



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: RR.1.10
Issue Date: 03/21/02
Rev. Date: 04/04/17
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Title: Self-Determination Policy

Prepared By: Executive Director

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Purpose:

The purpose of this policy is to define the philosophies of Self-Determination (SD) and to provide direction that defines and guides the practice of self-determination within the public mental health system to assure that arrangements which support self-determination are made available as a means of achieving individually-designed plans of specialty mental health services and supports.

Scope:

This policy applies to all persons receiving services from Huron Behavioral Health (HBH) and to all HBH employees including full-time, part-time, students, interns, and contractual providers.

Information:

General Philosophy/Vision Statement:

- The Michigan Department of Health and Human Services (MDHHS) supports the desire of people to control and direct their specialty mental health services and supports to have a full and meaningful life.
- Self-Determination is a value or guiding principle that guarantees individuals the right to choose to live as free of restriction as circumstances allow. Huron Behavioral Health believes that all individuals should live their lives in the least restrictive setting, including the opportunity to stay in their natural/family setting whenever possible and to be able to access and have a meaningful life in the community. Components of meaningful life include: work or volunteer activities that are chosen by and meaningful to the individual, reciprocal relationships with other people in the community, and daily activities that are chosen by the individual and support the individual to connect with others and contribute to his/her community.
- Self-Determination allows individuals opportunities to retain their fundamental human rights of choice. A hallmark of self-determination is assuring an individual the opportunity to direct a fixed amount of resources, which is derived from the person-centered planning process and called an "individual budget". With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports to live the life they want in their community. The individual controls the use of the resources in his/her individual budget, determining, with the assistance of chosen natural supports, which services and supports he/she will purchase, from whom, and under what circumstances. Through this process, individuals possess the power to make meaningful choices in how they live their lives. HBH will support Self-Determination by giving individuals control of resources, which will promote freedom of choice and responsibility for decision-making in regards to their lives. HBH supports individuals with disabilities to live self-determined lives by creating and/or exploring all available opportunities.
- HBH believes that Self-Determination should be simple and friendly to the individual with minimal rules and restraints. Individuals shall be empowered to make decisions during the Person-Centered Planning (PCP) process and individual budget planning meetings.
- In accordance with the Medicaid Provider Manual guidelines, a parent or guardian may NOT be considered a provider for any self-determination services and cannot be reimbursed for their service. Additionally, medical necessity drives all services being provided by HBH. All individuals served must meet the medical necessity criteria in order to receive services.

Introduction:

- Self-determination incorporates a set of concepts and values that emphasize participation and the achievement of personal control for individuals served through the public mental health system. These concepts and values stem from a core belief that people who require support through the public mental health system must have freedom not only to define the life they seek, but to be supported to direct the assistance they require in pursuit of that life. Persons who rely on the public mental health system for necessary supports and services must

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have access to meaningful options from which to make choices, and be supported to control the course of their lives. Arrangements that support self-determination must be sponsored by the public mental health system assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

- Person-Centered Planning (PCP) is a central element of self-determination. PCP is crucial for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally-defined goals and aspirations are identified.
- The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when built upon community experiences and opportunities. These supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.
- Person-centered planning and self-determination underscore a commitment in Michigan to move away from traditional service approaches for persons receiving services from the public mental health system. In Michigan, the flexibility provided through the Medicaid 1915 (b) Specialty Services waiver, together with the Michigan Mental Health Code requirements for PCP, have reoriented organizations to respond in new and more meaningful ways. Recognition has increased among providers and professionals that many individuals may not need, want, or benefit from a clinical regimen, especially when imposed without clear choice. Many provider agencies are learning ways to better support the individual served to, participate in, and accomplish a life with personal meaning.
- Self-determination builds upon the choice already available within the public mental health system. In Michigan, all Medicaid beneficiaries who services through the public mental health system have a right under the Balanced Budget Act (BBA) to choose the providers of the services and supports that are identified in their individual plan of service "to the extent possible and appropriate." Qualified providers chosen by the beneficiary, but who are not currently in the network or on the provider panel, should be placed on the provider panel. Within the PIHP, choice of providers must be maintained at the provider level. The individual must be able to choose from at least two providers of each covered support and service and must be able to choose an out-of-network provider under certain circumstances. Provider choice, while critically important, must be distinguished from arrangements that support self-determination. The latter arrangements extend individual choice to his/her control and management over providers (i.e., directly employs or contracts with providers), service delivery, and budget development and implementation.
- Participation in self-determination is voluntary on the part of the individual served. Not all individuals will not choose arrangements that support self-determination and may choose more traditional approaches.

Core Elements:

- Individuals are provided with information about the principles of self-determination and the possibilities, models, and arrangements involved. Persons served shall have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements shall commence when HBH and the individual served reach an agreement on a person-centered plan of specialty mental health services and supports, the amount of mental health and other public resources to be authorized to accomplish the plan, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
- Within the obligations that accompany the use of funds provided to them, HBH shall ensure that service planning and delivery processes are designed to encourage and support individuals to decide and control their own lives. HBH shall offer and support easily-accessed methods for individuals served to control and direct an individual budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers selected by the individual served.

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- Individuals receiving services from HBH shall direct the use of resources in order to choose meaningful specialty mental health services and supports in accordance with their treatment plan as developed through a person-centered planning process.
- Fiscal responsibility and the wise use of public funds shall guide the individual and HBH in reaching an agreement on the amount and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of HBH and the individual served, consistent with the fiduciary obligations of HBH. HBH will assist individuals with prudently selecting qualified providers and otherwise try to support them with successfully using resources that are allocated within their budget.
- Realization of self-determination principles requires arrangements that are partnerships between HBH and the individual served. They require the active commitment of HBH to provide a range of options for individual choice and control of personalized provider relationships within an overall environment of person-centered supports.
- Issues of wellness and well-being are central to assuring successful accomplishment of the individual's PCP. These issues must be addressed and resolved using the PCP process by balancing the individual's preferences and opportunities for self-direction with HBH obligations under federal and state law and applicable Medicaid waiver regulations. Resolutions should be guided by the individual's preferences and needs and should be implemented in ways that maintain the greatest opportunity for the individual's control and direction.
- Self-determination requires recognition that there may be strong inherent conflicts of interest between the individual's choices and current methods of planning, managing, and delivering specialty mental health services and supports. HBH must seek to minimize or eliminate either potential or actual conflicts of interest between HBH and its provider systems, and the processes and outcomes sought by the individual.
- Arrangements that support self-determination are administrative mechanisms, allowing a person to choose, control and direct providers of specialty mental health services and supports. With the exception of fiscal intermediary services, these mechanisms are not themselves covered services within the array of state plan and mental health specialty services and supports. Self-determination arrangements must be developed and operated within the requirements of the respective contracts with the Michigan Department of Community Health and in accordance with federal and state law. Using arrangements that support self-determination does not change an individual's eligibility for particular specialty mental health services and supports.
- All of the requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and monitoring requirements apply to the services and supports acquired using arrangements for self-determination.
- Arrangements that support self-determination involve mental health specialty services and supports, and therefore, investigative authority of the Recipient Rights Office applies.

Policy:

1. HBH will provide all individuals served with the opportunity to pursue and obtain a Person Centered Plan (PCP) incorporating self-determination for persons served. HBH has established self-determination methods that provide opportunities for individuals to control and direct their specialty mental health services and supports using the following guidelines:
 - Participation in self-determination shall be a voluntary option on the part of the individual served.
 - Individuals involved in self-determination shall have the authority to select, control, and direct their own specialty mental health services and supports arrangements by responsibly controlling the resources allotted in an individual budget, towards accomplishing the goals and objectives in their PCP.
 - At the time of the PCP, HBH will provide individuals with information about self-determination and the manner in which it may be accessed and applied, including examples of alternative ways that an individual may use to control and direct an individual budget, and the obligations associated with doing this properly and successfully.

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- Self-determination shall not serve as a method for HBH to reduce its obligations to the individual served, or to avoid the provision of needed specialty mental health services and supports.
 - HBH shall actively support and facilitate the principles of self-determination to assist the individual in accomplishing his/her goals and objectives.
2. Arrangements that support self-determination shall be made available to the individual once there is an agreement on a plan, along with an acceptable individual budget, when reached. The individual initiates this process by requesting the opportunity to participate in self-determination. For the purposes of self-determination, reaching agreement on the plan must include delineation of the arrangements that will, or may, be applied by the individual to select, control, and direct the services and supports provided.
- a. The individual budget shall be developed in conjunction with the development of a treatment plan using a person-centered planning process.
 - b. As part of the planning process leading to an agreement about self-determination, the arrangements that will (or may) be applied by the individual served to pursue self-determination shall be delineated and agreed upon by the individual and HBH.
 - c. The individual budget represents the expected or estimated costs to accomplish the Individual's PCP.
 - d. The amount of the individual budget must be formally agreed upon by both the individual served and HBH before it can be authorized for use by the individual served. A copy of the individual budget must be provided to the individual prior to the onset of any self-determination arrangements.
 - e. Proper use of an individual budget is of mutual concern to both HBH and the individual being served.
 - Any mental health funds included in an individual budget are the assets and responsibility of HBH, and must be used in a manner that is consistent with statutory and regulatory requirements. Authority over their direction is delegated to the individual served, for the purpose of achieving the goals and outcomes contained in the individual's PCP. The limitations associated with this delegation shall be delineated to the individual served as part of the process of developing the plan and authorizing the individual budget.
 - An agreement shall be made in writing between HBH and the individual served which delineates the responsibility and the authority of both parties in the application of the individual budget, including how communication will occur about its use. The agreement shall include a copy of the person's PCP and an individual budget. The direction and assistance needed for the person served to properly apply their individual budget shall be provided to him/her in writing when the agreement is finalized.
 - An individual budget, once authorized, shall be filed in the case record with the PCP. An individual budget shall be in effect for a specified period of time. Since the budget is based upon the individual's PCP, when the PCP needs to be changed, the budget may also need to be reevaluated.
 - The purpose of the individual budget, once authorized by HBH, is to provide a defined amount of resources that may be directed by the individual to pursue accomplishing their PCP. An individual budget shall be flexible in its use.
 - When a person makes adjustments in the application of funds in an individual budget, these shall occur within a framework that has been agreed to by the person and HBH and described in an attachment to the person's self-determination agreement.
 - A person's PCP may set forth the flexibility that an individual can exercise to accomplish his or her goals and objectives. When a possible use of services and supports is identified in the PCP, the person does not need to seek prior approval to use the services in this manner.
 - If a person desires to exercise flexibility in a manner that is not identified in the PCP, the PCP must be modified before the adjustment may be made. HBH shall attempt to address each situation in an expedient manner appropriate for the complexity and scope of the change.

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- Funds allotted for specialty mental health services may not be used to purchase services that are not specialty mental health services. Contracts with providers of specialty mental health services should be fiscally prudent.
 - Either party (HBH or the individual) may terminate a self-determination agreement, and therefore, the self-determination arrangement. Common reasons that a PIHP/CMHSP may terminate an agreement after providing support and other interventions described in this guideline, include, but are not limited to: failure to comply with Medicaid documentation requirements; failure to stay within the authorized funding in the individual budget; inability to hire and retain qualified providers; and conflict between the individual and providers that results in an inability to implement the PCP. Prior to terminating an agreement, and unless it is not feasible, HBH shall inform the individual of the issues that have led to consideration of a discontinuation or alteration decision, in writing, and provide an opportunity for problem resolution. Typically resolution will be conducted using the person-centered planning process, with termination being the option of choice if other mutually-agreeable solutions cannot be found. In any instance of HBH discontinuing or altering a self-determination arrangement, the local processes for dispute resolution may be used to address and resolve the issues. (see "[Grievance and Appeals Procedure](#)" RR.2.36).
 - Termination of a Self-Determination Agreement by HBH is not a Medicaid Fair Hearings Issue. Only a change, reduction, or termination of Medicaid services can be appealed through the Medicaid Fair Hearings Process, not the use of arrangements that support self-determination to obtain those services.
 - Discontinuation of a self-determination agreement shall not, by itself, change the PCP, nor eliminate the HBH's obligation to assure specialty mental health services and supports required in the PCP.
 - In any instance of HBH's discontinuation or alteration, the person served must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (where required) the appropriate Notice issues (see "[Grievance and Appeals Procedure](#)" RR.2.36).
3. Assuring authority over an individual budget is a core element of self-determination. This means that the person served may responsibly use an individual budget as the means to authorize and direct their providers of services and supports. HBH shall design and implement alternative approaches for individuals electing to use an individual budget to obtain their selected and directed provider arrangements.
- a. Within prudent purchasing constraints, an individual shall be able to access any willing and qualified provider entity that is available to provide needed specialty mental health services and supports.
 - b. Approaches shall provide for a range of control options up to and including the direct retention of individual-preferred providers through the purchase of services agreements between the individual and the provider. Options shall include:
 - Services/supports provided by an entity/individual currently operated by or under contract with HBH.
 - Services/supports to be provided by a qualified provider chosen by the individual, with HBH agreeing to enter into a contract with that provider.
 - Services/supports to be provided by a provider selected by the person served with whom the individual executes a direct purchase of services agreement. HBH shall provide guidance and assistance to assure that agreements to be executed with their selected providers are consistent with applicable federal regulations governing provider contracting and payment arrangements.
 - Persons served are responsible for assuring the individuals and entities selected and retained meet applicable provider qualifications. Methods that lead to consistency and success must be developed and supported by HBH.
 - Persons served must assure that written agreements are developed with each provider entity or individual that specifies the type of service or supports, the rate to be paid and the requirements incumbent upon the provider.

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- Copies of all agreements shall be kept current, and shall be made available by the individual, for review by authorized representatives of HBH upon request.
 - Individuals served shall act as careful purchasers of specialty mental health services and supports necessary to accomplish their PCP. Arrangements for purchasing services shall not be excessive in cost. Persons served should aim for securing a better value in terms of outcomes for the costs involved. Existing personal and community resources shall be pursued and utilized before using public mental health systems resources.
 - Fees and rates paid to providers with a direct purchase-of-services agreement with the individual shall be negotiated by the individual served, within the boundaries of his/her authorized individual budget. HBH shall provide guidance as to the range of applicable rates, and may set maximum amounts that individuals may spend to pay specific providers of specific services and supports.
 - Conflicts of interest that providers may have must be considered. For example, a potential provider may have a competing financial interest such as serving as the individual's landlord. If a provider with a conflict of interest is used, the conflict must be addressed in the relevant agreements. The Medicaid Provider Manual has directly addressed one conflict stating that, individuals cannot hire or contract with legally responsible relatives (for an adult, the individual's spouse) or with a legal guardian.
 - The individual served shall be able to access alternative methods to choose, control, and direct personnel necessary to provide direct support, including:
 - Acting as the employer of record for personnel
 - Providing access to a provider entity that can serve as employer of record for personnel selected by the individual (Agency with Choice)
 - Adhering to HBH contractual language with provider entities that assures the individual's selection of personnel, and removal or reassignment of personnel who fail to meet the individual preferences
 - All personnel selected by the person served, whether he or she is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel, or the requirements pertinent to the a particular professional services offered by the provider.
4. HBH shall assist the individual participating in self-determination to employ, and direct his/her support personnel, to select and retain chosen qualified provider entities, and shall make reasonably available, consistent with MDHHS Technical Advisory instructions, their access to alternative methods for directing and managing support personnel.
- a. HBH shall select and make available qualified a third-party entity that may function as fiscal intermediary to perform employer agent functions and/or provide other support management functions, in order to assist the individual served in directing and managing providers of specialty services and supports.
 - b. Fiscal intermediaries shall be under contract to HBH or a designated sub-contracting entity. Contracted functions may include:
 - Payroll agent for direct support personnel employed by the person served (or chosen representative), including acting as an employer agent for the Internal Revenue Service (IRS) and other public authorities requiring payroll withholding and employee insurances payments.
 - Payment agent for consumer-held purchase of services and consultant agreements with providers of services and supports.
 - Provision of periodic (not less than monthly) financial status reports concerning the individual budget, to both HBH and the person served. Reports made to the person served shall be in a format that is useful to him/her in tracking and managing the funds making up their individual budget.
 - Provision of an accounting to HBH for the funds transferred to it and used to finance the costs of the authorized individual budgets under its management.

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- Assuring timely invoicing, service activity and cost reporting to HBH for specialty mental health services and supports provided by individuals and entities that have a direct agreement with the person served.
 - Other supportive services, as denoted in the contract with HBH that strengthen the role of the consumer as an employer, or assist with the use of other agreements directly involving the individual served in the process of securing needed services.
5. HBH shall assure that fiscal intermediary entities are oriented to and supportive of the principles of self-determination, and able to work with a range of personal styles and characteristics. HBH shall exercise due diligence in establishing the qualifications, characteristics and capabilities of the entity to be selected as a fiscal intermediary, and shall manage the use of fiscal intermediaries consistent with MDHHS Technical Assistance Advisory addressing fiscal intermediary arrangements.
 6. An entity acting as a fiscal intermediary shall be free from other relationships involving HBH or the person served that could create a conflict of interest for the fiscal intermediary in relationship to its role of supporting individual and their determined services/supports transactions. These other relationships typically would include the provision of direct services to the person served. HBH shall identify and require remedy to any conflicts of interest of the entity that, in the judgment of HBH, interfere with the performance of its role as a fiscal intermediary.
 7. HBH shall collaborate with and guide the fiscal intermediary and each individual involved in self-determination to assure compliance with various state and federal requirements and to assist the individual in meeting his/her obligations to follow applicable requirements. It is the obligation of HBH to assure that the entities selected to perform fiscal intermediary functions are capable of meeting and maintaining compliance with the requirements associated with their stated functions, including those contained in relevant MDHHS "Fiscal Intermediary Technical Requirement" (contract attachment).
 8. Typically, funds comprising an individual budget would be lodged with the fiscal intermediary, pending appropriate direction by the individual to pay individual-selected/contracted providers. Where a person selected/directed provider of services has a direct contract with HBH, the provider may be paid by HBH, not the fiscal intermediary. In that case, the portion of funds in the individual budget would not be lodged with the fiscal intermediary, but instead would remain with HBH as a matter of fiscal efficiency.

Definitions/Acronyms:**DEFINITIONS:**

Agency with Choice - A provider agency that serves as employer of record for direct support personnel, yet enables the person using the supports to hire, manage and terminate workers.

CMHSP - For the purposes of this policy, a Community Mental Health Services Program 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.

Consumer/Individual/Individual Served: For the purposes of this policy, "Consumer" "Individual", and/or "Individual Served" will be the individual receiving direct services and his/her selected representative. That is, the consumer may select a representative to enter into the self-determination agreement and for other agreements that may be necessary for the consumer to participate in consumer directed supports and services arrangements. Where the consumer has a guardian, the role of the guardian shall be as the consumer's representative, if the guardian arrangement so requires. A person selected as the representative of the consumer shall not replace the role of the consumer in the process of person-centered planning, in accordance with the Mental Health Code and the requirements of the contract between HBH and the PIHP and/or MDHHS. Where a consumer has been deemed to require a legal guardian, there is an obligation on the part of HBH and those close to the person to assure that his/her preferences and dreams drive the self-determination arrangements. The consumer's best interests shall always be primary.

Fiscal Intermediary: A fiscal intermediary is an independent legal entity (organization or individual) that acts as a fiscal agent of HBH for the purpose of assuring fiduciary accountability for the funds comprising a consumer's individual budget. A fiscal intermediary shall perform its duties as specified in a contract with HBH. The purpose of the fiscal intermediary is to receive funds making up an individual budget, and make payments as authorized by the consumer to providers and other parties defined in the individual budget. A fiscal intermediary may also provide a variety of supportive services that assist the consumer

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in selecting, employing, and directing individual and agency providers. Examples of entities that might serve in the role of a fiscal intermediary include: bookkeeping or accounting firms, local ARC or other advocacy organizations, subsidiaries of a service provider.

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 HBH, 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 PCP.

Person-Centered Planning (PCP): This refers to the individual's plan of service and/or supports, as developed through the Person-Centered Planning process

Qualified Provider: A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Department of Community Health and HBH, including applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the individual's person centered planning process, and should be specified in the individual's plan, or result from a process developed locally to assure the health and well-being of individuals, conducted with the full input and involvement of local individuals and advocates. (Note: In accordance with the Medicaid Provider manual, a parent or guardian may not be considered a qualified provider, nor be reimbursed for this service.)

Self-Determination: Incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, have access to meaningful choices, and have control over their lives in order to build lives in their community (meaningful activities, relationships, and employment). Within Michigan's public mental health system, self-determination involves accomplishing system change to assure that services and supports for people are not only person-centered, but also person-defined and person-controlled. Self-determination is based on four (4) principles:

- *Freedom:* The ability for individuals, with assistance from significant others (e.g., chosen family, friends, allies, etc.) to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to choose where and with whom one wants to live, who and how to connect to one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.
- *Authority:* The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant other, as needed. It's the **authority** to control resources.
- *Support:* the arranging of resources and personnel, both formal and informal, to assist the individual living his/her desired life in the community, rich in community associations and contributions. It's the **support** needed to develop a life dream and reach toward that dream.
- *Responsibility:* The acceptance of a valued role by the individual in the community through employment, affiliations, spiritual development, and caring for others, as well as the accountability for spending public dollars in a way that is safe and life-enhancing. This includes the **responsibility** to use public funds efficiently, and to contribute to the community through the expression of responsible citizenship.

Specialty Mental Health Services - This term includes any service/support that can legitimately be provided using funds authorized by the HBH in the individual budget. It includes alternative services and supports as well as Medicaid-covered services and supports.

ACRONYMS:

BBA – Balanced Budget Act

CMHSP – Community Mental Health Specialty Programs

COA – Council On Accreditation

HBH – Huron Behavioral Health

IRS – Internal Revenue Service

MDHHS – Michigan Department of Health and Human Services

PCP – Person Centered Plan

PIHP – Pre-paid Inpatient Health Plan

SD – Self Determination

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N/A

Records:

Financial records related to Self-Determination are retained by the Finance Department for seven (7) years.

Reference(s) and/or Legal Authority:

COA Standards

MDHHS Self-Determination Policy & Practice Guideline (P4.7.1)

Medicaid Provider Manual

[QI.1.05 Person Centered Planning \(PCP\) Policy](#)[RR.2.36 Grievance and Appeals Procedure](#)**Change History:**

Change Letter	Date of Change(s)	Changes
A	08/26/02	Put into new policy format – no changes to content, removed 90-034 Budget Worksheet form, added MDCH in “Acronym” section, clarified name of state reference to Practice Guidelines, added PCP Policy to “Reference” section.
B	02/17/04	Added “ and/or families under # 8, added reference to COA Chapter G1.
C	08/16/06	Modified entire policy to standardize with new regional self-determination policy/procedure developed 10/12/05. See HBH QI Coordinator for copy of previous revision levels.
D	06/23/11	Changed “adults” to “persons” throughout document (5 places), reworded 6 th bullet in “Core Values” (Information section) to better define HBH’s role, in III.B removed “of control options up to and including the direct retention” to eliminate redundant phrase, in IV removed “select”, in IV.A removed “select” and changed the word “controlling” to “managing”, removed COA chapter-specific reference (G1) in “References” section.
E	04/25/13	Changed “consumer” terminology to “individuals” or “individual served” to comply with new state language (40 places), added Medicaid Provider Manual language in “Information” section (Core Elements) added the last 4 bullets under “Core Elements” and also to the “Respite” definition, added “Community Living Supports” to “Acronym” section, removed paragraph in “Information” section (Introduction) that referenced “programmatic approaches”, added 9 th bullet in 3.b, removed 4 th bullet in 4.b, and removed #8 which referred to fiscal intermediary (see QI Coordinator for old versions and changes), added last sentence in “Qualified provider” definition in “Definition” section, added last sentence in 1 st paragraph under “General Philosophy” in “Information” section.
F	02/18/15	Changed “Access Alliance of Michigan” and “AAM” to “Pre-paid Inpatient Health Plan” and “PIHP”, added “PIHP” to “Acronym” section
G	04/29/15	Reviewed and compared to latest MDCH Policy & Practice Guideline (P4.7.1) – in, “Core Elements” section removed 3 bullets and added to “Information – General Philosophy” section added “A hallmark of self-determination is assuring..... How they live their lives.” & last paragraph, reworded 8 th bullet, in “Policy” section 2.e removed 6 “o” bullets and replaced with 4 new ones, added bullet “Termination of a self-determination agreement...”, added #8, in “Definitions” section added “Agency with Choice”, “CMHSP” and removed “Choice Voucher System”, “CLS”, Respite Care”, Supports Coordinator”, and “Plan”, numerous other small grammatical change made without changing sentence content.
H	04/04/17	In “Information” section “General Philosophy..” added 1 st bullet, second sentence in 2 nd bullet, & second sentence in 3 rd bullet, in “Introduction” section added 5 th & 6 th bullets, in “Definitions” section corrected several definitions to reflect current MDHHS language, changed “Michigan Department of Community Health/MDCH” to “Michigan Department of Health and Human Services/MDHHS” throughout document (7 places), made numerous additional minor wording/grammatical changes/corrections throughout document without changing sentence content.