



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Provider Network</b>	Procedure: <b>Self-Direction (SD) Authorization</b>	
Last Updated: <b>03/31/2025</b>	Owner: <b>Chief Network Officer</b>	Pages: <b>3</b>

### I. PURPOSE:

To define and describe the operational guidelines to be utilized by the Primary Case Holder and Financial Management Service (FMS) Agency for the purpose of supporting individuals in a self-directed (SD) arrangement as it relates to authorizations.

### II. DEFINITIONS:

A. Financial Management Service (FMS)

A Financial Management Service (FMS) provider is an organization that assists employers to manage the dollars Self-Directed budgets.

B. Self Determination

The right of all individuals to have the power to make decisions for themselves; to have free will. The goals of self-determination, 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 individuals who receive services. Self-determination builds upon choice, autonomy, competence, and relatedness which are building blocks of psychological wellbeing.

C. Self-Direction

The 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 can decide how to spend their services budget with support, as desired.

### III. PROCEDURE:

#### Initial Authorization

- A. Financial Management Service (FMS) agencies' initial set-up code T2025 QQ is authorized one (1) time for set-up of a person served in their system as an employer of record.
- B. T2025 is to be authorized one (1) time per month to bill for services provided to individuals who are active with Self-Determination arrangements.

- C. T2025 QQ and T2025 can be billed together in the first month.
- D. If a self-directed individual does not find staff to support the self-directed services outlined in the person's Individual Plan of Service (IPOS) within ninety (90) calendar days from the start date of the Self-Determination Agreement, a transition plan must be outlined in the IPOS for traditional service delivery through the contracted provider network.
  - 1. The transition plan should identify providers within the contracted provider network that will be sent referrals, as needed.
  - 2. Primary case holders are required to send referrals for preferred providers and document each in the referrals section of FOCUS along with entering authorizations for the services to the generic PID 193114.
  - 3. The IPOS must identify what services will be self-directed and that a transition plan was developed.
  - 4. If staff are not identified within ninety (90) calendar days, the FMS agency must be notified and close out their active status for that individual.
    - 1. Primary providers must then move authorizations from the FMS to the generic PID 193114.
    - 2. Primary providers must make referrals to providers to support services outlined in the transition plan in the IPOS.

Notice of Adverse Benefit Determination (NOABD)

- A. When individuals who are self-directing services lose staff and go without services, a notice of adverse benefit determination (NOABD) must be sent by the primary case holder within fourteen (14) days to document the suspension of services.
- B. The FMS can bill the T2025 code for supporting self-directed arrangements up to ninety (90) days after the NOABD.
- C. If no staff are found within ninety (90) calendar days, the FMS must be notified, and authorizations must be terminated with the FMS for T2025 and applicable service codes.
- D. Authorizations must be created under the generic PID 193114 for medically necessary services.
- E. Referrals must be made to the preferred provider(s) for services by the primary case holder as outlined in the transition plan for traditional service delivery to support the medically necessary services.

**IV. REFERENCES:**

None.

**V. RELATED POLICIES:**

MCCMH MCO Policy 12-004, "Service Authorizations"

**VI. EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	03/28/2025	Creation of Procedure.	Self-Determination Administrator