intermediary Guideline.

### II. Policy

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

### III. Standards and Guidelines

A. Self Determination will be based on the following principles and practices:

1. Individuals will be provided with information regarding the principles and practices of Self Determination. Individuals will be encouraged to pursue more control and responsibility over their lives using principles and practices of Self Determination. Training, educational materials and peer examples of Self Determination will be shared with all individuals.
2. Individuals shall be offered the tools and mechanisms supportive of self-determination. Self-determination shall be effective when the Community Mental Health Service Provider (CMHSP) and the customer reach an agreement on a plan of services/supports, the amount of mental health and other public resources needed to accomplish the plan, and the arrangements through which resource use will be controlled and accounted for.
3. Service planning and delivery processes must be designed to encourage and support customers to decide and control their own lives. Easily accessed methods must be offered and supported for customers to control and direct an individual budget including methods to

- authorize and direct the delivery of services/supports from qualified providers selected by the customer.
4. Customers shall direct the use of resources to choose meaningful services/supports in accordance with their plan as developed through a person-centered process.
  5. Fiscal responsibility and the wise use of public funds shall guide the customer and the CMHSP in reaching an agreement on the allotment and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of the CMHSP and the customer
  6. Self-determination arrangements are partnerships between the CMHSP and the customer. They require the active commitment of the CMHSP to provide a range of options for customer choice and control of personalized provider relationships within an overall environment of person-centered supports.
  7. Issues of health, safety and well-being are central to assuring successful accomplishment of a customer's plan of services/supports. These issues must be addressed and resolved using the person-centered planning process. Resolutions should be guided by the customer's preferences and needs, implemented in ways that maintain the greatest opportunity for customer control and direction.
  8. Self-determination requires recognition that there may be strong inherent conflicts of interest between the customer's choices and current methods of planning, managing and delivering services/supports. The CMHSP must watch for and seek to minimize or eliminate either potential or actual conflicts of interest between it and its provider systems, and the processes and outcomes sought by the customer.
  9. Self-determination arrangements must be developed and operated within the requirements of the PIHP contract between the CMHSP and the State of Michigan. Involvement in self-determination does not change a customer's eligibility for particular services and supports.
- B. CMHSP compliance with the above stated principles and the following procedures/standards will be monitored per SWMBH Utilization Management, Performance Improvement and Compliance Monitoring Policies and Procedures.
- C. Each CMHSP shall develop services planning and delivery processes that facilitate and encourage maximum customer direction and control over their own lives. Each CMHSP will implement methods for customers to control and direct an individual service budget. The method will specify procedures that provide easy access for customers receiving services to control and direct the delivery of supports and services from qualified providers selected by the customer (and empaneled through each CMHSP).
- D. Each CMHSP shall make a set of methods available that provide opportunities for the customer to control and direct their services and supports arrangements.
1. Participation in self-determination shall be a voluntary option on the part of the customer
  2. Customers\* shall have the authority to select, control and direct their own services and supports arrangements through authority over the resources allotted in an individual budget
  3. Full and complete information about self-determination and the manner in which it may be accessed and applied is provided to each customer including specific examples of alternatives a customer may use to control and direct an individual budget, and the associated obligations with doing this properly and successfully
  4. Self-determination shall not serve as a method for a CMHSP to reduce its obligation to the customer, or to avoid the provision of needed services/supports

## SWMBH Operating Policy 4.6

5. Each CMHSP shall actively support and facilitate a customer's application of the principles of self-determination in the accomplishment of his/her plan of services
6. Each CMHSP shall include contractual language with provider entities, facilitating individual selection of support staff and removal of support staff who fail to meet individual preferences.
- E. Self-determination shall be available to each customer who requests the opportunity to participate, and for whom an agreement on a plan of services/supports, along with an acceptable individual budget, can be reached
  1. Development of an individual budget shall be done in conjunction with development of a plan of services/supports, using a person-centered planning process
  2. Both the customer and the CMHSP shall formally agree to the amount of the individual budget before it may be authorized for use by the customer.
  3. A copy of the individual budget must be provided to the customer prior to the onset of a self-determination arrangement
  4. Funds included in an individual budget are the property and responsibility of the CMHSP and SWMBH. Authority over their direction is delegated to the customer, for the purpose of achieving the goals and outcomes contained in the customer's plan
  5. An agreement shall be made in writing between the CMHSP and customer delineating the responsibility and the authority of both parties in the application of the individual budget, including how communication will occur about its use. The agreement shall include a copy of the customer's plan and individual budget
  6. An individual budget, once authorized, shall accompany the customer's plan of service. It shall be in effect for a defined period of time, typically one year. Since the budget is based upon the customer's plan of services and supports, when the plan needs to change, the budget may need to be reconsidered as well
  7. When a customer makes adjustments in the application of funds in an individual budget, these shall occur within a framework that has been agreed to by the customer and the CMHSP and described in an attachment to the Self Determination agreement. Any adjustment resulting in change to authorized services must also be documented in the Individual Plan of Service (this is more current language from the SD policy Practice Guideline)
  8. Flexibility in the use of the funds in an individual budget is constrained by the specific limitations of funding sources (e.g. Home Help, Vocational Rehabilitation, etc.)
  9. The CMHSP or the customer may terminate a self-determination agreement, and therefore, the self-determination arrangement. Prior to the CMHSP terminating an agreement, and unless it is not feasible, the CMHSP shall inform the customer of the issues that have led to considering termination and provide an opportunity for problem resolution. Typically this will be conducted using the person-centered planning process, with termination being the option of choice only if other mutually agreeable solutions cannot be found. If necessary, the local process for dispute resolution may be used to address and resolve these issues.
  10. Termination of a self-determination agreement shall not, by itself, change the customer's plan of services, nor eliminate the obligation of the CMHSP to assure services and supports required in the plan.
- Note: Where procedure requires the customer to make legal commitments and/or decisions, they or their legal representative would need to support/sign the commitment/decisions.

- F. Each CMHSP shall design and implement alternative approaches that will be available for the customer to use in applying their individual budget to obtain customer-selected and directed provider arrangements
1. A customer shall be able to access any willing and qualified provider entity that is available to provide needed services and supports.
  2. Approaches shall provide for a range of control options up to and including the direct retention of customer-preferred providers through purchase of services agreements between the customer and the provider. Options shall include, upon the customer's request and in line with their preferences:
    - a. Services/support to be provided by an entity or individual currently operated by or under contract with the CMHSP
    - b. Services/supports to be provided by a qualified provider (per funding source requirements) chosen by the customer, with the CMHSP agreeing to enter into a contract with that provider
    - c. Services/supports to be provided by a customer-selected provider with whom the customer executes a direct purchase-of-services agreement.
      1. Customers shall be responsible for assuring those individuals and entities selected and retained meet applicable provider qualifications.
      2. Customers shall assure that written agreements are developed with each provider entity or individual which specify the type of services or support, the rate to be paid, and the requirements incumbent upon the provider.
      3. All agreements shall be kept current, and shall be made available by the customer, for review by authorized representatives of the CMHSP.
      4. Customers shall act as careful purchasers of services and supports necessary to accomplish their plan. Arrangements for purchasing services shall not be excessive in cost. Existing personal and community resources shall be given first consideration before using public mental health system resources.
      5. Fees and rates paid to providers with a direct purchase-of-services agreement with the customer shall be negotiated by the customer, within the boundaries of the customer's authorized individual budget. The CMHSP may provide guidance as to the range of applicable rates, including maximum amounts that a customer may spend to pay specific providers.
    - d. A customer shall be able to access alternative methods to choose, control and direct personnel necessary to provide direct support, including:
      1. Acting as the employer of record of personnel.
      2. Access to a provider entity that can serve as employer of record for personnel selected by the customer.
      3. CMHSP contractual language with provider entities that assures customer selection of personnel, and removal or reassignment of personnel who fail to meet customer preferences.
      4. Use of CMHSP-employed direct support personnel, as selected and retained by the customer.

- e. A customer participating in self-determination shall not be required to utilize CMHSP-employed direct support personnel or a CMHSP-operated or contracted program/service.
  - f. All individuals selected by the customer, whether she or he is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel, or the requirements pertinent to the particular professional services offered by the provider. No payments shall be made to an individual receiving services or a legally responsible party (guardian, spouse, parent of child)
  - g. A customer shall not be required to select and direct needed provider entities or his/her direct support personnel if he/she does not desire to do so.
- G. Each CMHSP shall assist a customer participating in self-determination to select, employ, and direct his/her support personnel, to select and retain chosen qualified provider entities, and shall make reasonably available access to alternative methods for directing and managing support personnel.
- 1. Each CMHSP shall select and make available qualified third-party entities that may serve as fiscal intermediaries to perform payroll agent functions and provide other employer supports, in order to support the customer in self-determination.
  - 2. Fiscal intermediaries shall be under contract to the CMHSP or a designated sub-contracting entity. Fiscal Intermediaries shall perform all related functions consistent with the MDHHS Fiscal Intermediary Technical Requirement. Broad functions include:
    - a. Acting as payroll agent for direct support personnel employed by the customer (or chosen representative), including acting as an employer agent for IRS and other public authorities requiring payroll withholding and employee insurances payments.
    - b. Payment agent for customer-held purchase-of-services and consultant agreements with providers of services and supports.
    - c. Provision of periodic (not less than monthly) financial status reports concerning the individual budget, to both the CMHSP and the customer. Reports made to the customer shall be in a format that is useful to the customer in tracking and managing the funds making up the individual budget, clearly identifying any utilization or expenditures more than 10% variance
    - d. Provision of a fully reconciled accounting to the CMHSP for the funds transferred to it and used to finance the costs of authorized individual budgets under its management.
    - e. Assuring timely service activity and cost reporting to the CMHSP for services and supports provided by individuals and entities that have a direct agreement with the customer.
    - f. Other supportive services that strengthen the role of the customer as an employer, or assist with the use of other agreements directly involving the customer in the process of securing needed services.
    - g. Each CMHSP shall assure that fiscal intermediary entities are oriented to and supportive of the principles of self-determination, and able to work with a range of customer styles and characteristics.
    - h. An entity acting as a fiscal intermediary shall be free from other relationships involving the CMHSP or the customer that would have the effect of creating a conflict of interest for the fiscal intermediary in relationship to its role of supporting customer-determined services/supports transactions. This would include the provision of direct services to the customer.
    - i. Each CMHSP shall collaborate with and guide the fiscal intermediary and each customer involved in self-determination to assure compliance with various state and federal

requirements and to assist the customer in meeting his/her obligations to follow applicable requirements.

**IV. Definitions**

Choice Voucher System

A set of methods for setting up contracts and payment mechanisms that support the accomplishment of self-determination by adult recipients of mental health and/or developmental disability services. These methods make it possible for recipients to exercise authority over workers and budgets.

Customer

A person with a developmental disability and/or mental illness who receives services from The SWMBH provider network. When referenced as making legal commitments and the court has found them not to be competent to make certain decisions, their legal representative would need to support the commitment/decisions.

Fiscal Intermediary (FI)

An independent legal entity that acts as a fiscal agent under contract with SWMBH or its designated sub-contractor. The purpose of the fiscal intermediary is to receive funds making up a customer's individual budget, and make payments as authorized by the customer to providers and other parties to whom a customer using the individual budget may be obligated. A fiscal intermediary may provide a variety of supportive services that assist the customer in selecting, employing and directing individual and agency providers.

Individual Budget

A fixed allocation of SWMBH resources (may include other public resources whose access involve the assistance of the CMHSP) denoted in dollar terms. These resources are agreed upon as the necessary cost of services and supports needed to accomplish a customer's plan of services/supports. The customer served uses the funding authorized to acquire, purchase and pay for services and supports that support accomplishment of the customer's plan.

Person-Centered Planning (PCP)

A process for planning and supporting the customer receiving services that builds upon the customer's capacity to engage in activities that promote community life and honors the customer's preferences, choices and abilities. The process involves friends, family and professionals, as the customer desires.

Representative/Designee

A person selected by the customer to act and make decisions on his/her behalf, or a person who is legally designated to sign documents and assist in decision-making. This person could be a parent, guardian, power of attorney or other significant party who advocates for the customer.

Self- Determination (SD)

A philosophy that incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, have the opportunity to control a fixed sum of dollars, have access to meaningful choices, and have control over their lives. Services and supports are not only person-centered, but person-defined and person-controlled. The goal of self-determination is

to assist individuals in achieving meaningful lives in the community Self-determination is based on four principles:

1. Customers should have the freedom to choose and plan the life they want with the support necessary to that life. This includes the freedom to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.
2. Customers should have support in arranging both formal and informal resources and personnel necessary for the lives they desire and take steps to reach toward the dream and living his/her desired life in the community, rich in community associations and contributions.
3. Customers should have the authority to control allocated resources and finances. Customers will be able to purchase supports in a way that will allow them to get what they need and pay for only what they receive and
4. Customers will have the responsibility of accepting a valued role in their community such as through employment or other affiliations, spiritual development and to be accountable for using public funds in an efficient, effective and life enhancing manner.

The customer and his/her support circle have the opportunity to control a fixed sum of dollars, which is derived from the person-centered planning process and called an individual budget. The person controls the use of the resources in his/her individual budget, determining, with the assistance of chosen allies, which services and supports he/she will purchase, from whom, and under what circumstances. Through this process they possess power to make meaningful choices in how they live their life.

Support Coordinator/Case Manager

A person selected by the customer to provide the following: assessment; assistance with support plan development; linking and coordination; reassessment and follow up; and ongoing monitoring of supports and services.

Support Circle

A group of people that the customer requests to participate in their person-centered planning process. Often includes family members, friends, neighbors and professionals.

**V. References**

Michigan Department of Health and Human Services PIHP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 16: Attachment Self Determination Policy and Practice Guideline (and Fiscal Intermediary Technical Requirement) P 4.7.1

**VI. Attachments**

Michigan Department of Health and Human Services PIHP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 16: Attachment Self Determination Policy and Practice Guideline (and Fiscal Intermediary Technical Requirement) P 4.7.1





**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Behavioral Health and Developmental Disabilities Administration**  
**SELF-DETERMINATION POLICY & PRACTICE GUIDELINE<sup>1</sup>**

**INTRODUCTION**

Self-determination is the value that people served by the public mental health system must be supported to have a meaningful life in the community. The components of a meaningful life include: work or volunteer activities that are chosen by and meaningful to person, reciprocal relationships with other people in the community, and daily activities that are chosen by the individual and support the individual to connect with others and contribute to his or her community. With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports to live the lives they want in the community. The public mental health system must offer arrangements that support self-determination, assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally defined goals and aspirations are identified.

The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom, and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.

Person-centered planning and self-determination underscore a commitment in Michigan to move away from traditional service approaches for people receiving services from the public mental health system. In Michigan, the flexibility provided through the Medicaid 1915(b) Managed Specialty Supports and Services Plan (MSSSP), together with the Mental Health Code requirements of PCP, have reoriented organizations to respond in new and more meaningful ways. Recognition has increased among providers and professionals that many individuals may not need, want, or benefit from a clinical regimen, especially when imposed without clear choice. Many provider agencies are learning ways to better support the individual to choose, participate in, and accomplish a life with personal meaning. This has meant, for example, reconstitution of segregated programs into non-segregated options that connect better with community life.

Self-determination builds upon the choice already available within the public mental health system. In Michigan, all Medicaid beneficiaries who services through the public

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## **IPOS**

An IPOS means the individual's individual plan of services and/or supports, as developed using a person-centered planning process.

## **PIHP**

For the purposes of this policy, a Prepaid Inpatient Health Plan (PIHP) is a managed care entity that provides Medicaid-funded mental health specialty services and supports in an area of the state.

## **Qualified Provider**

A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Department of Health and Human Services and the PIHP/CMHSP, 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-centered planning process, and should be specified in the IPOS, or result from a process developed locally to assure the health and well-being of individuals, conducted with the full input and involvement of local individuals and advocates.

## **Self-Determination**

Self-determination incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, have access to meaningful choices, and have control over their lives in order to build lives in their community (meaningful activities, relationships and employment). Within Michigan's public mental health system, self-determination involves accomplishing system change to assure that services and supports for people are not only person-centered, but person-defined and person-controlled. Self-determination is based on four principles. These principles are:

**FREEDOM:** The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the **freedom** to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.

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

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

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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**SELF-DETERMINATION POLICY & PRACTICE GUIDELINE<sup>i</sup>**

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Self-determination is the value that people served by the public mental health system must be supported to have a meaningful life in the community. The components of a meaningful life include: work or volunteer activities that are chosen by and meaningful to person, reciprocal relationships with other people in the community, and daily activities that are chosen by the individual and support the individual to connect with others and contribute to his or her community. With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports to live the lives they want in the community. The public mental health system must offer arrangements that support self-determination, assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally defined goals and aspirations are identified.

The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom, and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.

Person-centered planning and self-determination underscore a commitment in Michigan to move away from traditional service approaches for people receiving services from the public mental health system. In Michigan, the flexibility provided through the Medicaid 1915(b) Managed Specialty Supports and Services Plan (MSSSP), together with the Mental Health Code requirements of PCP, have reoriented organizations to respond in new and more meaningful ways. Recognition has increased among providers and professionals that many individuals may not need, want, or benefit from a clinical regimen, especially when imposed without clear choice. Many provider agencies are learning ways to better support the individual to choose, participate in, and accomplish a life with personal meaning. This has meant, for example, reconstitution of segregated programs into non-segregated options that connect better with community life.

Self-determination builds upon the choice already available within the public mental health system. In Michigan, all Medicaid beneficiaries who services through the public

mental health system have a right under the Balanced Budget Act (BBA) to choose the providers of the services and supports that are identified in their individual plan of service "to the extent possible and appropriate." Qualified providers chosen by the beneficiary, but who are not currently in the network or on the provider panel, should be placed on the provider panel. Within the PIHP, choice of providers must be maintained at the provider level. The individual must be able to choose from at least two providers of each covered support and service and must be able to choose an out-of-network provider under certain circumstances. Provider choice, while critically important, must be distinguished from arrangements that support self-determination. The latter arrangements extend individual choice to his/her control and management over providers (i.e., directly employs or contracts with providers), service delivery, and budget development and implementation.

In addition to choice of provider, individuals using mental health services and supports have access to a full-range of approaches for receiving those services and supports. Agencies and providers have obligations and underlying values that affirm the principles of choice and control. Yet, they also have long-standing investments in existing programs and services, including their investments in capital and personnel resources. Some program approaches are not amenable to the use of arrangements that support self-determination because the funding and hiring of staff are controlled by the provider (for example, day programs and group homes) and thus, preclude individual employer or budget authority.

It is not anticipated that every person will choose arrangements that support self-determination. Traditional approaches are offered by the system and used very successfully by many people. An arrangement that supports self-determination is one method for moving away from predefined programmatic approaches and professionally managed models. The goals of arrangements that support self-determination, on an individual basis, are to dissolve the isolation of people with disabilities, reduce segregation, promote participation in community life and realize full citizenship rights.

The Department of Health and Human Services supports the desire of people to control and direct their specialty mental health services and supports to have a full and meaningful life. At the same time, the Department knows that the system change requirements, as outlined in this policy and practice guideline, are not simple in their application. The Department is committed to continuing dialogue with stakeholders; to the provision of support, direction and technical assistance so the system may make successful progress to resolve technical difficulties and apparent barriers; and to achieve real, measurable progress in the implementation of this policy. This policy is intended to clarify the essential aspects of arrangements that promote opportunity for self-determination and define required elements of these arrangements.

## **PURPOSE**

- I. To provide policy direction that defines and guides the practice of self-

determination within the public mental health system (as implemented by Prepaid Inpatient Health Plans/Community Mental Health Services Programs (PIHP/CMHSPs)<sup>1</sup> in order to assure that arrangements that support self-determination are made available as a means for achieving personally-designed plans of specialty mental health services and supports.

## CORE ELEMENTS

- I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services (IPOS), the amount of mental health and other public resources to be authorized to accomplish the IPOS, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
- II. Within the obligations that accompany the use of funds provided to them, PIHP/CMHSPs shall ensure that their services planning and delivery processes are designed to encourage and support individuals to decide and control their own lives. The PIHP/CMHSP shall offer and support easily-accessed methods for people to control and direct an individual budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers selected by the individual.
- III. People receiving services and supports through the public mental health system shall direct the use of resources in order to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.
- IV. Fiscal responsibility and the wise use of public funds shall guide the individual and the PIHP/CMHSP in reaching an agreement on the allocation and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person, consistent with the fiduciary obligations of the PIHP/CMHSP.
- V. Realization of the principles of self-determination requires arrangements that are partnerships between the PIHP/CMHSP and the individual. They require the active commitment of the PIHP/CMHSP to provide a range of options for

## CORE ELEMENTS, continued

individual choice and control of personalized provider relationships within an

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<sup>1</sup> Both PIHPs and CMHSPs are referenced throughout the document because the both have contractual obligations to offer and support implementation of arrangements that support self-determination. However, it is understood that, on an individual basis, self-determination agreements are executed at the CMHSP level.

overall environment of person-centered supports.

- VI. In the context of this partnership, PIHP/CMHSPs must actively assist people with prudently selecting qualified providers and otherwise support them with successfully using resources allocated in an individual budget.
- VII. Issues of wellness and well-being are central to assuring successful accomplishment of a person's IPOS. These issues must be addressed and resolved using the person-centered planning process, balancing individual preferences and opportunities for self-determination with PIHP/CMHSP obligations under federal and state law and applicable Medicaid Waiver regulations. Resolutions should be guided by the individual's preferences and needs, and implemented in ways that maintain the greatest opportunity for personal control and direction.
- VIII. Self-determination requires recognition that there may be strong inherent conflicts of interest between a person's choices and current methods of planning, managing and delivering specialty mental health services and supports. The PIHP/CMHSP must watch for and seek to minimize or eliminate either potential or actual conflicts of interest between itself and its provider systems, and the processes and outcomes sought by the person.
- IX. Arrangements that support self-determination are administrative mechanisms, allowing a person to choose, control and direct providers of specialty mental health services and supports. With the exception of fiscal intermediary services, these mechanisms are not themselves covered services within the array of state plan and mental health specialty services and supports. Self-determination arrangements must be developed and operated within the requirements of the respective contracts between the PIHPs and CMHSPs and the Michigan Department of Health and Human Services and in accordance with federal and state law. Using arrangements that support self-determination does not change an individual's eligibility for particular specialty mental health services and supports.
- X. All of the requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and PIHP/CMHSP monitoring requirements apply to services and supports acquired using arrangements that support self-determination.
- XI. Arrangements that support self-determination involve mental health specialty services and supports, and therefore, the investigative authority of the Recipient Rights office applies.

## POLICY

- I. Opportunity to pursue and obtain an IPOS incorporating arrangements that support self-determination shall be established in each PIHP/CMHSP, for adults with developmental disabilities and adults with mental illness. Each PIHP/CMHSP shall develop and make available a set of methods that provide opportunities for the person to control and direct their specialty mental health services and supports arrangements.
  - A. Participation in self-determination shall be a voluntary option on the part of each person.
  - B. People involved in self-determination shall have the authority to select, control and direct their own specialty mental health services and supports arrangements by responsibly controlling the resources allotted in an individual budget, towards accomplishing the goals and objectives in their IPOS.
  - C. A PIHP/CMHSP shall assure that full and complete information about self-determination and the manner in which it may be accessed and applied is provided to everyone receiving mental health services from its agency. This shall include specific examples of alternative ways that a person may use to control and direct an individual budget, and the obligations associated with doing this properly and successfully.
  - D. Self-determination shall not serve as a method for a PIHP/CMHSP to reduce its obligations to a person or avoid the provision of needed specialty mental health services and supports.
  - E. Each PIHP/CMHSP shall actively support and facilitate a person's application of the principles of self-determination in the accomplishment of his/her IPOS.
- II. Arrangements that support self-determination shall be made available to each person for whom an agreement on an IPOS along with an acceptable individual budget has been reached. A person initiates this process by requesting the opportunity to participate in self-determination. For the purposes of self-determination, reaching agreement on the IPOS must include delineation of the arrangements that will, or may, be applied by the person to select, control and direct the provision of those services and supports.
  - A. Development of an individual budget shall be done in conjunction with development of an IPOS using a person-centered planning process.
  - B. As part of the planning process leading to an agreement about self-

POLICY Section II. continued



determination, the arrangements that will, or may, be applied by the person to pursue self-determination shall be delineated and agreed to by the person and the PIHP/CMHSP.

- C. The individual budget represents the expected or estimated costs of a concrete approach to accomplishing the person's IPOS.
- D. The amount of the individual budget shall be formally agreed to by both the person and the PIHP/CMHSP before it may be authorized for use by the person. A copy of the individual budget must be provided to the person prior to the onset of a self-determination arrangement.
- E. Proper use of an individual budget is of mutual concern to the PIHP/CMHSP and the person.
  - 1. Mental Health funds included in an individual budget are the assets and responsibility of the PIHP/CMHSP, and must be used consistent with statutory and regulatory requirements. Authority over their direction is delegated to the individual, for the purpose of achieving the goals and outcomes contained in the individual's IPOS. The limitations associated with this delegation shall be delineated to the individual as part of the process of developing the IPOS and authorizing the individual budget.
  - 2. An agreement shall be made in writing between the PIHP/CMHSP and the individual delineating the responsibility and the authority of both parties in the application of the individual budget, including how communication will occur about its use. The agreement shall reference the IPOS and individual budget, which shall all be provided to the person. The directions and assistance necessary for the individual to properly apply the individual budget shall be provided to the individual in writing when the agreement is finalized.
  - 3. An individual budget, once authorized, shall be provided to the individual. An individual budget shall be in effect for a specified period of time. Since the budget is based upon the individual's IPOS, when the IPOS needs to change, the budget may need to be reconsidered as well. In accordance with the Person-Centered Planning Policy and Practice Guideline, the IPOS may be reopened and reconsidered whenever the individual, or the PIHP/CMHSP, feels it needs to be reconsidered.
  - 4. The individual budget is authorized by the PIHP/CMHSP for the purpose of providing a defined amount of resources that may be

POLICY Section II.E.4 continued

- directed by a person to pursue accomplishing his/her IPOS. An individual budget shall be flexible in its use.
- a. When a person makes adjustments in the application of funds in an individual budget, these shall occur within a framework that has been agreed to by the person and the PIHP/CMHSP, and described in an attachment to the person's self-determination agreement.
  - b. A person's IPOS may set forth the flexibility that an individual can exercise to accomplish his or her goals and objectives. When a possible use of services and supports is identified in the IPOS, the person does not need to seek prior approval to use the services in this manner.
  - c. If a person desires to exercise flexibility in a manner that is not identified in the IPOS, then the IPOS must be modified before the adjustment may be made. The PIHP/CMHSP shall attempt to address each situation in an expedient manner appropriate for the complexity and scope of the change.
  - d. Funds allotted for specialty mental health services may not be used to purchase services that are not specialty mental health services. Contracts with providers of specialty mental health services should be fiscally prudent.
5. Either party—the PIHP/CMHSP or the person—may terminate a self-determination agreement, and therefore, the self-determination arrangement. Common reasons that a PIHP/CMHSP 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; and conflict between the individual and providers that results in an inability to implement IPOS. Prior to the PIHP/CMHSP terminating an agreement, and unless it is not feasible, the PIHP/CMHSP shall inform the individual 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. In any instance of PIHP/CMHSP discontinuation or alteration of a self-determination arrangement, the

POLICY Section II.E.5 continued

local processes for dispute resolution may be used to address and resolve the issues.

6. Termination of a Self-Determination Agreement by a PIHP/CMHSP is not a 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.
7. Discontinuation of a self-determination agreement, by itself, shall neither change the individual's IPOS, nor eliminate the obligation of the PIHP/CMHSP to assure specialty mental health services and supports required in the IPOS are provided.
8. In any instance of PIHP/CMHSP discontinuation or alteration, the person must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (when required) appropriate notice.

III. Assuring authority over an individual budget is a core element of self-determination. This means that the individual may use, responsibly, an individual budget as the means to authorize and direct their providers of services and supports. A PIHP/CMHSP shall design and implement alternative approaches that people electing to use an individual budget may use to obtain individual-selected and -directed provider arrangements.

- A. Within prudent purchaser constraints, a person shall be able to access any willing and qualified provider entity that is available to provide needed specialty mental health services and supports.
- B. Approaches shall provide for a range of control options up to and including the direct retention of individual-preferred providers through purchase of services agreements between the person and the provider. Options shall include, upon the individual's request and in line with their preferences:
  1. Services/supports to be provided by an entity or individual currently operated by or under contract with the PIHP/CMHSP.
  2. Services/supports to be provided by a qualified provider chosen by the individual, with the PIHP/CMHSP agreeing to enter into a contract with that provider.
  3. Services/supports to be provided by an individual-selected provider with whom the individual executes a direct purchase-of-services

POLICY Section III.B.3 continued

agreement. The PIHP/CMHSP shall provide guidance and assistance to assure that agreements to be executed with individual-selected providers are consistent with applicable federal regulations governing provider contracting and payment arrangements.

- a. Individuals shall be responsible for assuring those individuals and entities selected and retained meet applicable provider qualifications. Methods that lead to consistency and success must be developed and supported by the PIHP/CMHSP.
- b. Individuals shall assure that written agreements are developed with each provider entity or individual that specify the type of service or support, the rate to be paid, and the requirements incumbent upon the provider.
- c. Copies of all agreements shall be kept current, and shall be made available by the individual, for review by authorized representatives of the PIHP/CMHSP.
- d. Individuals shall act as careful purchasers of specialty mental health services and supports necessary to accomplish their IPOS. Arrangements for services shall not be excessive in cost. Individuals should aim for securing a better value in terms of outcomes for the costs involved. Existing personal and community resources shall be pursued and used before public mental health system resources.
- e. Fees and rates paid to providers with a direct purchase-of-services agreement with the individual shall be negotiated by the individual, within the boundaries of the authorized individual budget. The PIHP/CMHSP shall provide guidance as to the range of applicable rates, and may set maximum amounts that a person may spend to pay providers of specific services and supports.
- f. Conflicts of interest that providers may have must be considered. For example, a potential provider may have a competing financial interest such as serving as the individual's landlord. If a provider with a conflict of interest is used, the conflict must be addressed in the relevant agreements. The Medicaid Provider Manual has directly

POLICY Section III.B.3 continued

addressed one conflict stating that, individuals cannot hire or contract with legally responsible relatives (for an adult, the individual's spouse) or with his or legal guardian.

4. A person shall be able to access one or more alternative methods to choose, control and direct personnel necessary to provide direct support, including:
    - a. Acting as the employer of record of personnel.
    - b. Access to a provider entity that can serve as employer of record for personnel selected by the individual (Agency with Choice).
    - c. PIHP/CMHSP contractual language with provider entities that assures individual selection of personnel, and removal of personnel who fail to meet individual preferences.
    - d. Use of PIHP/CMHSP-employed direct support personnel, as selected and retained by the individual.
  5. A person using self-determination shall not be obligated to utilize PIHP/CMHSP-employed direct support personnel or a PIHP/CMHSP-operated or -contracted program/service.
  6. All direct support personnel selected by the person, whether she or he is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel, or the requirements pertinent to the particular professional services offered by the provider.
  7. A person shall not be required to select and direct needed provider entities or his/her direct support personnel if she or he does not desire to do so.
- IV. A PIHP/CMHSP shall assist a person using arrangements that support self-determination to select, employ, and direct his/her support personnel, to select and retain chosen qualified provider entities, and shall make reasonably available, consistent with MDHHS Technical Advisory instructions, their access to alternative methods for directing and managing support personnel.
- A. A PIHP/CMHSP shall select and make available qualified third-party entities that may function as fiscal intermediaries to perform employer

dream and reach toward that dream.

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

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

### **Specialty Mental Health Services**

This term includes any service/support that can legitimately be provided using funds authorized by the PIHP/CMHSP in the individual budget. It includes alternative services and supports as well as Medicaid-covered services and supports.

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## **FISCAL INTERMEDIARY TECHNICAL REQUIREMENT**

### **I. Background**

Fiscal Intermediary (FI) services are an essential component of providing financial accountability and Medicaid integrity for the individual budgets authorized for individuals using arrangements that support self-determination. Prepaid Inpatient Health Plans/Community Mental Health Service Programs (PIHP/CMHSPs) have been contractually required to offer arrangements that support self-determination to adults who use mental health services and supports since January 1, 2009 (90 days after the publication of the Choice Voucher System Technical Advisory version 2.0) (dated September 30, 2008) (CVS TA)<sup>i</sup>. PIHP/CMHSPs are also required to offer choice voucher arrangements to families of minor children on the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW) and may elect to provide choice voucher arrangements to other families of minor children. Entities that provide FI services also provide critical support to individuals who use arrangements that support self-determination that allow them to control and manage their arrangements effectively.

The primary role of the FI is to provide fiscal accountability for the funds in the individual budget. "The individual budget represents the expected or estimated costs of a concrete approach to accomplishing the person's IPOS." Self-Determination Policy and Practice Guideline (October 1, 2012) (SD Policy), Section II.C. "Development of an individual budget shall be done in conjunction with development of an IPOS using a person-centered planning process. As part of the planning process leading to an agreement about self-determination, the arrangements that will, or may, be applied by the person to pursue self-determination shall be delineated and agreed to by the person and the PIHP/CMHSP." SD Policy II.A & B.<sup>i</sup> The role of the FI is not to develop the individual budget or direct how services and supports are used, but to ensure that the payments it makes are correspond with the IPOS and the individual budget.

FI services were first identified in the SD Policy. "A fiscal Intermediary is an independent legal entity (organization or individual) that acts as a fiscal agent of the PIHP/CMHSP for the purpose of assuring fiduciary accountability for the funds comprising an individual budget SD Guideline Glossary. A PIHP/CMHSP shall select and make available qualified third-party entities that may function as fiscal intermediaries to perform employer agent functions and/or provide other support management functions." SD Policy IV.A Fiscal Intermediary Services was later made a 1915(b) waiver service (Medicaid Provider Manual, Mental Health/Substance Abuse §17.3.0) and can be billed as an administrative activity for families using choice voucher arrangements under the Children's Waiver Program.

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The purpose of this Technical Requirement is to clarify the qualifications, role and functions of entities that provide FI services as well as the requirements that PIHP/CMHSPs have in procuring and contracting with entities to provide FI services.

## **II. PIHP/CMHSP Requirements**

Each PIHP/CMHSP is required to contract with at least one entity to provide FI services. In procuring and contracting with entities to provide FI services, the PIHP/CMHSP must ensure that the entities meet all of qualifications set forth in this technical requirement. The PIHP/CMHSP also must assure that fiscal intermediaries are oriented to and supportive of the principles of self-determination and able to work with a range of consumer styles and characteristics. PIHP/CMHSPs have an obligation to identify and require remedy to any conflicts of interest that, in the judgment of the PIHP/CMHSP, interfere with the performance of the role of the entity providing FI services (see Section III Qualification for FI Entities below).

Contracts with entities providing FI services must identify the functions and scope of FI services, set forth accounting methods and methods for assuring timely invoicing, service activity and cost reporting to the PIHP/CMHSP for specialty mental health services, require indemnification and professional liability insurance for non-performance or negligent performance of FI duties (general business or liability insurance is insufficient), and identify a contact person or persons at the PIHP/CMHSP and at the FI entity for troubleshooting problems and resolving disputes. The PIHP/CMHSP should provide individuals using FI services and their allies with the opportunity to provide input into the development the scope of the FI services and the implementation of those services. In addition to the required functions identified in Section IV below, PIHP/CMHSPs may choose to contract with the entities to provide other supportive functions (such as verification of employee qualifications (background checks, provider qualification checks, etc.)) that are identified in the Self-Determination Implementation Technical Advisory (SDI TA), Appendix C, List of Fiscal Intermediary Functions, Section II Employment Support Functions. PIHP/CMHSPs may only pay entities that provide FI services on a flat rate basis or another basis that does not base compensation on a percentage of individual budgets.

In addition to contracting and procurement, each PIHP/CMHSP must monitor the performance of entities that provide FI services on an annual basis just as it monitors the performance of all other service providers. Minimally, this annual performance monitoring must include:

- Verification that the FI is fulfilling contractual requirements;
- Verification of demonstrated competency in safeguarding, managing and disbursing Medicaid and other public funds;
- Verification that indemnification and required insurance provisions are in place and updated as necessary;



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- Evaluation of feedback (experience and satisfaction) from individuals using FI services and other FI performance data with alternate methods for collections data from individuals using services (more than mailed surveys); and
  - An audit of a sample of individual budgets to compare authorizations versus expenditures.

### **III. Required Qualifications for FI Entities**

Entities that provide FI services must have a positive track record of managing and accounting for funds. These entities must be independent and free from conflicts of interest. In other words, they cannot be a provider of any other mental health services and supports or any other publicly funded services (such as, but not limited to Home Help services available through the Department of Human Services (DHS)). In addition, FI entities cannot be a guardian, conservator, or trust holder or have any other compensated fiduciary relationship with any individual receiving mental health services and supports except for representative payee<sup>1</sup>.

### **IV. Required Fiscal Intermediary Functions**

Required FI functions include Financial Accountability functions and Employer Agent functions. Other possible functions are identified within the Administrative Functions and Employment Support Functions in the List of Fiscal Intermediary Functions (SDI TA, Appendix C).

#### **A. Financial Accountability Functions**

For all individuals using arrangements that support self-determination and families of minor children using choice voucher arrangements, entities providing FI services must:

- Have a mechanism to crosscheck invoices with authorized services and supports in each individual plan of service (IPOS) and individual budget and a procedure for handling invoices for unauthorized services and supports.
- Pay only invoices approved by the individual (or family of a minor child) for services and supports explicitly authorized in the IPOS and individual budget.
- Have a system in place for tracking and monitoring individual budget expenditures and identifying potential over- and under-expenditures that minimally includes the following:
  - Provide monthly financial status reports to the supports coordinator (and anyone else at the PIHP/CMHSP identified in the contract to receive monthly budget reports) and the individual (or the family of a minor child) by no later than 15 days after the end of month.
  - Contact the supports coordinator by phone or e-mail in the case of an over expenditure of 10 percent in one month prior to making payment for that expenditure.
  - Contact the supports coordinator by phone or e-mail in the case of under expenditure of the pro rata share of the individual budget for the month

## **V. References**

Michigan Self-Determination Policy and Practice Guideline, July 18, 2003  
[http://www.michigan.gov/documents/SelfDeterminationPolicy\\_70262\\_7.pdf](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)

Michigan Medicaid Provider Manual  
<http://www.michigan.gov/MDHHS/0,1607,7-132--87572--,00.html>

Choice Voucher System Technical Advisory, Version 2.0, September 30, 2008  
[http://www.michigan.gov/documents/MDHHS/Choice\\_Voucher\\_System\\_Transmittal\\_9\\_30\\_08\\_251403\\_7.pdf](http://www.michigan.gov/documents/MDHHS/Choice_Voucher_System_Transmittal_9_30_08_251403_7.pdf)

Self-Determination Implementation Technical Advisory, January 1, 2013

mental health system have a right under the Balanced Budget Act (BBA) to choose the providers of the services and supports that are identified in their individual plan of service "to the extent possible and appropriate." Qualified providers chosen by the beneficiary, but who are not currently in the network or on the provider panel, should be placed on the provider panel. Within the PIHP, choice of providers must be maintained at the provider level. The individual must be able to choose from at least two providers of each covered support and service and must be able to choose an out-of-network provider under certain circumstances. Provider choice, while critically important, must be distinguished from arrangements that support self-determination. The latter arrangements extend individual choice to his/her control and management over providers (i.e., directly employs or contracts with providers), service delivery, and budget development and implementation.

In addition to choice of provider, individuals using mental health services and supports have access to a full-range of approaches for receiving those services and supports. Agencies and providers have obligations and underlying values that affirm the principles of choice and control. Yet, they also have long-standing investments in existing programs and services, including their investments in capital and personnel resources. Some program approaches are not amenable to the use of arrangements that support self-determination because the funding and hiring of staff are controlled by the provider (for example, day programs and group homes) and thus, preclude individual employer or budget authority.

It is not anticipated that every person will choose arrangements that support self-determination. Traditional approaches are offered by the system and used very successfully by many people. An arrangement that supports self-determination is one method for moving away from predefined programmatic approaches and professionally managed models. The goals of arrangements that support self-determination, on an individual basis, are to dissolve the isolation of people with disabilities, reduce segregation, promote participation in community life and realize full citizenship rights.

The Department of Health and Human Services supports the desire of people to control and direct their specialty mental health services and supports to have a full and meaningful life. At the same time, the Department knows that the system change requirements, as outlined in this policy and practice guideline, are not simple in their application. The Department is committed to continuing dialogue with stakeholders; to the provision of support, direction and technical assistance so the system may make successful progress to resolve technical difficulties and apparent barriers; and to achieve real, measurable progress in the implementation of this policy. This policy is intended to clarify the essential aspects of arrangements that promote opportunity for self-determination and define required elements of these arrangements.

## **PURPOSE**

- I. To provide policy direction that defines and guides the practice of self-

determination within the public mental health system (as implemented by Prepaid Inpatient Health Plans/Community Mental Health Services Programs (PIHP/CMHSPs)<sup>1</sup> in order to assure that arrangements that support self-determination are made available as a means for achieving personally-designed plans of specialty mental health services and supports.

## CORE ELEMENTS

- I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services (IPOS), the amount of mental health and other public resources to be authorized to accomplish the IPOS, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
- II. Within the obligations that accompany the use of funds provided to them, PIHP/CMHSPs shall ensure that their services planning and delivery processes are designed to encourage and support individuals to decide and control their own lives. The PIHP/CMHSP shall offer and support easily-accessed methods for people to control and direct an individual budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers selected by the individual.
- III. People receiving services and supports through the public mental health system shall direct the use of resources in order to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.
- IV. Fiscal responsibility and the wise use of public funds shall guide the individual and the PIHP/CMHSP in reaching an agreement on the allocation and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person, consistent with the fiduciary obligations of the PIHP/CMHSP.
- V. Realization of the principles of self-determination requires arrangements that are partnerships between the PIHP/CMHSP and the individual. They require the active commitment of the PIHP/CMHSP to provide a range of options for

## CORE ELEMENTS, continued

individual choice and control of personalized provider relationships within an

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<sup>1</sup> Both PIHPs and CMHSPs are referenced throughout the document because the both have contractual obligations to offer and support implementation of arrangements that support self-determination. However, it is understood that, on an individual basis, self-determination agreements are executed at the CMHSP level.