Self-Determination

The Macomb Way

Rev. December 9, 2019

Learning Objectives

At the end of this training, you will be able to:

- ❑ Know how Self-Determination differs from a traditional service delivery
- ❑Know the different models of self-determination
- ❑Explain responsibilities under each model
- ❑Understand applicable Medicaid billing requirements
- ❑Identify and avoid prohibited conflicts of interest
- ❑Know how to monitor services and budget use
- ❑Know how to review time sheets/service notes
- ❑Understand how to avoid Fraud, Waste and Abuse

Self Determination

- Choice extended to include control and management of providers, service delivery, and budget.
- Transfers decision-making authority to people with disabilities, with support of their family and friends.

Self-determination asserts that a person should not have to lose their freedom because they require support from the public sector.

Self-Determination

It embodies a set of principles and values that people with disabilities should have the freedom and support to decide how they live and participate in the community and how to control their resources to have a more meaningful life.

Four Main Principles

1. **Freedom**: to plan a life with necessary supports, rather than purchase a program

2. **Authority**: to control a certain sum of dollars to purchase supports, with the backing of a social network or circle of friends, if needed

3. **Support**: the arranging of resources and personnel to foster success

4. **Responsibility**: the acceptance of a valued role in the community and accountability for using public funds wisely

Traditional Service Delivery

SOME CHOICE:

- Choice of services (that are medically necessary and Medicaid approved)
- Choice of providers on contract with MCCMH
- Choice of employees within that contracted agency

Self-Determination
MORE THAN CHOICE:

- Control and management over providers
- Control and management over service delivery
- Control and management over budget

Learning About SD Services

•During the intake or initial assessment, you will receive a MCCMH Membership Handbook.

"Help When You Need It"

•In this guide you can learn about using arrangements that support Self-Determination.

•If you are interested in learning more, your Primary Provider/Case Holder can provide a SD handbook that offers a more detailed overview of Self-Determination.

"Understanding and Using Self-Determination to Build the Life You Want" .

Person-Centered Planning

Your Self-Determination arrangement is developed through the person-centered planning process.

Person-Centered Planning (PCP)

Self-Determination starts with Person-Centered Planning.

Result: development of individual plan (IPOS) of mental health services, supports and treatment.

The process includes pre-planning, planning, reviewing and signing the agreement for the plan.

Pre-Planning for the PCP Meeting

The Pre-Planning meeting helps prepare the person for their PCP meeting.

Who

Who to invite and who will invite them

What

What you want to talk about and what you don't

When/where

When and where you want your meeting and who you want to run it

Documentation

Persons seeking services are asked to bring the following documents to the pre-planning meeting (if applicable):

- **Durable Power of Attorney**
- **Valid guardianship order**
- **Valid letters of guardianship**
- **Adoption papers**
- **Denial letter for Home Help (for adults requesting CLS hours)**

During the PCP Meeting…

1. **Discuss if using SD is right for me? What Model Type?**
2. **Assess what supports will I need to be successful?**
3. **Develop the Individual Plan of Service (IPOS)**

DISCUSS:
Is Using SD Arrangements Right for Me?

Who Can Use Arrangements that Support Self-Determination?

Any adult recipient of MCCMH services

Families of children receiving services (called Choice Voucher arrangements)

Individuals living in their own home or with family members (not group homes)

Using SD is voluntary!

Types of Service Delivery Methods

An important role of the Primary Provider/Case Holder during the person-centered planning process is to help you make an **informed choice** to use (or not use) a Self-Determination (SD) model of service delivery by **discussing** the **responsibilities** under each **model**:

Self-Determination Direct Employment Model
Person has High Level of Employer Responsibilities

Self-Determination Agency With Choice (AWC) – Person has intermediate Level of Employer Responsibilities

Traditional Service Delivery - Person has no Employer Responsibilities

Traditional Service Delivery

- MCCMH retains qualified specialty service providers
- Primary Provider/Case Holder makes referral for you
- You choose from available providers
- Agency is employer of record for all staff that provide services to the person
- Agency remains responsible for all employment functions (wages, training, supervision, insurance, etc.)

Agency with Choice (AWC) Employment Model (Shared Employer Functions)

- AWC is a MCCMH contracted provider and remains the employer of record:
  - Handles payroll, insurance, taxes
  - Sets the wage rate
  - Ensures staff meet MCCMH training, credentialing, and supervision requirements
  - Provides back-up staff (or follows your back-up plan)
  - Provides final review of time sheets/service notes before submitting to MCCMH for payment
- Person tasks:
  - Co-managing employer with AWC
  - Finds, hires, and supervises staff (AWC provides supervision when necessary)
  - Reviews time sheets/service notes

Direct Employment Model (Complete Employer Functions)

- **Person - acts as Employer of Record**
  - Finds, hires and supervises staff
  - Negotiates staff wages with FI assistance
  - Ensures staff meet Medicaid training and credentialing
  - Tracks staff hours and monitors expenditure of funds
  - Signs time sheet/service notes after verifying accuracy
  - Authorizes the FI to pay staff by submitting notes to FI
  - Develops a staffing back up plan
  - Takes immediate corrective action when notified about discrepancies with service delivery, utilization of hours, or staffing issues.

- **Fiscal Intermediary (FI)** – an MCCMH contracted provider you choose to be your fiscal agent to handle payroll, insurance, taxes.

Assessment of Supports Needed for Success

FACTORS TO ASSESS

Primary case holder uses their clinical skills and judgment by assessing supports needed for successful implementation of the particular service arrangement.

- Your desires and preferences
- Your ability to manage (disability designation does not matter)
- Ability of your natural supports (guardian, friends and family) to manage duties for you
  - Natural supports that assist with employer duties must be identified and tasks outlined in the IPOS.
  - A natural support can act as a Personal Representative and will sign the contracts with the person when identified in the IPOS.

FACTORS TO ASSESS (continued)

- Evidence that a particular arrangement would pose a significant risk
- Evidence that risk factors can, or cannot, be balanced with available support
- Factors that impinge on or assist the potential success of the arrangement

An assessment that evidences multiple support needs may result in a finding that the person will be more successful using AWC Employment Model over the Direct Hire Employment Model, for example.

What if SD Is Not A Good Fit?

When use of arrangements that support self-determination are deemed to be inappropriate given your current circumstances…

Work with your Primary Provider/Case Holder and with your allies to determine how you can reach the goal of self-determination. Your individual plan of service (IPOS) should document this.

Plan Development

Back-Up Plan

- Primary Providers help the person document in the plan a protocol for shift call-offs specific to the person's situation and staffing arrangement (e.g. direct hire vs. AWC)
- Considers short-term and long-term absences
- Ensures maintenance of the person's health, safety and well-being
- Considers how staff will notify person of a planned absence
- Identifies risks and solutions
- May wish to credential "as-needed" staff who are ready to work in event of call-off.

BUDGET:
Identifying Sources of Funding

All sources of funding should be considered when developing your IPOS

- Public Dollars:
  - Social Security Administration, e.g. SSI
  - MI Department of Heath and Human Services, e.g. Adult Home Help
  - Macomb County Community Mental Health, e.g. CLS or Respite

- Private Dollars:
  - From employment or Trust Funds

"Payer of Last Resort"
Medicaid is required by law to be the last resource used

How The Individual Budget is Developed

- The individual budget is determined by costing out the services and supports in the IPOS

(for example, a reasonable number of hours at a reasonable rate)

The Budget is Flexible

- You may choose to use hours in any combination of time (more in one week or month than another.)
- You cannot use more hours or spend more money than your IPOS and budget allow.
- Whatever flexibility you choose should be documented in the IPOS or MCCMH may not authorize payment of those services.

The Budget is Portable

Changing providers is one of the hallmarks of meaningful control of your individual budget.

You may switch to a different qualified provider without impacting the current authorization for that service.

Limitations on Use of The Individual Budget

- **Medicaid requirements apply**
- **Services must be authorized in your IPOS and be available through MCCMH**
- **State and Federal Labor Laws**

Information on Budget Limitations

When directly-hiring you are ultimately responsible for services and supports that you approve that are not authorized in your individual budget.

You are informed and supported on the use of the individual budget through:

- Self-Determination Agreement (Consent agreement)
- IPOS and Budget
- Monthly Budget Report (from Fiscal Intermediary)

Direct Employment Model
Fiscal Intermediary

A Fiscal Intermediary (FI):

- Is independent and conflict-free
- Acts as payroll/employer agent
- Completes direct hire background checks
- Conducts ongoing background checks
- Verifies initial training; assists person track refresher training
- Pays for service bills with money from the budget
- Assists in executing employment agreements with the staff you hire

Direct Employment Model
Fiscal Intermediary (continued)

- Reports the services provided to MCCMH
- Compiles and distributes monthly financial reports to person and to Primary Provider
- Contacts Primary Provider by phone or email when there is an over-expenditure of 10% in one month prior to making payment
- Contacts Primary Provider by phone or e-mail when there is an under-expenditure in any one month that indicates the individual is not receiving the services and supports in the IPOS

Fiscal Intermediaries (FI)

The name of chosen FI must be documented in the IPOS. Individuals should call all contracted FIs before selecting the one of their choice:

- Arc of Oakland, Troy, MI
- Community Living Network, Ypsilanti, MI
- GT Financial, Sturgis, MI
- LifeLong Advocacy, Inc., Clinton Twp., MI
- Stuart T. Wilson, CPA, PC, Midland, MI

The SD "Goal"

At the end of the Person-Centered Planning process, your Individual Plan Of Service (IPOS) SD "Goal" should accurately show:

- Agreement on appropriateness of chosen SD model
- Name of the Fiscal Intermediary (Direct Employment Model);
- Name and employer duties to be performed by the Employer of Record and by natural support(s) acting as a Personal Representative (also called Managing Employer);
- Backup Plan

Executing Informed Consent
The Self-Determination Agreement

Once the SD goal is finalized:

1. **Primary Provider/Case Holder drafts Self-Determination Agreement** with information from your IPOS

2. **Primary Provider/Case Holder explains contract terms** to you, **ensures contract is signed** by responsible party.
   - A guardian will always sign the contract and will be the managing employer
   - Anyone listed as the Personal Representative for someone without a guardian should sign the contract with the person served and will be co-managing employer

3. Primary Provider/Case Holder **sends** signed Agreement to the SD Administrator.

4. The SD Administrator secures signature of MCCMH Chief Executive Officer

5. Contract terms entered into your electronic medical record.

6. SD Agreement is scanned into your electronic medical record.

When a New SD Agreement is Needed:

The SD Agreement will be effective as long as your IPOS includes a current self-determination goal for delivery of authorized services and supports.

A new agreement will need to be issued when:

- ✓ Change in guardianship
- ✓ Ages out of children's waiver, or child reaches 18 years of age
- ✓ Person wishes to change to another FI

Renewing Consent to Use SD Under a New IPOS

Prior to the expiration of the current IPOS, Primary Provider:

1. Assesses successes and challenges in reaching IPOS goals under the current SD arrangement; adjusts IPOS and particular arrangement as clinically appropriate
2. Reviews SD Agreement with person
3. Ensures person initials and dates a self-determination check-off sheet indicating their continued agreement with and understanding of their responsibilities under the existing agreement;
4. Ensures newly executed check-off sheet is scanned into the person's FOCUS medical record in the Legal section under "Self Determination Agreement.”

Initial Authorizations…

Initial Authorization Process for Services Delivered Through SD

Once the SD Agreement is entered into FOCUS, the SD Administrator will send an email alert to the Primary Provider notifying that authorizations can now be requested.

Training for You on Self-Determination

You are Doing this NOW!

- Required before Self-Determination arrangements begin
- Offered online at www.mccmh.net.

After Authorizations are Approved by MCCMH…

Finding Staff to Hire

1. Put together a job description based on the goals and objectives in your IPOS:
   - Detailed description of the type of supports you need based on your IPOS goals
   - Hours to be worked
   - Qualifications of staff
   - Required trainings
   - Rate of pay

2. Advertise:
   - Word of mouth by telling everyone you know (family, friends, people from community organizations, churches, schools, etc.)
   - Place an ad (local newspaper, local college or university job board/web page, employment center, social media, etc.)

3. Create a list of questions to ask each applicant you plan on interviewing

4. Set up and conduct interviews

Community Living Support/ Respite care worker

Description: Position open to work in the Mental health field supporting a man in his 40's who is living in Shady Township.

Requirements:
- Must have Clean Background Check
- Must be willing to take trainings as a condition for employment

Hours: Maximum of 28 hours per week

Duties include (not limited to) assisting and training the person with:
- Cooking
- Cleaning
- Community Integration
- Safety skills
- Exercise
- Communication

If you are interested or would like additional information, please **contact**:

(Person's name/number)

Direct Hire Model: First Meeting with the FI

- The Primary Provider may assist in scheduling the first meeting with the chosen FI
- The FI and the new employer will meet to set up the business, receive an orientation, and complete required documents, including the proper Employment Agreements

Remember…the authorization for the FI's services should be made prior to this visit

Direct Hire Employer Responsibilities

Wage Negotiation

The employer of record will work with the FI to determine the right wage to set for your staff, given the size of the budget, the authorization of services, number of staff you have hired, etc.

Wage Negotiation (continued)…

Expenses that may come out of the allowable rate:

- **Federal and State taxes**
- **Unemployment Insurance**
- **Workman's Compensation**
- **Training costs (ie. CPR/FA)**
- **Compensation to staff for time spent in training**
- **Mileage when staff uses private vehicle for community inclusion activities**

NOTE: When you have a change in an authorization from unit to per diem you MUST talk to the FI to determine the impact (if any) to the budget.

Direct Hire Model: Ensuring Staff Meet Minimum Qualifications and Training Requirements

FI will have applicant complete a New Employee Packet, then will:

- Conduct background checks
- Conduct Recipient Rights screen
- Check the Medicaid/Medicare exclusion list
- Collect documentation on necessary trainings, certifications, degrees, licensures, etc.
- Provide assistance with tracking future trainings as they become due
- Ensure employment contracts are executed

Making Sure Providers Hired are Qualified When Directly-Hiring Staff

Provider Qualifications and Training Requirements

- All providers must meet provider same training requirements
- Use of arrangements that support self-determination does not change that
- **Training Requirements Guide online at www.mccmh.net.**

Reminder: STAFF CANNOT WORK FOR MEDICAID DOLLARS UNLESS AUTHORIZATIONS HAVE BEEN APPROVED AND TRAINING COMPLETED WITHIN REQUIRED TIMEFRAMES!!!

You may be responsible to pay out of pocket any services delivered by your staff before authorizations are approved or if training is not completed timely. The FI may not pay the staff, and MCCMH will not back date authorizations.

Conflicts of Interest

People who are already involved in making decisions for or with the person cannot work as paid staff (no matter what the method of service delivery.) This is because their role in decision making would cause a prohibited conflict of interest.

You are responsible to make sure no one you hire has a prohibited conflict of interest with you.

Staff must NOT be:

- Your spouse
- Parents of minor children receiving services
- Your guardian, including co-guardian and alternate/standby guardian

- Individual designated by you as your personal representative, attorney-in-fact or alternate attorney-in-fact or their spouses
- "Live together" partner in which one partner is your guardian, personal representative or attorney-in-fact
- Any adult living in the home of the CWP enrollee

Why Should a Conflict of Interest Matter?

If at a later date MCCMH should become aware that a prohibited conflict of interest exists between the employee and the employer (you), you will be liable to MCCMH to pay back amounts received under the employment arrangement while a prohibited conflict of interest was in existence. You may become involved in a compliance investigation.

Conflicts of Interest That Are Not Prohibited

Some relationships between an employer and employee pose a conflict of interest and should be avoided, but are not prohibited by Medicaid or by MDHHS:

- Hiring someone living in the same home as you
- Hiring your landlord
- Hiring a person who has a previous relationship with you, such as a relative or close friend
- Hiring the agency of a relative or close friend

Address these by:

- Discussing with all parties and your Primary Provider during the person-centered planning process
- Including a provision in the employer/employee or agency with choice agreements

Legal or Illegal Substance Use

Staff may not safely provide services while impaired by any legal or illegal substances (e.g., alcohol, marijuana, prescription pain medication, or any other substances that affects judgement or other faculties. If you suspect your staff to be under the influence while providing services you must:

1. IMMEDIATELY ensure the safety of the person served.
2. Call recipient rights to report suspected rights violation (ie. safety).
3. If the staff is hired through a contracted agency, please inform the employer agency.

Employer is Responsible for Hired Staff

- MCCMH is not responsible for the work of someone you directly-hired while using arrangements that support self-determination because:
  - Worker met provider qualifications (including any requirements regarding criminal backgrounds)
  - Worker was selected and hired by you, the employer (employee agreement is between the employee and the employer)

However, if MCCMH discovers a problem through monitoring, it has a duty to intervene

Primary Provider Responsibilities During Service Delivery

- Provide face-to-Face contact at least monthly
- Provide assistance with interviewing, selecting and directing staff
- Support person in monitoring expenditure of funds (budget utilization)
- Train/re-train person/ parent/ guardian/ personal representative on the IPOS
- Monitor time sheets/ service notes for consistency with IPOS

Role of MCCMH

- Authorize services based on medical necessity
- Pay the fiscal intermediary for authorized services
- Manage contracts with fiscal intermediaries
- Educate the employer (you) and the Primary Provider about topics regarding arrangements that support self-determination
- Investigate problems, if necessary

Understanding Your Medicaid-Covered Services

Community Living Supports (CLS)
Home Help through MDHHS
Respite

What is Community Living Supports? (CLS)

- According to the MI Medicaid Provider Manual, CLS Services are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity.

- CLS is a Medicaid covered service that assists, prompts, reminds, cues, observes, guides and trains individuals on how to perform activities independently. The goal of CLS service is for individuals to learn and improve their skills sets to become more independent in their community.

What is CLS?

Activities that staff may guide, remind, assist, prompt, cue, observe or train individuals served in the following activities:

- Preserve health and safety
- Medication administration
- Money Management
- Meal preparation
- Laundry
- Routine, seasonal or heavy household maintenance
- ADL's (bathing, dressing, hygiene tasks)
- Shopping for food and other necessities of daily living
- Non-medical care (not requiring a nurse of physician intervention)
- Socialization and Relationship building
- Transportation to community activities (excluding to and from medical appointments)
- Attendance at medical appointments
- Participation in regular community activities and recreation opportunities

WHAT CLS IS NOT

- A cleaning/housekeeping service
- Personal chef
- Provide companionship
- Transportation to and from medical appointments.
- Cannot be provided while an individual is institutionalized (for example jail, nursing home, hospital, etc.)
- Not direct assistance with the task listed on the prior slide.

CLS is skill acquisition with the goal for self-sufficiency. CLS is meant to actively teach the skill.

Adult Home Help

The person must apply for Adult Home Help 30 days before seeking authorization for CLS, and annually thereafter

- **Assistance in the own person's unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping**
- **Provided though the Department of Human Services (MDHHS)**
- **CLS may be used for those activities while the beneficiary awaits determination from MDHHS on the amount, scope and duration of Home Help or Expanded Home Help**

NOTE: CLS assistance with meal preparation, laundry, routine household maintenance, activities of daily living and/or shopping may be used to complement Home Help when the person's needs for these services have been officially determined to exceed DHS's allowable parameters.

What is Respite

- **Short-term**- respite is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations)

- **Intermittent-** the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with periods in between

- **Relieves Primary Caregiver** – primary caregivers are typically the same people who provide at least some unpaid supports daily

- **Unpaid**- respite may only be provided during those portions of the day when no one is being paid to provide care

- **Not to allow for the primary caregiver to go to work**

What is Respite Cont.

Respite services through Self-Determination may be provided in the following settings:

- Person's (employer) home or place of residence
- Licensed foster care home
- Facility approved by the State that is not a private residence, such as a licensed respite care facility.
- Home of a friend or relative chosen by the person and documented in the IPOS
- Licensed camp
- Community settings

All respite sites should be approved by the employer and identified in the IPOS!

Documentation of Services

Macomb County Community Mental Health - Self Determination/Choice Voucher Program
Payroll/Service Note

Employee: ______________________________ Consumer: ______________________________ Case: __________
Print Full Name *Print Full Name*

Support Coordinator/Agency: ______________________________
Phone #: ______________________________

FI Name: ______________________________

Pay Period: _____/_____/_____ to _____/_____/_____

Please identify only **one** authorized code per page to document service provided:	CLS: H2015 1:1 ☐ 2:1 ☐ 3:1 ☐; T2027 ☐; RESPITE: T1005 1.1 ☐ 2.1 ☐ 3.1 ☐

*Write Legibly using blue or black ink

*Narrative of services must support time billed (use as many lines as necessary)

* Services must not overlap with other State Plan services (e.g. Home Help or medical appointments)

CLS ONLY: Use this GOAL / OBJ. PROGRESS KEY to document progress of the IPOS goal/Objective worked on per shift	
DECREASE	D
SAME	S
INCREASE	I

Date	Start Time	Stop Time	Hours/Units	Service Note - Narrative Statement of Supports Provided	GOAL / OBJ. from IPOS	CLS PROGRESS (D, S, I)
	am / pm	am / pm			___/___ ___/___ ___/___	___ ___ ___
	am / pm	am / pm			___/___ ___/___ ___/___	___ ___ ___
	am / pm	am / pm			___/___ ___/___ ___/___	___ ___ ___
	am / pm	am / pm			___/___ ___/___ ___/___	___ ___ ___
	am / pm	am / pm			___/___ ___/___ ___/___	___ ___ ___

Totals: ______ *Hours/Units*

My signature below certifies that I have reviewed this information and to the best of my knowledge it is true and complete. It also certifies that I, the Consumer or Consumer Representative, knowingly provide service note information to my Fiscal Intermediary, waiving any confidentiality claims.

Consumer Representative or Consumer Signature: ______________________ Date: __________ Employee Signature: ______________________, Aide Date: __________

For Primary Case Holder Use Only:	***Indicate quality of notes by checking, as applicable:***	***Satisfactory*** ☐ ***Needs Improvement*** ☐ ***Unsatisfactory*** ☐	***Follow-up Requested (explain):*** ***Date of Review:*** ***Initial:***

Documenting CLS and Respite on Time Sheet/Service Note

- FI provides service notes/time sheets to person directly hiring staff for CLS and Respite.

- Person requires staff to complete notes/time sheets at the end of each shift, in **legible** writing, **blue** or **black** ink:

  - Provide date, start time and stop time for each shift
  - Indicate CLS or respite, as applicable, using correct authorized code (cannot mix CLS and Respite on same time sheet/service note)

Documenting CLS and Respite…

- Provide narrative of activities/events during shift accounting for all time worked:
  - ✓ All activities/events that occurred during each shift should be
  - ✓ The note should reflect the goals and objectives from the current IPOS and these must be identified for each shift
  - ✓ The content needs to account for all time billed (e.g., if your staff bill for 8 hours, but only documents "worked on bathing objective," the note does not cover 8 hours)
- For CLS, document progress made

➢ Staff person signs completed note and returns to responsible person to verify, sign and submit

What to Avoid

- The time worked must only reflect the time spent with the person receiving the service.
  - It cannot include time it took staff to get to work or wait time.
  - It cannot include home help activities that are billed to another program and not reimbursed through MCCMH

What to Avoid

- Service times by multiple employees or other authorized service (ice. therapy) may not overlap.
- Payroll sheets submitted with overlapping service times should not be turned in, and they will not be paid.

If an overlap of your CLS/Respite staff occurs with other providers such as therapists, skill building, etc., and is discovered after your staff were already paid, you will be asked to reimburse the other provider for the amount of the overlap.

Verification

- You, the employer, need to verify that the information completed on the time sheet/service note is correct prior to providing your legal signature.

- Once you sign, you are saying you agree with what the employee has written and you are requesting the FI to pay that amount.

Making Corrections to Time Sheets/ Service Notes – Direct Employment

Before time sheets/service notes can be submitted to the FI, they must be free from mistakes. It is the responsibility of the person acting as managing employer to verify the correctness of the documentation prior to submission.

A correction to an identified mistake is proper if it can be made without violating Medicaid, fraud, waste and abuse rules, or the MI Penal Code. Not all mistakes can be corrected.

Making Corrections (continued)

MI Penal Code 750.492a(4): Supplementation of information or correction of an error in a clinical document shall be done in a manner that reasonably discloses that the supplementation or correction was performed and that does not conceal or alter prior entries. Doing otherwise will subject the person to penalties that include fines, imprisonment or both.

To supplement or correct the document, the person shall:

- Draw one horizontal line through the word or words which are in error (no white-out!)
- Write the work "error" above the error
- Write the correct words to the right of the error
- Initial the upper right-hand corner

Errors

As employer if you see **discrepancies** between services described in the service notes and those authorized in your IPOS you should do they following:

- Do not sign
- Do not submit to FI
- Re-train your staff
- Tell your Primary Provider who can assist you
- Tell your FI so they do not expect a billing, if applicable
- If you cannot submit service note, you may pay staff out of pocket

Some service notes/time sheets contain errors that cannot be corrected and should not be submitted to the Fiscal Intermediary for payment. Doing so would be fraud.

Paying Staff

Paying Staff – Submitting Notes

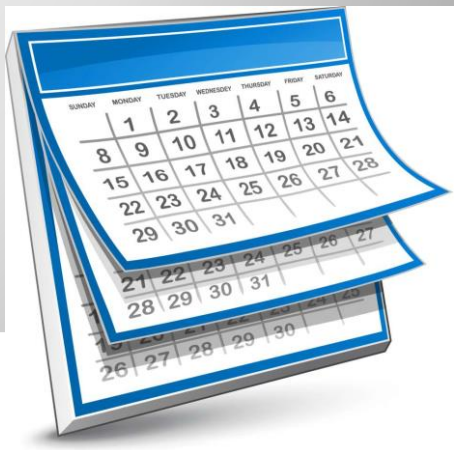
Once reviewed, corrected, verified and signed, the person served submits the time sheets/service notes for payment.

Direct Employment Model: Person sends a copy to the FI by close of payroll. The original is sent to the CM/SC no later than within 5 days of close of payroll. (A legible, exact copy is acceptable, such as a scan or a fax.) **NEW: AFTER 1/1/2020 ONLY SEND TO FI**

AWC Employment Model: Person sends the original to the AWC provider by close of payroll. AWC verifies accuracy prior to submission to MCCMH for billing. AWC provider uploads to electronic medical record.

Be timely!

- Failure to be timely may result in a staff pay hold until all time sheets/service notes are received by the proper parties
- Submitting paperwork in a timely and accurate manner is necessary to continue to use Self-Determination arrangements
- The FI and Primary Provider should work with you on the paperwork if you are having difficulty
- Note: At end of the fiscal year (September 30th), time sheets must not be late or you, the employer, risk having staff who will not be paid for that last pay period.



Confidentiality
Monitoring
Fraud and Abuse
Recipient Rights

Confidential ELECTRONIC MEDICAL RECORD

- The original notes are sent to the FI to scan into the EMR
- Once scanned, the original notes will become part of your electronic medical record (EMR)
- Service notes are confidential
- Staff cannot share the information about you with others – their family, friends, etc.
- Service notes are to be released only to you or to the FI or Primary Provider.

Monitoring

Primary Providers provide support with monitoring services and budgets

Your Primary Provider will contact you if discrepancies between the Service Notes and your IPOS are noted. The Primary Provider will meet with you to discuss problems. You might talk about:

- Are there circumstances requiring more hours?
- Do you understand the goals in your plan, for example, do you understand the difference between respite and CLS?
- Are you having difficulties with hired staff?
- Your staff may not be paid with Medicaid dollars if discrepancies are later found; you may be responsible to pay out of pocket.

Monitoring

Fiscal Intermediaries provide support with monitoring

FI will:

- Provide you and your Primary Provider with a monthly budget report describing the number of authorized hours used and authorized hours remaining
- Contact you and your Primary Provider if you are over using or under using your hours
- Work with you and your Primary Provider to assist you in finding reasonable solutions

If the FI informs the employer that they have problems with over using or under using hours, the employer must work toward identifying and fixing the problem.

Medicaid Fraud and Abuse

- Misuse of Medicaid dollars is fraud, even if unintentional. Both you and your employees can be prosecuted for this if it is identified.
- Persons who continuously have difficultly meeting their obligations under the self-determination arrangement may be terminated from this service delivery model.

- ***Examples of Fraud/abuse:***
  - **Knowingly signing a timesheet that is wrong**
  - **Signing a blank timesheet**
  - **Billing for services that were not provided**
  - **Poor or no documentation to support services delivered**
  - **Forging a signature**

Medicaid Fraud and Abuse Cont.

- Consequences
  - Repayment of Funds
  - No future Medicaid reimbursement
  - Returning to a traditional service delivery model

- Reporting fraud and abuse:

  MCCMH Compliance Hotline (586) 469-6481

  Email: compliancereporting@mccmh.net

  (can report anonymously)

Recipient Rights

- Recipient Rights are afforded to people using arrangements that support self-determination in the same manner as for those using a traditional service delivery.
- MCCMH policies regarding reporting incidents and rights complaints must be followed.
- In the event of a substantiated rights complaint, persons using arrangements that support self determination will be required to implement corrective action. Failure to do so will mean losing the privilege of using SD arrangements.
- Primary Provider may be used for assistance in implementing corrective action.

Ways to Intervene

- If services are not being provided or if your health or welfare are perceived to be at risk, MCCMH not only can intervene, it has a duty to intervene
- Methods
  - Your Primary Provider will talk to the employer
  - Convene person-centered planning process
  - Work with you to change providers
  - Add steps/providers to Backup Plan
  - Terminate Self-Determination Agreement

Terminating a SD Agreement

- There is no absolute right to arrangements that support self-determination, especially when:
  - A person's health and welfare is at risk
  - Rules and regulations regarding the use of Medicaid and public funds are not being followed
- Denial of Termination of self-determination is not a Medicaid fair hearing issue

There is no absolute right to arrangements that support self-determination

Arrangements that Support Self-Determination exist within the framework of publicly-funded and Medicaid-funded services

All of the responsibilities regarding the use of Medicaid funds still apply

With proper support and monitoring in place and a commitment to responsible citizenship, self-determination offers people freedom to live a more meaningful life in the community

Questions?

- Contact the Fiscal Intermediary or AWC Provider for questions regarding staff, payroll and training.
- Contact your Primary Provider for questions regarding your plan of service, changes to services/budget/ or authorizations. They should also be able to answer most questions regarding your Self-Determination arrangements.
- Still not getting answers? Contact Danielle Gorney, Self-Determination Administrator at (586) 466-7904; Danielle.gorney@mccmh.net

Definitions

- **Budget**: dollars that can be used for services. The budget amount is calculated based on services authorized which is developed through a Person-Centered Planning process

- **Fiscal Intermediary (FI):** a company that, for a fee, helps the person-employer develop a budget based on authorized services, handles payroll responsibilities and prepares a monthly budget status reports.

Definitions Cont.

- **Individual Plan of Service (IPOS):** A document that describes what goal(s) the person wants to work on, what supports are needed, and the responsibilities of everyone participating in the plan. Also called "Treatment Plan" or "Person-Centered Plan."

- **Medical Necessity**: the scope (what kind), amount (how much and how often), and duration (for how long) of services a person needs based on their current mental health condition. There must be written proof that without the requested service(s), the person's condition would worsen.

Definitions Cont.

- **Payer of Last Resort:** Medicaid is the "payer of last resort". That means all other natural and community supports must be used before Medicaid will pay for a service. Examples of other supports may include: Department of Human Services' chore provider or home help services, Community Action Agency literacy services, and Michigan Rehabilitation Services' supported employment.

- **Person-Centered Planning (PCP):** A process by which the IPOS is developed. The person says what their goals for treatment are, and those goals are built into an IPOS.

Definitions Cont.

Primary Provider: A person who works for the CMH who helps the employer access needed services and resources and coordinates care with other providers.

Specialty Services: paid for by Medicaid, including Skill Building, Community Living Supports, Respite, etc.

Additional Resources

- **State**
  - Medicaid Provider Manual

  http://www.michigan.gov/mdch/0,1607,7-132--87572--,00.html
  - Michigan Department of Health and Human Services

  http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4900-264686--,00.html
    - Department of Human Services

    http://www.michigan.gov/dhs

- **Federal**
  - Centers for Medicare and Medicaid Services
  - Social Security Administration

- **MCCMH** http://www.mccmh.net/