

The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green, creating a modern, layered effect.

Self-Direction Technical Requirement FAQ, Part 1

- ▶ SD Technical Requirements (Policy) in contract
- ▶ [self-direction TECHNICAL Requirement Implementation Guide \(michigan.gov\)](#)
 - ▶ Created for FY21 - 10/1/2020
 - ▶ Best Practice Requirements

Self-Direction Technical Requirement Guide

Two Part Training

▶ PART 1:

- ▶ Terminology
- ▶ Supporting Self-Direction through the PCP Process
- ▶ Models of Self-Directed Services
- ▶ Employer Training and support
- ▶ Planning for budget
- ▶ Implementation
- ▶ FAQs

▶ PART 2:

- ▶ Agreements
- ▶ Budget
- ▶ Ongoing Employee Training
- ▶ Communication
- ▶ Roles
- ▶ Prevention
- ▶ FAQs

Overview of Guide

- ▶ Clearly illustrates self-directed services put the Person in the driver's seat
- ▶ Highlights the importance of partnerships
- ▶ Defines roles and responsibilities
- ▶ Gives steps to supporting successful arrangements
- ▶ Is in plainer language so families and individuals receiving services can understand
- ▶ Guides the user through the documentation needed for each type of arrangement
- ▶ Has FAQs to help prevent some of the more common issues that come up

Terminology Changes

Self-
Determination

→ Self-Directed Services (Choice Voucher for minors)

Fiscal
Intermediary

→ Financial Management Service

Agency with
Choice

→ Agency Supported
Self-Direction

Definitions

Self-Determination

Self-determination (SD) is 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.

Principles of Self-Determination	Self-Directed Outcome
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

Self-Direction or Self-Directed Services

Self-Direction is 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.

Other Definitions

Employer of Record

▶The Employer of Record is the term for the person who is a legal employer. In much of this document a person who is self-directing will be considered the employer of record or a managing employer.

Managing Employer

▶A managing employer is 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 Choice Voucher Arrangement are considered managing employers.

Worker

▶In this document, worker is used when staff chosen and managed by the person are hired through an agency supported self-direction arrangement.

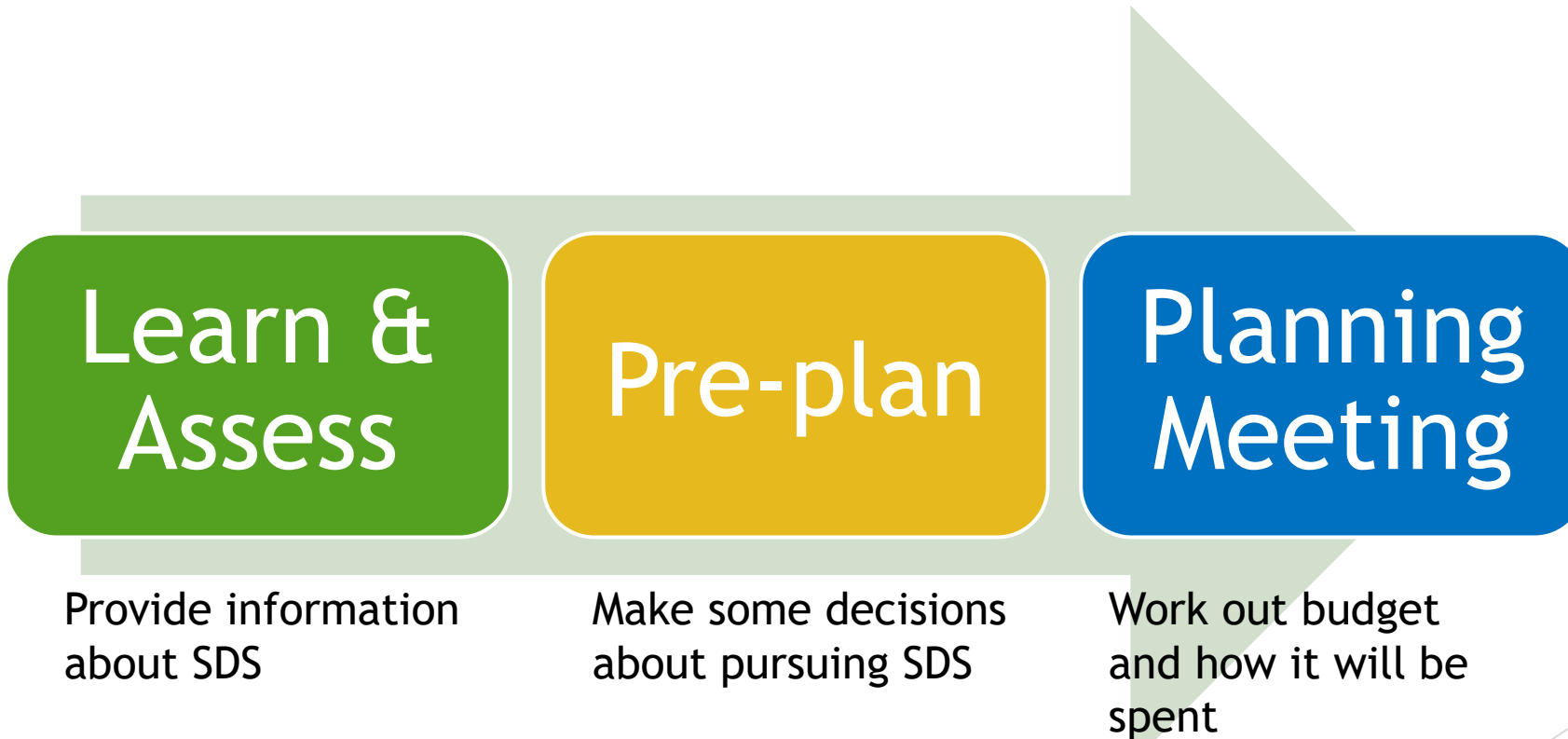
Individual Budget

▶An individual budget is the amount of money from community mental health given to pay for behavioral health services and supports as listed in the individual plan of services (IPOS). By using an individual budget, people have the power to make meaningful choices about how they control their services and live their lives.

Supports Broker

A Supports Broker is 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.

How does it work?



Learn & Assess

- ▶ It will be important to assess the individual's need for support in:
 - Control of the budget
 - Directly contracting with chosen providers
 - Directly employing staff
 - Requirements and responsibilities of the employer role
 - Opportunities to learn how to direct and supervise support workers
 - Ways that allies can provide informal support to assist the individual with the tasks involved

Pre-planning

At this point the person should understand models of SDS and their role to:

- ▶ Responsibly manage funds
- ▶ Communicate changes with CMH & FMS
- ▶ Develop job descriptions
- ▶ Ensure each provider is trained
- ▶ Develop a documentation template (or use one provided)
- ▶ Sign off on all Agreements, timesheets, employment forms
- ▶ Hire qualified staff
- ▶ Deliver necessary documentation to FMS to verify use of funds in the budget

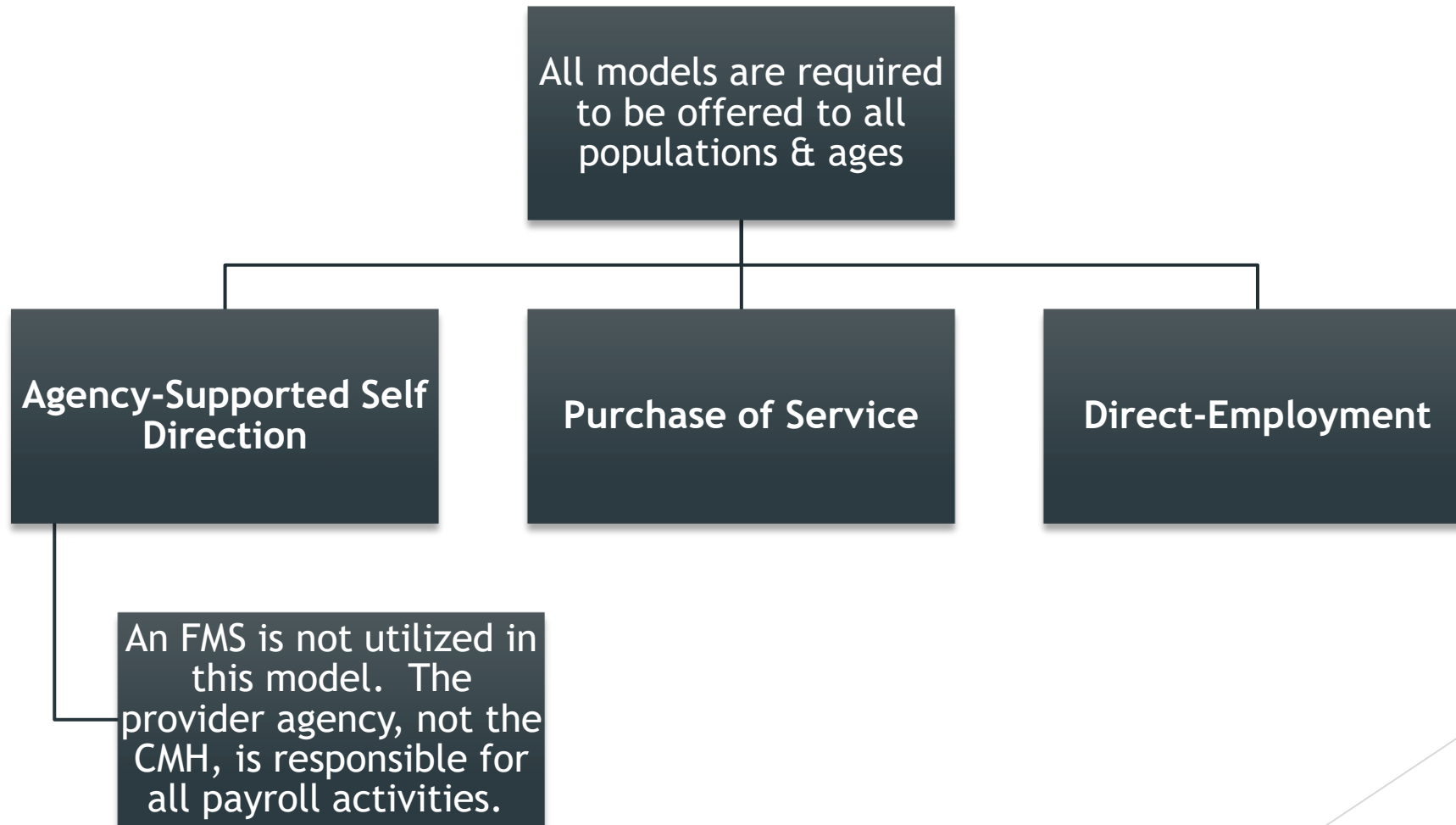
Then the person decides:

- ▶ Whether to start an arrangement this IPOS year
- ▶ What other training they want/need
- ▶ What supports will be needed
- ▶ If training will be implemented by a CMH trainer, a Supports Broker, SD Coordinator, or FMS entity.
- ▶ Design a back-up plan

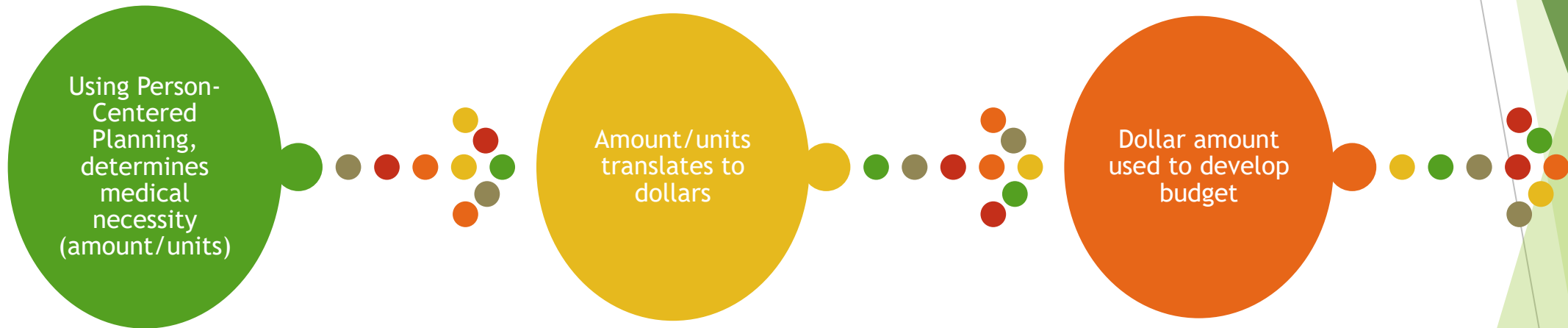
Planning Meeting

- ▶ Meeting runs typically
- ▶ Person chooses which services will be self-directed - These provide base for budget
- ▶ Person should decide what model(s) of SDS they would like to use
- ▶ Make decisions about how soon arrangement should start
- ▶ Choose FMS

Models of Self-Direction



General Budget Development Overview



Implementation

- ▶ Beneficial to have multiple meetings
- ▶ Start trainings
- ▶ Give lots of support
- ▶ Establish any roles that have not been decided in IPOS
- ▶ This will start your SD agreement
- ▶ Build Job descriptions/use template

Vital Components -

The EOR is the owner of this “business” - in SDS -business is the person’s LIFE

- ▶ A direct-hire employee does NOT work for CMH, they are not a CMH contracted employee. They are the person’s employee.
- ▶ Due to FLSA laws about joint employment, the CMH cannot require trainings above the minimum trainings for that provider to be qualified to provide the service.
- ▶ However, the CMH should still ensure there is support for the person to make decisions about how they will manage their arrangement, any training needs they have to be successful

NO!

Controlling what an employer would typically have control over

YES!

Supporting or consulting with an employer or allowing them to purchase goods/services that will improve their life

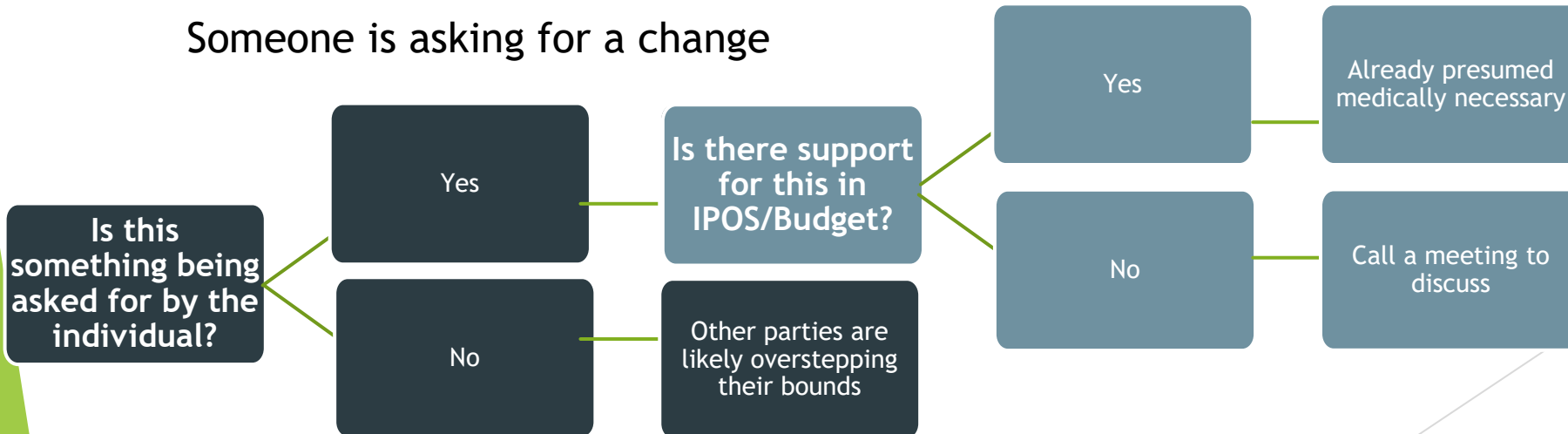
Frame of Mind

Basic Decision Tree

Employee's training is overdue



Someone is asking for a change



- ▶ Based on IPOS
- ▶ Based on Individual Budget
- ▶ Person Driven
- ▶ Training

SDS = Person-Controlled Service
Delivery

BUDGET, Question 1 of 5

To add PTO and a health insurance supplement, do I subtract that from total units after the budget is calculated thereby reducing hours of service or wage?

The cost of PTO or insurance would need to be factored into the overall allowed budget cost - preferably at the beginning, though it can be added in later. It should not reduce the hours available but could reduce the available wage.

▶ “The FMS is NOT a self-directed service and its costs are NOT included in the individual budget.” Should this be subtracted from the budget? Or separated so the cost is shown, but reflected as the CMH cost, not the budget amount?

▶ *The FMS should be included as a cost related to the SD Arrangement, but since those dollars cannot be controlled by the individual, they should not reduce the amount in the budget available for services.*

BUDGET, Question 2 of 5

BUDGET, Question 3 of 5

- ▶ **Cost for administrative activities (background checks, credentialing) must NOT reduce the available funding for services”. How does that get added to the budget?**
 - ▶ *This applies only in cases where a separate fee is paid to the FMS for these services (on top of FMS fee). This cost would be budgeted separately, just as the FMS fee. This only includes administrative functions such as background checks and does not include typical overhead costs (workers comp, taxes, mileage, etc.).*

- ▶ “...MAXIMUM AMOUNT OF Medicaid funds used in the budget” - this is per individual budget, not a maximum we won't exceed of any budget, correct?
 - ▶ *Correct - This is not an arbitrary 'max SD budget' amount and must be based on the contracted rate for the same service. Since every budget is developed individually, each person's max budget amount would likely be different*

BUDGET,

Question 5 of 5

- ▶ We have to use the contract provider rate for the budget. What rate do we use if we have multiple provider rates for the same service? Do we have to use the highest rate?
- ▶ *As a general rule, the provider rate for the person's level of care should be used. If based on assessed need, it is identified that a higher rate is appropriate to meet the individual's needs, a higher rate may be requested.*

Fiscal Management Service

“The CMHSP should not ever directly involve themselves in issues related to payment or supervision of employees. Payroll decisions must be handled between the employer and FMS provider.”

If a worker completes their shift as directed but does not get paid, then the participant, FMS entity, or payer could be liable for a Fair Labor Standards Act (FLSA) violation.



These sorts of FLSA violations can incur treble damages (i.e., up to three times the actual amount of unpaid wages) and ongoing penalties. If the behavior to deny payment occurs across all or many employees, then those employees could bring a collective action under the FLSA against the payer or FMS entity.

Fiscal Management Service, Question 1 of 2

- ▶ What if the timesheet submitted by the employer is not accurate and/or complete?
 - ▶ *In general, within SD Arrangements you are operating under the expectation that if the employer and employee sign the timesheet as complete and accurate, then the FMS processes for payment. If accuracy is in question at the time of submission (say someone has staff who submit overlapping timesheets) the FMS must have a process in place for catching these and only paying for times not in question while they investigate the times in question. Each employer and employee should be made aware of this process at the onset.*

- ▶ A timesheet is submitted for payment but cannot be billed (past the CMH deadline for submission, missing authorization, discovery of insufficient documentation) should we be requesting the CMH to allow us to bill it as overhead? In the cases where the CMH will not allow it, where do the funds come from?
 - ▶ *Prevention is the answer! Develop systems to support self-direction.*
 - ▶ *Past the CMH deadline for submission: The CMH should not be determining timesheet submission deadlines. This should be determined by the payroll schedule.*
 - ▶ *Missing authorization: services included in the budget should be authorized for the same period as the IPOS (typically 1 year). Clinical staff must be aware of authorization timelines and strive to ensure no lapse in authorization.*
 - ▶ *Discovery of insufficient documentation: Documentation should not affect payment of timesheets submitted and approved by employer.*
 - ▶ *Bill as overhead: No. FMS should include payment details and expectations into cmhsp contract.*

FMS, Question 2 of 2

Documentation

The EOR **cannot** choose a method of documentation that does not meet Medicaid rules.

“The employer will decide through the person-centered planning process how their staff will document services provided.” “The employer determines how documentation is organized, as long as the documentation:

- ▶ Meets Michigan’s Medicaid rules
- ▶ Is complete, concise, and accurate, including the face-to-face time spent providing services
- ▶ Is legible, signed, and dated ”
 - ▶ *“The case manager or supports broker will be responsible for supporting the employer to ensure service documentation meets the standards set forth in the IPOS.” “Required documentation on timesheets must meet Medicaid documentation standards”. “The employer and CMHSP/FMS must partner to address concerns in accordance with all Medicaid standards”*
 - ▶ *“The employer of record will determine how to meet Medicaid documentation guidelines in a way that best meets his/her needs”.*

- ▶ The person does not want to separate the timesheet from the support note and would prefer to send everything to the CMH and the FMS, is that ok? Should we maybe document in IPOS they have chosen to do that? From what I understand if the CMH is receiving the support not and the FMS is receiving the timesheet we will be ok?
 - ▶ *While Best Practice is to avoid sending the FMS clinical documentation, the person can choose to keep the timesheet and documentation together. However, in these instances the presence of the documentation cannot impact payment of approved timesheets. The FMS must also not have any role in reviewing or monitoring clinical documentation. The person's preference should be documented in the IPOS/SD Agreement.*

Documentation,
Question 1 of 4

Documentation, Question 2 of 4

Is it appropriate for paid staff to assist with reviewing and authorizing timesheets?

The employer can appoint a 'Lead Staff', whose role can include assisting in managing schedules, back-ups, and reviewing timesheets. The staff cannot do this without the involvement of the employer or other designee. The employer will always review and authorize timesheets with their signature.

Documentation, Question 3 of 4

- ▶ CMH cannot deny payment to Employees, but can we request they correct their documentation if it does not meet Medicaid standards? And if we can, do they have to be paid for redoing those notes?
 - ▶ *Yes, documentation must meet Medicaid standards, as stated in the TR. If submitted documentation does not meet the standard, best practice would be to coordinate with the employer to have the documentation corrected in a reasonable time frame. The cmhsp can also require 're-training' in these standards as needed. Staff do not need to be paid for time to correct documentation but would need to be paid for training.*

- ▶ **Where is documentation housed?**
 - ▶ Based on employer preference:
 - ▶ Employer may keep
 - ▶ Employer may delegate to CMHSP
 - ▶ FMS may NOT house clinical documentation.
 - ▶ Decisions about where documentation will be kept and how the CMHSP can access as needed will be agreed upon by the employer and CMHSP. The agreed to process should be included in writing in the SD Agreement.

Documentation,
Question 4 of 4

TRAINING REQUIREMENTS

Required training for self-directed service arrangements is exactly the same as the provider qualifications for all Medicaid Services.

Specific to aide level staff in direct-hire arrangements, anything beyond the requirements listed here is only allowed if the employer of record has requested the training. According to CMS, having budget authority also means authority (limited by the state) in staff qualifications.

Training Requirements (Page 1 of 2)

▶ **Able to Prevent Spread of Communicable Disease (typically BBP):**

- ▶ Needed once per employment episode.

▶ **First Aid:**

- ▶ Good for 2 years and evidence can be simple testing
- ▶ First Aid training evidence – a training document that reflects date/content name of person trained, and who trained, *also accept tests that confirm passing grade and name or signature of trainer, as evidence.*
- ▶ ****CPR was never required as a qualification, nor is it foreseen to be in the future.**

▶ **Individualized IPOS Training:**

- ▶ Annually and as needed, must be trained before working with individual (employer of record can train but must first be trained by SC/CM)

▶ **Recipient Rights:**

- ▶ Required annually and is NOT required to be face-to-face.
- ▶ Per **“The ORR Investigative Authority Memo” dated 12.11.20:** Although employees hired directly by the recipient within a participant-directed arrangement are not considered contracted employees of the CMHSP, they are providing specialty mental health supports and services and utilizing public mental health funding. Therefore, the CMHSP shall ensure that employees directly hired by participants have access to and have completed recipient rights training within 30 days of hire”.

Training Requirements, (Page 2 of 2)

- ▶ **Emergency Procedures and Preparedness:**
 - ▶ Procedures: Beneficiary-specific
 - ▶ Preparedness: ONLY for CWP and SED (also states “procedures”). This is only needed ONCE per employment episode.
- ▶ **Ability to communicate expressively and receptively (MPM)**
 - ▶ The employer of record will decide if the worker can communicate in a way that allows them to do their job effectively.
- ▶ **In good standing with the law**
 - ▶ Background checks done prior to hire and every 2 years after
- ▶ **Additional Training**
 - ▶ Only the Employer of Record may determine any training requirement above those stated.

Other Provider Qualification Questions:

▶ A driving record check is not required?

- ▶ Correct, having a valid driver's license is not the same as a driving record. A driving record should only be checked to ensure the license isn't suspended/revoked. Any decisions made based on the person's driving history are solely up to the employer of record.

▶ What is a Rapid Training

- ▶ A way of getting someone trained quickly – for example, a CMH requires their contracted staff to do face to face only recipient rights training, but only hold a training every 6 months. A rapid training would be online or paper training (meeting the 30-day requirement) that gets someone a basic understanding and knowledge of the subject so they can start work with the understanding that they will need to complete the full training in the future.

▶ What training or qualifications must be met BEFORE staff can begin working?

- ▶ Training in IPOS
 - ▶ Approved Background Check
 - ▶ Employment Verification Complete (I9)
-
- ▶ ORR: within 30 days of employment
 - ▶ All other training requirements can be met using a Rapid Training within 30 days, with any needed full training within 90 days of employment.

Training (Page 1 of 3)

Non-compliant training issues. To pay or not to pay? What if an employer schedules a provider that has not completed training or has expired training?

- ▶ **“Late Training” - This section references that training may “expire”. I couldn’t find any direction on updating training. Then what does this expiration language refer to? Or is this whole issue solely up to the EOR?**
 - ▶ There must be a system in place between the FMS and Employer to ensure training is being tracked and outreach to the employer/employee completed with enough notice to allow ample time to complete.
 - ▶ Reasonable efforts must be made to coordinate with the employer about their staff’s compliance/non-compliance with training requirements.
 - ▶ Support should be provided for the employer to effectively manage these employee expectations.
 - ▶ Language in the Medicaid Provider Agreement should address training and provider requirements that reflect staff qualifications and timelines for these.
 - ▶ Best practice is to proactively engage with the employer and employee to ensure training is completed within the identified timeframe. As a last resort, the CMHSP can utilize the Medicaid Provider Agreement to suspend Medicaid payments to non-compliant employees.

How does the FMS (FI) respond to CMH's who are not in compliance with new training guidance?

- ▶ The training requirements must be followed as established in the Self-Direction Technical Requirements Implementation Guide and Medicaid Provider Qualifications.

Training,
Question 2 of 3

Training (Page 1 of 3)

Are SD arrangement staff allowed to bill/be paid for services before completing training/staff qualifications?

Training and travel are part of the budget. So, while they may not be paid to provide services, they can be paid to train. This is a good thing to communicate to the employer of record to ensure that they are thoughtful about who they hire and more important how often they are firing people because extra training will take money from their budget. The budget is a lump sum of funding, it is no longer connected to service qualifications. Authorizations and encounters are linked to qualifications however, so the employee needs to be qualified to receive funds.

Budget Authority Survey coming in February

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QUESTIONS?

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