



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: **RR.1.10**
Issue Date: 03/21/02
Rev. Date: 12/04/25
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Title: Self-Determination and Consumer Self-Directed Services Policy

Prepared By: Executive Director

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Purpose:

The purpose of this policy is to define the philosophies and practices of Self-Determination (SD) and Self-Directed Services and to provide guidance in the principles of Self-Determination and consumer self-directed services. (Note - Any reference to Self-Directed Services also applies to the Choice Voucher with appropriate substitutions for family and child throughout this policy.)

Scope:

This policy applies to all HBH employees (including full-time and part-time employees), contract providers, students, and interns of Huron Behavioral Health (HBH) and all individuals served.

Information:

A. General Philosophy of Self-Determination:

1. The Michigan Mental Health Code requirements and the Michigan Department of Health and Human Services (MDHHS) contract require the Pre-paid Inpatient Health Plan (PIHP) and the Community Mental Health Services Programs (CMHSPs) assure that self-directed services (including Choice Voucher services for individuals under the age of 18) are available to all consumers and must actively assist individuals that choose self-direction. It also requires and supports the desire of people to control and direct their specialty mental health services and supports in order to achieve a full and meaningful life.
2. The Self Determination philosophy is a set of values and guiding principles that guarantee individuals the right to choose to live as free of restriction as their circumstances allow. HBH 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 meaningful to the individual, reciprocal relationships with other people in the community, and daily activities that are chosen by and support the individual to connect with others and contribute to his/her community. HBH shall actively support and facilitate the principles of Self Determination to assist the individual in accomplishing his/her goals and objectives. The methods of Self-Direction are crafted with the principles of Self-Determination. These principles include:

Principles of Self-Determination	Self-Directed Outcome
Freedom	Deciding how to live a good life.
Authority	Controlling a targeted amount of dollars
Support	Organizing resources in ways that are life-enhancing and meaningful.
Responsibility	Using public funds wisely.
Confirmation	Having a role in redesigning the service system.

3. The Michigan Department of Health and Human Services (MDHHS) requires that HBH develop and maintain a system that supports individuals who choose to use any method of self-directed options (e.g., direct employment, purchase of service, agency-supported self-direction).
4. HBH staff actively educates consumers about Self-Determination and the options of self-directed services, including the various levels of control available, and the methods that individuals have to exercise that control. HBH staff shall not deny any consumer the option to direct their own services. HBH must ensure that the consumer has a full and complete understanding of the control they have of their budget and be made aware of how to make changes when needed. 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 process and individual service budget planning meetings.

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5. Self-Determination provides individuals with the opportunity to control and direct how the services and supports in their Individual Plan of Service (IPOS) are implemented. Self-Determination is a partnership between HBH and the consumer. The person-centered planning process is used to develop an Individual Plan of Service (IPOS) which then drives self-determination and the opportunity for self-directed services. (See also "[Person-Centered Planning Policy](#)" (QI.1.05).
6. Self Determination and self-directed services allow individuals the opportunity to retain their fundamental human right of choice. A hallmark of Self Determination is assuring an individual the opportunity to direct a fixed amount of resources, which is derived through the person-centered planning process and is called an "individual service budget". With arrangements that support Self Determination, individuals have control over an individual service budget for their mental health services and supports in order to live the life they want in their community. The individual controls the use of the resources in his/her individual service budget, determining, with the assistance of his/her 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 promotes 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 available opportunities.
7. In accordance with the Michigan Medicaid Provider Manual guidelines, a parent or guardian may NOT be considered a provider for any of the consumer's self-directed services and cannot be reimbursed for their service. Additionally, medical necessity drives all services provided by HBH. All individuals served must meet the medical necessity criteria in order to receive those services.
8. In Michigan, all Medicaid beneficiaries who receive 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 Services (IPOS) "to the extent possible and appropriate." Qualified providers chosen by the-consumer, but who are not currently in the network or on the provider panel, should be placed on the provider panel. The individual must be able to choose from at least two (2) 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 and self-directed services which extends 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.
9. In accordance with the Medicaid Provider Manual, staff who provide direct care to consumers in conjunction with a planned service as directed in the consumer's Individual Plan of Service (IPOS), must receive IPOS-specific training regarding the consumer's needs. This includes consumers who are receiving services in the following programs:
 - Home and Community Based Services (HCBS)
 - Children's Waiver Program (CWP)
 - Waiver for Children with Serious Emotional Disturbance (SEDW)
 - Habilitation Supports Waiver (HSW)

This training is typically provided by the Case Manager/Supports Coordinator (CSM/SC) to assure that staff is competent to implement the IPOS prior to providing services to the consumer. IPOS training must be completed at the time of a new IPOS, with the annual IPOS, when there is an addendum to the IPOS, or whenever there is a new direct care provider, or when there is a behavior treatment plan. Evidence of IPOS-specific training must be documented on the "IPOS-Specific Training and Agreement Form for Personal Care Staff" (90-004) and must identify:

- Who was trained
- Content of the training
- Who the trainer was (including their title)
- When (specific date) the training was provided

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- A legible signature of the staff who received the training

B. Core Elements of Self-Determination:

1. Individuals are provided with information about the principles of Self Determination and self-directed services and the possibilities, models, and arrangements available during the person-centered planning process. Individuals served shall have access to the tools and mechanisms supportive of Self Determination. Self Determination arrangements and self-directed services shall commence when HBH and the individual reach an agreement on an Individual Plan of Service for 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.
2. Within the obligations that accompany the use of funds provided to the individual, 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 accessible methods for individuals to control and direct an individual service budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers who are selected by the consumer.
3. Individuals receiving services from HBH shall have the choice of directing the use of their resources in order to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through a person-centered planning approach.
4. Fiscal responsibility and the wise use of public funds shall guide the consumer and HBH in reaching an agreement on the amount and use of funds comprising an individual service 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 the resources that are allocated within their individual service budget.
5. 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.
6. In the context of this partnership, HBH must actively assist individuals with prudently selecting qualified providers and otherwise support them with successfully using resources allocated in an individual service budget.
7. Issues of wellness and well-being are central to assuring successful accomplishment of the consumer's IPOS. These issues must be addressed and resolved using the person-centered planning 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.
8. 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.
9. 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 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 MDHHS and the Prepaid Inpatient Health Plan (PIHP) 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.
10. 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

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for Self Determination.

11. Arrangements that support Self Determination involve mental health specialty services and supports, and therefore, investigative authority of the Recipient Rights Office applies.

C. Key Elements of Self-Directed Supports and Services:

1. Employer Authority – this means the consumer recruits, hires, directs, and fires support staff. The consumer acts as the common law employer.
2. Budget Authority – Controlling an individual service budget is a core part of self-directed services. The individual service budget is a fixed amount of public mental health funds named in dollar terms.
3. Financial Management/Fiscal Intermediary (FI) Services – these services support independent lifestyle by assisting consumers with the financial aspect of employing staff and managing funds consistent with the MDHHS Financial Management Services Technical Requirements.
4. Choice in Ending Self-Directed Services – any consumer who has chosen self-directed services may voluntarily end the service arrangement at any time for any reason. When this occurs, HBH will work with the individual to transition to another service option through the person-centered planning process.

Policy:

1. HBH staff will adhere to the philosophy, core elements and guiding principles of Self-Determination and self-directed services. HBH will provide all individuals served with the opportunity to pursue and obtain an Individual Plan of Service (IPOS) incorporating Self-Determination and self-directed services. During the person-centered planning process and the development of the IPOS, HBH will provide individuals with information about Self Determination and self-directed services 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 service budget, and the obligations associated with doing this properly and successfully.
2. HBH has established Self Determination guidelines that provide opportunities for individuals to control and direct their specialty mental health services and supports using the following guidelines:
 - Participation in Self Determination and self-directed services is a voluntary option on the part of the individual served. Not all individuals will choose arrangements that support Self Determination and self-directed services and may choose more traditional approaches. If self-determination is selected by the consumer, it may be terminated at any time by the consumer or HBH.
 - Individuals involved in Self Determination and self-directed services 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 service budget, towards accomplishing the goals and objectives in their IPOS.
 - Self Determination shall not serve as a method for HBH to reduce its obligations to the individual served, negate its responsibility to assist the consumer in finding providers for services, 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 (as defined in #2 "Information" section).
3. Self-directed services must include an individual service budget. The individual budget provides a set amount of funds necessary to implement the consumer's IPOS. An individual may choose to direct one specific service, some services, or all of the services in their IPOS. The level of control will be determined by the consumer.
4. When choosing Self-Directed services as an option, the following requirements must be written into the IPOS:
 - Which services the consumer will direct and control
 - What supports are chosen by the consumer to help them direct their services
 - Documentation of the method chosen by the employer (consumer)

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- Financial Management Services (FMS) provider chosen by the consumer (formerly called Fiscal Intermediary)

A written copy of the IPOS and individual service budget are provided to stakeholders

5. Arrangements that support Self Determination and self-directed services shall be implemented once the IPOS is completed in conjunction with an individual service budget, when reached. However, in no case can there be gaps in services during the transition to or from a self-directed service arrangement.
 - a. The individual service budget shall be developed during the person-centered planning process in conjunction with the development of an Individual Plan of Service.
 - b. The individual service budget represents the Estimated Cost of Services (ECOS) to accomplish the goals and objectives the individual chooses to control as defined in their IPOS. The individual budget must be developed with the consumer, at least annually (at the time of the IPOS) or whenever changes are needed.
 - c. The amount of the individual service 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 service budget must be provided to the individual prior to arrangement of any self-directed services.
 - Any mental health funds included in an individual service 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 consumer's IPOS.
 - Using the "[Self-Determination/Choice Voucher Agreement Form](#)" (90-159), a Self-Determination 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 service budget, including how communication will occur about its use. The direction and assistance needed for the person served to properly apply their individual budget shall be provided to him/her when the agreement is finalized.
 - An individual service budget, once authorized, shall be retained in the consumer's case record with the IPOS in the Electronic Medical Record (EMR) system. An individual service budget shall be in effect for a specified period of time. Since the individual service budget is based upon the individual's IPOS, when the IPOS needs to be changed, the budget may also need to be re-evaluated.
 - The purpose of the individual service budget, once authorized by HBH, is to provide a defined amount of resources that may be directed by the individual to pursue accomplishing the goals and objectives in their IPOS. An individual service budget shall be flexible in its use.
 - When a person makes adjustments in the application of funds in an individual service 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 consumer's IPOS 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 IPOS, 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 IPOS, the IPOS must be modified/addended 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.
 - 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 consumer) may terminate a Self-Determination agreement, and therefore, the Self Determination arrangement. 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 service budget;

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- inability to hire and retain qualified providers;
- conflict between the individual and providers that results in an inability to implement the IPOS.

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 Hearing Issue. (Note: Only a change, reduction, or termination of Medicaid services can be appealed through the Medicaid Fair Hearing process, not the use of arrangements that support Self Determination to obtain services.)
- Discontinuation of a Self Determination agreement shall not, by itself, change the IPOS, nor eliminate the HBH's obligation to assure specialty mental health services and supports required in the IPOS.
- In any instance of HBH's discontinuation or alteration of the individual service budget, the person served must be provided an explanation of applicable appeal, grievance, and dispute resolution processes and (where required) an Adverse Benefit Determination Notice will be issued (see "[Grievance and Appeals Procedure](#)" RR.2.36).

6. Assuring authority over an individual service budget is a key to Self Determination and self-directed services. This means that the person served may responsibly use an individual service 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 service budget to obtain their selected and directed provider arrangements. Approaches shall provide for a range of control options which include the following:

- a. Direct Employment Model – in the direct employment model, the consumer is the employer of record of all employees. A FMS is utilized to act as an employer agent, responsible for handling payroll, tax, and legal details of the employment relationship. The FMS is the holder of the individual record for each employee. While the employer has the authority over employment decisions, HBH must provide needed support and training to the consumer in areas related to functioning as an employer.
- b. Agency Supported Self-Direction Model: in the agency supported self-direction model, the agency must be in-network with the Pre-Paid Inpatient Health Plan (PIHP)/CMHSP. In this model the FMS is not utilized. The exception being, if the consumer chooses a non-contracted agency, a consumer must use a Purchase of Service Agreement and FMS. After a Purchase of Service Agreement is completed, implementation is the same as the Agency-Supported Self-Direction Model. In the Agency Supported Model of self-direction, the consumer serves as a "managing employer", but does not have full employer authority. The "Agency" serves as employer of record and is responsible for the administrative aspects of employment as determined by the consumer (i.e. determining pay rates, benefits, paying payroll, taxes, worker's compensation, etc.). Workers in this model are employees of the Agency but are managed by the consumer and referred to as "workers", in relation to the consumer.
- c. Direct Contract/Purchase of Service Model (Out of Network): If a consumer chooses a non-contracted agency or professional provider, a consumer must use a Purchase of Service Agreement and a FMS. In this model, an individual service budget and FMS are required. The consumer may choose any qualified provider and will partner with the CMHSP to ensure their chosen provider meets all applicable Medicaid and professional requirements.
- d. MDHHS Provider Qualifications:
 - Persons served are responsible for assuring the individuals and entities selected and retained meet applicable MDHHS provider qualifications.

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- Persons served must assure that written agreements are developed with each provider entity or individual and made available to HBH upon request. Agreements must specify the type of service or supports, the rate to be paid, and the requirements incumbent upon the provider.
 - Self-Determination respite per diem must be a minimum of twelve (12) hours of direct service provided to count as a twenty-four (24) hour per diem day. *(Note – respite care may not be provided by a parent of a minor beneficiary receiving the service, the spouse of the beneficiary, the beneficiary’s legal guardian, or the primary unpaid caregiver.)*
 - Fees and rates paid to providers with a Direct Employment Model agreement with the individual shall be negotiated by the individual served, within the boundaries of his/her authorized individual service 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. However, HBH staff are not to approve employee timesheets. Timesheets are to be submitted to the FMS.
 - Any Conflict 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 Michigan 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.
7. When using self-directed services, HBH staff must provide ongoing support, information, active education and training. Examples include, but are not limited to:
- Information about options for self-directed services
 - Individual rights and responsibilities
 - Available resources
 - Supported decision-making
 - Role of the employer
 - Staff recruitment, selection, management, and dismissal (including staffing back-up plan)
 - Medicaid documentation requirements
 - Department of Labor (DOL) and Fair Labor Standards Act (FLSA) laws
 - Use of a Supports Broker
 - Roles and responsibilities of HBH, FMS, and the individual
 - Active management of the Individual Budget
 - Access to independent advocacy organizations
8. Finance Management Service Providers / Fiscal Intermediary Roles and Responsibilities:
- a. HBH shall select and make available qualified a third-party entity that may function as a Finance Management Service (FMS) Provider/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. The FMS Provider/Fiscal Intermediary shall be under contract to HBH or a designated sub-contracted provider. 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 service 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 service budget.

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- Provision of an accounting to HBH for the funds transferred to it and used to finance the costs of the authorized individual service budget s under its management.
 - 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.
- b. HBH shall assure that FMS Providers/Fiscal Intermediaries are oriented to and supportive of the principles of Self Determination and self-directed services, 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 FMS Provider/Fiscal Intermediary, and shall manage the use of fiscal intermediaries consistent with MDHHS Technical Requirement addressing fiscal intermediary arrangements.
- c. An entity acting as FMS Provider/Fiscal Intermediary shall be free from other relationships involving HBH or the person served that could create a conflict of interest for the FMS Provider/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 FMS Provider/Fiscal Intermediary.
- d. HBH shall collaborate with and guide the FMS Provider/Fiscal Intermediary and each individual involved in Self Determination and self-directed services 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).
- e. Typically, funds comprising an individual service budget would be lodged with the FMS Provider/Fiscal Intermediary, pending appropriate direction by the individual to pay selected individuals and/or contract providers. Where a person selected/directed provider of services has a direct contract with HBH, the provider may be paid by HBH, not the FMS Provider/Fiscal Intermediary. In that case, the portion of funds in the individual service budget would not be lodged with the FMS Provider/Fiscal Intermediary, but instead would remain with HBH as a matter of fiscal efficiency.

Definitions/Acronyms:

Definitions:

Agency with Choice/Agency Supported Self-Direction – This allows the consumer as much or as little employer and administrative responsibilities as agreed upon in the IPOS and agency agreement while a provider agency serves as employer of record.

Community Mental Health Services Program (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.

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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.

Financial Management Service Provider/Fiscal Intermediary (FI): A Fiscal Intermediary is an organization or person independent of the Community Mental Health (CMH) system that assists employers to manage the funds in their self-directed budgets.

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

Individual Plan of Service (IPOS): refers to the person's individual plan of services and/or supports, as developed using the person-centered planning process.

Person-Centered Planning: This refers to a collaborative person-directed process designed to assist an individual to plan their life and supports.

Pre-paid Inpatient Health Plan (PIHP) – refers to a managed care entity that provides Medicaid services and money to the CMHSP to pay for specialty mental health services and supports in an area of the state. (There are 10 PIHPs in Michigan.)

Qualified Provider: A qualified provider is an individual or agency that meets the federal and state requirements in their contract to provide mental health services and supports.

Self-Determination: Self-Determination is the right of all people 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 have self-worth, and increase belonging while reducing the isolation and segregation of people who receive services. Self-Determination builds upon choice, autonomy, competence, and relatedness which are the building blocks of psychological wellbeing.

Self-Direction: Self-Direction is a method from moving away from professionally managed models of supports and services. It is the act of selecting, directing, and managing one's services and supports. People who self-direct their services are able to decide how to spend their Community Mental Health services budget with support, as desired.

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

Supports Broker – A Supports Broker is a paid individual that helps the consumer find and get needed services and supports as defined in their IPOS. A Supports Broker has a clear focus on helping people identify and meet goals to increase independence and quality of life.

Acronyms:

BBA – Balanced Budget Act

CMHSP – Community Mental Health Specialty Programs

COA – Council on Accreditation

CWP – Children's Waiver Program

DOL – Department of Labor

ECOS – Estimated Cost of Services

EMR – Electronic Medical Record

FI – Fiscal Intermediary

FLSA – Fair Labor Standards Act

FMS – Financial Management Services

HBH – Huron Behavioral Health

HCBS – Home and Community Based Services

HSW – Habilitation Supports Waiver

IPOS – Individual Plan of Service

IRS – Internal Revenue Service

MDHHS – Michigan Department of Health and Human Services

PIHP – Pre-paid Inpatient Health Plan

SD – Self Determination

SEDW - Waiver for Children with Serious Emotional Disturbance

Title: Self-Determination and Consumer Self-Directed Services Policy

Policy #: RR.1.10

Issue Date: 03/21/02

Rev. Date: 12/04/25

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Prepared By: Executive Director

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Forms:

- [90-004 IPOS-Specific Training and Agreement Form for Personal Care Staff](#)
- [90-159 Self-Determination and Choice Voucher Agreement Form](#)
- [90-516 Self-Determination & Choice Voucher Brochure](#)
- [90-737 Self-Determination & Self-Directed Services Handbook](#)

Records:

Financial records related to Self-Determination are retained by the Finance Department for seven (7) years in accordance with "[HBH Financial Records Retention Policy](#)" (FM.1.03). Consumer records for IPOS, budget, and other Self –Direction activities are retained in the consumer’s case record in the EMR system in accordance with "[Record Storage and Retention Policy](#)" (QI.1.23).

Reference(s) and/or Legal Authority:

- COA Standards
- MDHHS Self-Direction Technical Requirement Implementation Guide
- MDHHS Financial Management Services Technical Requirements
- Medicaid Provider Manual
- [FM.1.03 HBH Financial Records Retention Policy](#)
- [QI.1.05 Person-Centered Planning Policy](#)
- [QI.1.23 Record Storage and Retention Policy](#)
- [QI.2.18 Individual Plan of Service \(IPOS\) Procedure](#)
- [RR.2.36 Grievance and Appeal 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 changes 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.
I	01/22/19	In "Information" section added 4 th bullet, in "Definitions" section added "Individual Plan of Servicer" & "Pre-paid Inpatient Health Plan", in "Acronyms" section added "IPOS".
J	11/22/20	Changed "Person-Centered Plan" and "PCP" to "Individual Plan of Service" and "IPOS" (30 places), in Acronyms" section removed "PCP" and added "FI", in "References" section added "FM.1.03", made numerous minor wording/grammatical changes/corrections throughout policy without changing sentence content.
K	01/30/21	Total rewrite of policy. See Controlled Documentation Manager for changes that were made and/or previous versions of this policy.

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L	04/07/21	In "Information" section added #9, in "Acronyms" section added "CWP", "HCBS", "HSW", & "SEDW", in "Forms" section added 90-004.
M	08/31/21	In "Policy" section #2 first bullet added last sentence, in #5.c second bullet added reference to Self-Determination/Choice Voucher Agreement Form (90-159)", in "Forms" section added 90-516 & 90-159.
N	07/09/23	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
O	03/03/24	In "Policy" section 6.d added the 3 rd bullet.
P	12/04/25	In "Policy" section 6.d 3 rd bullet added "(Note - Respite care may not be provided by a parent of a minor beneficiary receiving the service, the spouse of the beneficiary, the beneficiary's legal guardian, or the primary unpaid caregiver.)".