BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Self Directed Services (SDS)- Choice Voucher Arrangements	SECTION: 02-09-05 Page 1 of 12
APPLICATIONS: Clinical Teams, Finance, Business Office, Utilization Management, Provider Network Contracts, Administration EFFECTIVE DATE: 10/01/07 APPROVED BY: Chief Executive Officer REVISED: 9/08, 10/09, 5/10, 7/13, 5/15, 3/2020, 7/2022, 8/2023, 6/2024	REQUIRED BY: SWMBH 4.06 MDHHS Policy & Practice Guidelines

POLICY:
Berrien Mental Health Authority shall assure every individual receiving public mental health services has the support to lead a self-determined life as defined by everyone through the person-centered planning process and the use of individual budgets. Berrien Mental Health Authority shall adopt standard procedures that provide opportunities for the consumer to plan and self-direct their services and supports arrangements.

PURPOSE
To provide concrete approaches to support consumers and their families in choosing to self-direct their mental health specialty services when possible.

STANDARD

Michigan Department of Health and Human Services (MDHHS) Self-Direction Technical Requirement requires that Prepaid Inpatient Health Plans/Community Mental Health Service Programs (PIHP/CMHSPs) offer the option to self-direct services as a way of honoring a consumer and their families right to self-determination, as well as offering methods to control and direct how the services and supports in their Individual Plan of Service (IPOS) are implemented.

Providers hired through a Self-Directed Service arrangement will complete all training required (See Attachment A for training requirements):

Self-Directed Services are based on the four principles of Self Determination. These principles and their self-directed outcomes are:

FREEDOM: Deciding how to live a good life.

AUTHORITY: Controlling a targeted amount of dollars.

SUPPORT: Organizing resources in ways that are life enhancing and meaningful.

RESPONSIBILITY: Using public funds wisely.

CONFIRMATION: Having a role in redesigning the service system.

To implement arrangements that support self-determination, PIHPs/CMHSPs must ensure that individual and organizational self-interests do not compete with the opportunity of people to have authority over the services and supports they need to live the lives they want to live.

The use of Medicaid funds places special accountability requirements on the provision of services and supports. All requirements for documenting that Medicaid services and supports have been provided, as described in the Michigan Medicaid Provided Manual, must be completed. That documentation must be provided to BMHA.

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.

The consumer or guardian is the employer in a Choice Voucher arrangement. BMHA is not the employer, nor a joint employer in a Choice Voucher arrangement.

BMHA must utilize a uniform and transparent process for costing out services and supports that comports with the prudent purchasing framework and best value orientation as required by the Michigan Department of Health and Human Services (MDHHS).

DEFINITIONS

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

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

Consumer: A person with a developmental disability and/or mental illness who receives services from Berrien Mental Health Authority. 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.

Financial Management Service Provider (FMS) /Fiscal Intermediary (FI): An independent legal entity that acts as a fiscal agent under contract with Berrien Mental Health Authority or its designated sub-contractor. The purpose of the FMS/FI is to receive funds making up a consumer's individual budget, and make payments as authorized by the consumer to providers and other parties to whom a consumer using the individual budget may be obligated. A FMS/FI may provide a variety of supportive services that assist the consumer in selecting, employing and directing individual and agency providers.

Individual Budget: The expected or estimated costs of a concrete approach to obtaining the mental health specialty services and supports in the IPOS for which an individual is choosing to use arrangements that support self-determination. An individual budget does not include mental health services and supports not obtained through arrangements that support self-determination or other funding sources. An individual budget also must be differentiated from the estimated costs of providing mental health specialty services and supports that must be provided to all individuals who receive services and supports the public mental health system. *(See Individual Budget Procedure)* Consumers are not entitled to receive any funds not spent receiving specialty supports and services.

Person-Centered Planning (PCP): A process for planning and supporting the consumer receiving services that builds upon the consumer's capacity to engage in activities that promote community life and honors the consumer's preferences, choices, and abilities. The process involves friends, family, and professionals, as the consumer desires.

Individual Plan of Service (IPOS): The written plan of service that is the result of the Person-Centered Planning process.

Employer of Record: The term for the person who is a legal employer. A person who is self-directing will be considered the employer of record or a managing employer.

Managing Employer: The person or designee who is acting in a supervisory role but is not considered the legal employer of record. All parents/guardians in a Self-Directed Arrangement are considered managing employers.

Qualified Provider: An individual or agency that meets the federal and state requirements in their contract to provide mental health services and supports.

Supports Broker: A person that helps individuals find and get the needed services and supports in their IPOS. A Supports Broker has a clear focus on helping people identify and meet goals to increase independence and quality of life.

PRINCIPLES:

1. Consumers shall have access to the tools and mechanisms supportive of Self-Directed Services. Self-Directed Services shall be effective when Berrien Mental Health Authority and the consumer 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 resources will be utilized and accounted for.
2. Service planning and delivery processes must be designed to encourage and support consumers in making decisions for their own lives. Easily accessed methods must be offered and supported for consumers to control and direct an Individual Budget including methods to direct the delivery of services/supports from qualified providers selected by the consumer and approved by Berrien Mental Health Authority.
3. **A consumer shall be able to access alternative methods to choose, control and direct personnel necessary to provide direct support. Options shall include, upon the consumer's request and in line with their preferences:**
   - Services/supports to be provided by an entity or individual currently operated by or under contract with Berrien Mental Health Authority.
   - Access to Agency Supported Self Direction/ Agencies with Choice (AWC).
   - Authority to the consumer to directly employ support staff through a Self-Directed Service arrangement.
   - Berrien Mental Health Authority shall assist a consumer participating in Self-Directed Services in choosing the appropriate arrangement and selecting a chosen qualified provider.
4. Consumers shall direct the use of resources to choose meaningful services/supports in accordance with their plan as developed through a person-centered process. The use of any Berrien Mental Health Authority funds must be for services outlined in a Person-Centered Plan, which are defined in amount, scope and duration, and for which there is clear medical necessity.
5. Fiscal responsibility and the wise use of public funds shall guide the consumer and Berrien Mental Health Authority 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 Berrien Mental Health Authority and the consumer.
6. Self-Directed Service arrangements are partnerships between Berrien Mental Health Authority and the consumer. They require the active commitment of Berrien Mental Health Authority to provide a range of options for consumer 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 consumer's plan of services/supports. These issues must be addressed and resolved using the Person-Centered Planning process. Resolutions should be guided by the consumer's preferences and needs, implemented in ways that maintain the greatest opportunity for consumer control and direction.

8. Self-Directed Service arrangements must be developed and operated within the requirements of the contract between Berrien Mental Health Authority and the State of Michigan and/or Southwest Michigan Behavioral Health Association (PIHP).

9. Involvement in Self-Directed Service does not change a consumer's eligibility for services and supports.

10. Self-Directed Service arrangements will not require Berrien Mental Health Authority to provide services that are unethical, illegal, or imprudent.

11. If a participant and/or their family are not able to effectively perform the duties of an employer, Berrien Mental Health Authority may choose to not enter into or terminate the Self-Directed Service arrangement. This would not affect the amount or type of services but would mean that services would need to be sought through a provider agency.

PROCEDURE(S)

1. During pre-planning and through the person centered-planning process, consumers will be provided with information and resources regarding Self-Directed Services and the option of a Self-Directed Service arrangement.
2. If the consumer and/or his/her guardian requests to receive covered services through a Self-Directed Service Arrangement the following process will be followed:
    A. The Case Manager will complete the person-centered planning process and Individual Plan of Services to address consumer needs identified in the initial/annual assessment.
        i. If this is a new SDS arrangement, the Case Manager will work with the SDS Supervisor to educate the consumer/guardian/family on roles and responsibilities and begin the process of identifying and hiring an employee.
            1. The SDS Supervisor will contact the consumer and/or guardian to provide detailed information about the Self-Directed Service Arrangement and what to expect. The SD Supervisor will request the names of individuals the consumer wishes to employ through the Self-Directed Service Arrangement.
            2. If the consumer/guardian decided to pursue a Self-Directed Services arrangement, the SDS supervisor will provide them with a referral packet to complete which also includes an employment application for a potential employer.
        ii. Once returned from the consumer/guardian, the SDS Supervisor/SD Supports Broker will send a referral packet to the Financial Management Service (FMS) which includes:
            1. Completed referral form with necessary demographic information.
            2. The amount, scope, and duration of services authorized to be delivered through the Self-Directed Service Arrangement, as well as desired rate of pay for their worker or workers they have chosen to hire.

B. Once the IPOS is complete, the Case Manager shall contact the SDS Supervisor to initiate the Self-Directed Service Arrangement and arrange for an enrollment meeting to occur.
    i. The amount, scope, and duration of services to be utilized through the Self-Directed Service Arrangement will be added to the IPOS when an employee has been hired and approved by the FMS to work.
C. The FMS/FI will contact the prospective employee to:
    i. Review the Self-Directed Service Arrangement process and related employee responsibilities.
    ii. Notify them of required trainings their employees will need to complete.
    iii. Notify the Employee that an employee application packet will be sent to them and needs to be completed and returned as soon as possible if not already submitted.
    iv. Notify them that paid employment may not begin until they receive notice from the Financial Management Service (FMS)/Fiscal Intermediary (FI) that they meet all the minimum requirements.

3. Financial Management Service (FMS)/Fiscal Intermediary (FI) will
    A. Verify the Employee meets all the minimum requirements of Medicaid per MDHHS and SWMBH requirements.
    B. Develop a budget for the Self-Directed Services identified in the treatment plan with the pay rates identified by the employer.
    C. Receipt of State and Federal Withholding forms (W4s), Employment Agreement, Job Description, and Employment Eligibility Verification (I-9).
    D. Affirmation of training as outlined in Attachment A to this procedure.
    E. The Financial Management Service (FMS)/Fiscal Intermediary (FI) will notify the Employer and SD Supervisor/ SDS Supports Broker when the background checks have been completed.
        i. If the potential employee does not meet the requirements, the Employer may identify another potential employee or consider services through a traditional service provider/agency. If a new potential employee is identified process above.
        ii. If the potential employee meets all requirements, the Financial Management Service (FMS)/Fiscal Intermediary (FI) and SDS Supervisor will coordinate an enrollment meeting.
    F. The enrollment meeting will be set up in conjunction by the SDS Supervisor/SDS Supports Broker and will include: the FMS/FI, the Employer, the identified Employee(s) and the SDS Supervisor/SDS Supports Broker. The meeting will cover:
        i. Educating all parties of the roles and responsibilities involved with a Self-Directed Service Arrangement
        ii. FMS/FI will assist the consumer and/or guardian to:
            1. Complete required paperwork to become a legal employer.
            2. Coordinate and monitor required trainings for identified employees.
            3. Review process of approving and submitting employee timecards.

4. Educate consumer and/or guardian on the Monthly Budget Reports.

iii. SDS Supervisor/SDS Supports Broker will provide the Employer with information on required trainings for their Employees and compliance requirements.

iv. All paperwork for Employment will be signed (facilitated by FMS/FI), as well as the following agreements:

1. Provider Agreement (between the Employee and BMHA)
2. Employment Agreement (between the Employee and Employer))
3. FMS Agreement (between the Employer and FMS)
4. Self-Directed Service Agreement (between Employer, FMS/FI, and BMHA)

v. Original copies of these agreements will be kept on file.

G. Once the FMS/FI has verified the Employee meets minimum requirements, the FMS/FI will send the Employer a Letter of Approval to Hire indicating that all requirements (training, background checks and authorizations) have been completed and the employee is approved to begin providing paid services.

4. The SDS Supports Broker will submit a purchase request to Accounting with the FMS/FI Budget attached. The request will total two full months of the total FMS/FI budget and be paid to the FMS/FI The account number to use for (GT Independence) two-month advance is 13550-0000.
5. If there is to be a delay or gap in services at any time, the Case Manager will notify the SDS Supports Broker. The SDS Supports Broker will notify the FMS to place the account "on hold" until services commence.
6. When a Self-Directed Service arrangement using a FMS/FI ends:
   A. The Case Manager will notify the SD Supports Broker
   B. The SD Resource Coordinator will notify Accounting, UM and the FMS/FI.
   C. Accounting will invoice the FMS/FI for the two-month advance.
   D. The Case Manager will early terminate the authorizations and ask their assigned Clinical Assistant to send Adverse Benefit Determination (ABD) if necessary.
   E. The FMS/FI will end services.

Ongoing Roles and Responsibilities: Successful use of arrangements that support self-determination requires that all parties understand their rights and responsibilities.

1. **Employer** (consumer and/or guardian) ongoing Roles and Responsibilities:
   a. Act as the Employer of Record.
   b. Employers shall inform BMHA of issues that affect their ability to successfully understand, interpret and implement arrangements that support self-determination. Issues might include completion of the required agreements or finding, selecting, and managing workers.
   c. Manage the use of funds so that expenditures do not exceed the amounts identified in the Individual Budget and notify the BMHA Case Manager and Financial Management

Service/Fiscal Intermediary about any change in circumstances that may require a modification of IPOS or the Individual Budget.

d. Responsible for assuring the funding is used solely for the services and supports specified in the IPOS.
e. Complete all requirements for documentation of Medicaid services in the format proscribed by BMHA.
f. Provide all necessary information regarding all providers of services and supports and ensure that all required documentation and written agreements are in place.
g. Assure that each service provider retained meets the provider qualifications.
h. Provide the Financial Management Service/Fiscal Intermediary with the necessary authorization documentation (such as timesheets and invoices) to support the use of funds in the individual's budget in a timely manner.
i. Interview and select staff.
j. Notify the Financial Management Service/Fiscal Intermediary who they would like hire.
k. Provide ongoing supervision and management of their employees.
l. Terminate and replace Employees, when in his or her judgment, doing so is necessary.
m. Schedule services and activities according to what is in the individual plan of services.
n. Manage the use of funds so that expenditures do not exceed the amounts identified in the individual budget.
o. Notify the Case Manager about any change in circumstances that may require a modification of the IPOS or the individual budget.

2. **Employee** ongoing Roles and Responsibilities
    a. Provide services as agreed to in the Employment Agreement and as specified in the IPOS.
    b. Complete required documentation for every 'shift' or separate time of service provision.
    c. Complete timecards, which must be signed by the Employer or approved representative.
    d. Submit timecards with attached required documentation for each shift worked.
    e. Maintain required trainings and certifications.

3. **Financial Management Service/Fiscal Intermediary** ongoing Roles and Responsibilities
    a. Serve as the fiscal agent for BMHA to ensure accountability for the funds in the individual budgets.
    b. Function as the employer agent for participants directly employing workers to assure compliance with payroll, tax and unemployment insurance filings and securing worker's compensation insurance.
    c. Ensure compliance with requirements related to management of public funds, the direct employment of workers by participants, including assuring compliance with contract requirements.

d. Assists the Employer in budgeting the Medicaid funds budgeted for in the Individual Plan of Services (IPOS).
    i. Assist the Employer in setting wages for the Employees that is within the approved Individual Budget, which is based on the IPOS. Total expenditures must be within the Individual Budget amount and within the total number of units of services stated in the IPOS.
    ii. Monitor and safeguard funds to ensure that the Individuals Budget is not overspent.
e. Receive timecards, perform payroll, and assure all state and federal regulations are met.
f. Monitor staff training requirements and notify the staff person of the need for updated training 60 days and 30 days in advance of expiration.
g. Notify the Employer and SDS Supports Broker if an Employee's required training is not completed as required.
h. Submit claims to BMHA for authorized services which have been completed.
i. Notify the Employer and SDS Supports Broker if services exceed the authorized units of service in any one month or overall authorization.
j. Shall not disperse funds for services more than the Individual Budget.
k. Send Monthly Budget Reports to the consumer and/or guardian and the assigned SDS Supports Broker.
l. Complete annual background checks on all employees and notify the Employer and SD Resource Coordinator if any criminal activities appear on an employee background check.
m. Comply with Medicaid and Department of Labor requirements.

4. **Case Manager** ongoing Roles and Responsibilities
    a. Monitor services through face-to-face contacts, phone contacts and review of documentation to assure services are being implemented according to the IPOS and to monitor consumer satisfaction and outcomes.
    b. If services and budget amounts require changes, the Case Manager shall plan and facilitate an addendum to the IPOS and notify the SDS Supports Broker of any changes to amount, scope or duration as this may affect the FMS/FI Budget and employee pay rates.
    c. Request authorization for services that are medically necessary and based on assessment of individual needs.
    d. Assure services are provided according to Medicaid requirements.
    e. Remind the Employer of the roles/responsibilities involved with being an Employer.

5. **SDS Supervisor** ongoing Roles and Responsibilities
    a. Provide education and guidance to consumers and families interested in Self-Directed Services.

b. Act as the point person for dispute resolution and process improvement with the Financial Management Service/Fiscal Intermediary, as well as managing and prioritizing new arrangements and referrals.
c. Schedules and conducts regular meetings with Financial Management Service (FMS/FI) to problem solve and improve processes for consumers and agencies.
d. Monitoring that all MDHHS Technical Requirements are met consistently by employers, employees, and FMS/FI staff.
e. Facilitates and attends enrollment meetings to assures that culturally competent, trauma informed, and person-centered planning is shared decision-making process with the consumers to reach their goals.
f. Manages initial contracts/agreements, paperwork, resources and training on roles and responsibilities of Self-Directed Employers and Employees.
g. Facilitates and monitors the FMS budget process, including rate setting with Provider/Employer to assure accuracy and consistency.
h. Represents the agency in Self-Directed Service Initiatives, meetings, or trainings with MDHHS, SWMBH and other entities.

6. SDS Supports Broker
    a. Assists the Case Management teams by providing information/training regarding self-directed services and the enrollment process.
    b. Coordinates and monitors the process of Self-Directed Services for consumers who choose to arrange their services through a Self-Directed Service arrangement.
    c. Facilitates and attends enrollment meetings to assures that culturally competent, trauma informed, and person-centered planning is shared decision-making process with the consumers to reach their goals.
    d. Follows and conducts agency policy and procedures and adheres to MDHHS Technical Requirements during the Self-Directed Services process.
    e. Links, coordinate, and refer to other community resources within or outside Riverwood as needed.
    f. Reviews and monitors the Monthly Budget and Utilization Reports to monitor that services are being utilized according to the amount, scope and duration specified in the IPOS, and notify Case Manager and Employer as necessary.
    g. Act as a point person contact for the Financial Management Service/Fiscal Intermediary for active arrangements and current employers and employees.
    h. Provide ongoing education and technical support to the Employer on their roles and responsibilities of being an Employer.

Utilization Management Process for Claims through the Fiscal Intermediary:

1. All encounter data will be reviewed before funds are dispersed to employees using the following established procedure:
    a. FMS/FI will review submitted timesheets for the appropriate format/components:

i. Timesheets must be submitted on time according to the payroll schedule and include date, service type, hours provided, and signatures and dates by both the employer and employee.
ii. Any noted deficiency will be "rejected" and sent to the FMS/FI Customer Service Associate for appropriate notifications to the employer and employee. Deficiencies also include illegibility and use of correction fluid or tape ("whiteout"). Corrected timesheets will be processed with the next pay cycle after they are received.
iii. Timesheets that are submitted correctly will be entered into the payroll system.
iv. Timesheets submitted late will be processed if they are received within 90 days from the first date of service documented on the timesheet; however, late timesheets due prior to the end of the fiscal year will not be processed later than 30 days past the end of the fiscal year.
v. Overlapping/concurrent services will be deemed unauthorized.

2. FMS/FI will review encounter data for available authorization:
    a. Encounter data will be entered into FMS/FI's system to determine if the service provided was authorized and does not exceed 10% of the year-to-date authorized units.
    b. Services submitted that exceed the total authorized units or 10% of the prorated year-to-date authorized units will be deemed unauthorized and will not be processed for payment.
    c. Services will be deemed unauthorized, and payment will not be issued under the following conditions:
        i. The submitted service documentation causes the annual authorization to be exceeded.
        ii. No authorization exists in consumers IPOS for the submitted service documentation.
        iii. Overlapping/concurrent services have been submitted.

3. Notification:
    a. The FMS/FI Customer Service Associate will notify the BMHA SD Supports Broker, employers, and employees of unauthorized services that were unpaid.

4. Authorization received:
    a. The FMS/FI Customer Service Associate will coordinate with the BMHA SD Supports Broker to obtain authorization for unpaid services, if deemed appropriate.
    b. Timesheets or units that were unpaid due to a lack of authorization but for which an authorization was subsequently received will be processed on the following pay period if the timesheet meets the appropriate submission parameters.

FORMS

SDS Provider Agreement
SDS Employment Agreement
FMS/FI Agreement
FMS Budget

REFERENCED PROCEDURES

REVIEWER: Director of Services, Internal MCO
REVIEWED: 9/08, 10/09, 5/10, 12/11, 10/12, 7/13, 8/14, 5/15, 5/16, 8/17, 6/18, 7/19, 3/2020, 10/2021, 7/2022, 8/2023, 6/2024, 2/2025, 7/2026