

## Self-Determination Standards and Recommendations

### INTRODUCTION

Each PIHP/CMHSP must assure that every individual receiving public mental health services has the support to lead a self-determined life as defined by each individual through the person-centered planning process.

The hallmarks of an individual leading a self-determined life are:

Freedom to lead a meaningful life in the community;  
Authority to direct services and supports and a targeted amount of dollars;  
Support to organize resources in ways that are life-enhancing and meaningful to the individual;  
Responsibility to use public dollars appropriately;  
Contribution to his/her community;  
Leadership that assures direction in the system design; and  
Confirmation that assures consumers' input in the system design.

For an individual served by the public mental health system, a self-determined life is the result of supports and services that promote community inclusion, participation, independence, productivity, and the ability for the individual to control the funds that have been authorized for the supports and services as identified during the person-centered planning process. Funds are required to be spent on services defined and approved by MDCH in the Medicaid Provider Manual and also identified in the person-centered planning process, including specific amount, scope, duration and expected measurable outcomes.

The PIHP/CMHSP must make available to the individual pursuing a self-determined life a range of tools including, but not limited to:

- flexible supports and services that are rapidly responsive to the changing wishes, desires and needs of the individual;
- supports and services that are operating within the most integrated and least restrictive, non-segregated environments for the individual;
- choice of providers and settings in any and all aspects of the individual's supports and services;
- supports and services which the individual can direct; and
- a customized budget for the formal and informal supports and services developed through the person centered planning process and documented in the individual plan of service.

## **GENERAL ORGANIZATIONAL STANDARDS**

Each PIHP/CMHSP is responsible for supporting self-determination by ensuring that these standards are implemented and required evidence is available.

Each PIHP/CMHSP has a self-determination policy consistent with that of MDCH that is available for review by an individual receiving supports.

Each PIHP/CMHSP must provide information regarding access to self-determination tools, including individual budgets, in the Customer Services handbook. Information must be in consumer-friendly, person-first language, and include a list of self-determination and individual budget resources and contacts, both within and outside the PIHP/CMHSP system.

Each PIHP/CMHSP must provide training on self-determination and person centered planning for staff at all levels of the organization.

Each PIHP/CMHSP must allow for a choice of qualified service providers. Options include:

- a. The PIHP/CMHSP directly delivered services;
- b. The PIHP/CMHSP's contracted provider agencies and choice of his/her individual support staff; and
- c. Agencies or individuals who the individual identifies and with whom he/she directly contracts.

Each PIHP/CMHSP must offer to assist the individual – to access, select, employ, and direct his/her supports and services. This includes, but is not limited to: independent facilitation, personal care staff, employment support, clinical services staff, fiscal intermediary services, supports coordination, natural supports, and community supports.

## **PERSON CENTERED PLANNING**

### **Standards for Person - Centered Planning (PCP)**

1. In accordance with the hallmarks of self-determination, each individual served by the public mental health system is required to have an individual plan of service developed through the person -centered planning process. This plan then generates an individual budget for every person served, whether he/she chooses to participate in self-determination.
2. The person -centered planning process utilized must be based on the following values:
  - a. Each individual is entitled to a plan for his/her life, which will change over time;
  - b. Each individual has a unique set of skills, talents, and abilities and has value as a human being;
  - c. Each individual's cultural background is unique and as such is recognized, valued and accommodated;

- d. Each individual has the right to live in and participate in his/her community. choice. Each individual has the right to freely choose who is a part of his/her life;
  - e. Each individual has preferences about how he/she wants to spend his/her time; and
  - f. Each individual is entitled to pursue a life that is meaningful and satisfying to him/her.
3. Person - centered planning is the process used to assist the individual in identifying his/her dreams, goals, and desires by utilizing the individual's unique set of attributes, skills, and talents when developing a plan of service. This process must be rooted in a profound respect for the individual and an expectation that he/she will be included in his/her community.
  4. Person-centered planning is an ongoing process, not to be viewed as an annual event. The individual is encouraged and is entitled to reconvene the process and adjust his/her plan at any time.
  5. Part of the person-centered planning process is to help the individual explore who is currently in his/her life and who he/she would like to be in his/her life.
  6. The individual facilitating the plan will spend an adequate amount of time discovering the core values of the individual and ensure that these values are accounted for in the plan.
  7. Pre-planning must occur as part of the process so that the individual can discuss and explore his/her dreams and desires. During this planning, the individual also chooses:
    - a. What he/she would like to talk about, and the topics he/she does not want discussed;
    - b. Who to invite and how those individuals will be invited;
    - c. Where and when to have the meeting;
    - d. Who will facilitate a meeting (including a trained and qualified facilitator); and
    - e. Who will record the meeting.
  8. Part of the planning process is to identify, define and describe an individual's abilities and strengths.
  9. Part of the planning process is to identify, define and describe an individual's needs and obstacles to achieving his/her desired future.
  10. Part of the planning process is to explore and inform the individual of the full array of supports and services available to meet needs and desires of the individual, including:
    - a. Financial resources and development of an individual budget;
    - b. Fiscal Intermediary and Employer of Record Services; and
    - c. Other supports and services beyond those funded by Medicaid and the PIHP/CMHSP.

11. Part of the planning process is to identify, define and describe the outcomes of the meaningful activities an individual wishes to pursue.
12. Each individual is given the opportunity and is supported to express his/her needs, desires, preferences and choices. In order for this to occur, the following are required:
  - a. Accommodations for communication of preferences (including non-verbal communication);
  - b. The opportunity to explore and experience options available prior to making choices; and
  - c. Accommodations for participating in the process.
13. The planning process must be based on the individual's choices and desires and not those of a guardian.
14. Throughout the year, the individual will be asked about his/her satisfaction with the services he/she is receiving and the outcomes that result.
15. The plan must be flexible and adapted as the individual desires.
16. When working with families and minor children, a family-centered approach must be utilized.

## **INDIVIDUAL BUDGETS**

### **Standards for Individual Budgets**

The intent of the individual budget standards is to make sure that everyone receiving mental health services receives the information and supports they need to gain skills and confidence so they can select, purchase and control their mental health services and supports to achieve the goals in their person centered plan.

1. An individual budget process will be the same for an individual who has in the past or is currently receiving supports as for an individual needing support for the first time.
2. Individual budgets must be developed through best practice person centered planning. Various budgeting methods have historically been used (including targets based on historical costs or a percentage of historical costs, benchmarks, and categories of care, etc.). Using the targets themselves is an unacceptable practice and will not be the factor that drives the budgeting process.
3. The person-centered planning process will always include discussions/decisions with family, friends and other chosen allies, per the individual's wishes, regarding how needs and desires can be met utilizing various supports in the community. Further discussion will occur with the individual and his/her support circle regarding how various funding sources pay for services and supports.

4. The individual will be involved in planning and developing his/her individual budget. Through the person-centered planning process, the amount, scope and duration of authorized services will be discussed and documented in the individual plan of service (authorized services plus service cost will be included in the individual budget).
5. Sources of funding for the budget must be explained and listed for all budget line items (whether funding is via public dollars or personal resources), explaining that Medicaid is the payor of last resort.
6. Individual needs will fluctuate and result in changes to the plan and budget. Sometimes, such changes will require the authorization of supports and services in the plan (for example, an individual with mental illness may be supported successfully in his/her community, yet occasionally need hospitalization during time of crisis). Changes to the plan and budget should be determined through the person-centered planning process – the two tools are always interconnected and interdependent.
7. Each individual must be offered the opportunity to select and purchase the services and supports he/she needs. Each person is entitled to manage, direct and control an individual budget to support the goals written in the person centered plan. In order for this to happen, all individuals receiving services must be:
  - a. Informed no less than annually of how much his/her services cost, both retrospectively and prospectively (whether the services are controlled through an individual budget or services are provided directly by the PIHP/CMHSP). When services are purchased through an individual budget, changes that occur to his/her person centered plan will result in a discussion with him/her about any needed changes to the individual budget;
  - b. Supported to utilize and select a third party Fiscal Intermediary, if desired, that will provide needed accounting services and easily understood monthly revenue and expense reports. The Fiscal Intermediary will help the individual understand the actual spending for the services purchased in relation to his/her budget. This reporting process needs to occur regardless of who pays the bills;
  - c. Supported to purchase services via a purchase of service agreement from qualified community-based providers of services (including non-segregated and inclusive services outside the PIHP/CMHSP provider list or existing network) and a combination of community based providers and exiting traditional service providers (i.e., unbundled psychiatry services and therapy services); and
  - d. Informed and aware of the opportunity to access:
    - i. Services, integrated and non-segregated, from providers other than the PIHP/CMHSP provider contracts;
    - ii. Michigan Rehabilitation Services (MRS) and other supportive employment services;
    - iii. Agency with Choice (for staffing or other supports and services);

- iv. Employer of Record Agreements chosen by the individual;
  - v. Purchase of Service Agreements with selected providers or hire staff; and
  - vi. Neutral Third Party Fiscal Intermediary budget accounting services.
8. A third party Fiscal Intermediary is one option for providing individual budget accounting services. The Fiscal Intermediary must be offered as a tool to support the individual's ability to control his/her budget and provide on going support and education to help and encourage the individual's control and understanding of the related income and expenditures.
9. The individual will have an opportunity to choose a fiscal intermediary to help him/her manage and control the individual budget. The fiscal intermediary must operate as a separate entity from the PIHP/CMHSP and cannot provide any other covered services to the individual.

### **Recommended Budget Elements**

The individual budget must be developed during the person centered planning process, which includes the individual and his/her circle of support. All Medicaid-covered services to be utilized will be indicated by line item in the individual budget. The seven sections must be addressed in the individual budget, recognizing that not all items included in the budget are Medicaid-covered services. The budget development process requires consideration of all resources including public (i.e., Medicaid, Medicare, Social Security, etc.) and personal funds. Professional/Clinical Services are provided as defined in the Medicaid Provider Manual and CMHSP Customer Service Handbook. The elements under each section are suggestions for consideration during the development process of an individual budget. An individual budget translates the person-centered plan into dollars, looking at money as an investment in an individual's life.

### **Housing**

- Rent/mortgage
- Maintenance
- Taxes/insurance
- Lease management
- Cable
- Gas
- Electric
- Propane
- Water/sewer
- Telephone
- Meals/Groceries
- Furniture
- Pet Food
- Personal Supplies/Grooming
- Household goods
- Housing Assistance/Apartment Deposits

- Barber/Beauty/Hair Cuts
- Wardrobe
- Internet services
- Environmental Modifications

### **Personal Assistance**

- Community Living supports (employer of Record)  
Community Living Supports (agency)
- DHS Home Help
- Companionship
- Respite
- Chore Services
- Private duty nursing
- Other

### **Transportation**

- Car/Van/Truck payment
- Insurance
- Registration
- Maintenance/repairs
- Fuel
- Public Transportation
- CMH Transportation
- Mileage reimbursement staff

### **Community Membership**

- Dues & Memberships
- Gifts & Cards
- Contributions/donations
- Transportation(special)
- Education
- Relationships/Romance
- Movies
- Video Rental
- Theater and Music/Concerts
- Museums
- Sporting Events
- Magazines & Newspapers
- Dining out
- Personal Interests
- Other

## **Health**

- Professional/Clinical Services as defined in the Medicaid Provider Manual and CMHSP Customer Service Handbook
- Medications- co-pays
- Medical- co-pays
- Transportation
- Dental
- Enhanced Medical, Equipment, Supplies
- Misc therapeutic items Enhanced Pharmacy
- Van lifts, Wheelchair tie downs
- Personal Care items NOS
- Specialized Medical Equipment, not otherwise specialized- waiver
- Durable Medical Equipment
- DME- Miscellaneous air conditioner
- Personal Emergency Response
- BTC

## **Equipment**

- Purchase
- Repairs/Maintenance
- Rental / Lease
- Other

## **Additional Expenses**

- Fiscal Intermediary
- Guardianship Services
- Rep. Payee Services
- Misc. Expenses/Savings
- Independent Facilitator/Brokerage Services
- Individual Development Account
- Other

## GLOSSARY OF TERMS

### **Agency with Choice:**

Agency with Choice is one model for accomplishing arrangements that support self-determination by people receiving mental health or developmental disability services. The Agency with Choice acts as a hiring support that provides participants with a method to effectively hire and manage support workers from their home.

### **Case Manager/Supports Coordinator:**

The staff who works with an individual to assist him/her in designing and implementing strategies for obtaining services and supports that are goal-oriented and individualized by developing an individual plan of service using the PCP process. Services include assessment, planning, linkage, brokering, advocacy, coordination and monitoring to assist an individual in gaining access to needed health and dental services and natural supports through a PCP process.

### **CMHSP:**

An acronym for Community Mental Health Services Program which is an entity operated under Chapter Two of the Michigan Mental Health Code, or an entity under contract with the CMHSP and authorized to act on its behalf in providing access to, planning for, and authorization of specialty mental health services and supports for people eligible for mental health services.

### **Circle of Support:**

Those that come together to assist, support, care for and love an individual, either through formal or informal relationships.

### **Crisis Plan:**

A *Proactive crisis plan* is developed as part of the PCP process and is designed to alleviate stressors that are likely to lead to a crisis for an individual/family. Crisis plans focus on strengths to prevent crises from arising, but include clear and easy access to external supports. Crisis plans include planned and creative interventions that are built on anticipating the most difficult times for consumers and families. The main reason for designing proactive crisis plans is to alleviate the need for reactive crisis responses. A *Reactive crisis plan* is a plan that addresses situations in which the crisis is likely to continue and escalate, despite the application of all the documented least restrictive proactive interventions.

### **Employer of Record:**

Employer of Record is an agency or individual that handles the administrative aspects of being an employer (such as handling payroll, withholding and paying income and unemployment taxes and paying worker's compensation insurance).

## **Fiscal Intermediary Services:**

Fiscal Intermediary Services are defined as services that assist the adult beneficiary, or a representative identified in the beneficiary's individual plan of services, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling his individual budget and choosing staff who will provide the services and support identified in the IPOS and authorized by the PIHP. The fiscal intermediary helps the beneficiary manage and distribute funds contained in the individual budget. Fiscal Intermediary services include, but are not limited to:

- Facilitation of the employment of service workers by the beneficiary, including federal, state and local tax withholding/payments, unemployment compensation fees, wage settlements, and fiscal accounting;
- Tracking and monitoring participant-directed budget expenditures and identifying potential over- and under-expenditures;
- Assuring adherence to the federal and state laws and regulations; and
- Ensuring compliance with documentation requirements related to management of public funds.

The fiscal intermediary may also perform other supportive functions that enable the beneficiary to self-direct needed services and supports. These functions may include selecting, contracting with or employing and directing providers of services, verification of provider qualifications (including reference and background checks), and assisting the beneficiary to understand billing and documentation requirements.

Fiscal intermediary services may not be authorized for use by a beneficiary's representative where that representative is not conducting tasks in ways that fit the beneficiary's preferences, and/or do not promote independence and inclusive community living for the beneficiary, or when they are acting in a manner that is in conflict with the interests of the beneficiary.

Fiscal intermediary services must be performed by entities with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary. Neither providers of other covered services to the beneficiary, family members, or guardians of the beneficiary may provide fiscal intermediary services to the beneficiary. **(added per bulletin MSA 06-09 effective 3/15/06)**

### **Goal:**

Goals are often a re-stated, re-framed or scaled down version of the consumer's outcome/plan for the future statement. The goal statement is where the consumer's dreams become integrated with the public mental health system, stating those dreams (or reasonable intermediate steps toward those dreams) in a manner that begins to direct the supports and services provided.

### **Individual Budget:**

An individual budget is a fixed allocation of public mental health resources, and may also include other public resources whose access involves the assistance of the CMHSP, denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health

services and supports needed to accomplish a consumer's plan of services/supports. The consumer served uses the funding authorized to acquire, purchase and pay for specialty mental health services and supports that support accomplishment of the consumer's plan.

**Individual Plan of Service:**

The individual plan of service is the individual's services and supports written in a plan developed from the Person Centered Plan.

**Minor:**

An individual under the age of 18 years.

**Objective:**

Objectives are the "stepping stones" towards goal completion. They are generally intermediate steps in the direction of the desired outcome. Objectives are often targeted at addressing specific perceived barriers to a consumer accomplishing their stated goals.

**Person-Centered Planning:**

A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

**PIHP:**

An acronym for Prepaid Inpatient Health Plans which are entities that manage the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic areas. PIHPs are also CMHSP or Community Mental Health Services Programs.

**Urgent Situation:**

A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment or support services.