

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 115</i>	Subject: Self-Directed Services

Definition

Self-directed Medicaid services means that members, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The self-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Self-direction of services allows members to have the responsibility for managing all aspects of service delivery in a person-centered planning process.

Determination of Need

- (1) Members who choose to self-direct services must get a capacity screening from the department’s designee prior to self-directing services and as the need arises thereafter if there is a concern the member no longer has the capacity to self-direct services. The health care professional must certify that the member or their personal representative is capable of managing the tasks and understands the risks involved.
- (2) The member or their personal representative must have the capacity to:
 - (a) make choices about activities of daily living, understand the impact of their choices, and assume responsibility for those choices;
 - (b) manage all tasks related to service delivery including recruiting, hiring, scheduling, training, directing, documentation, and dismissal of attendants; and
 - (c) understand to co-employer shared responsibility between the member and the provider agency.
- (3) If the member is found to be unable to independently self-direct services, the following entities may request a personal representative be appointed:
 - (a) the member;
 - (b) the department or the department’s designee;
 - (c) the case management team (CMT); or

- (d) adult protective services.
- (4) A personal representative may be a legal guardian, a legally appointed personal representative, or a family member or friend.
- (5) A personal representative may not be paid for this service nor be a paid worker or paid to provide any other waiver services to the member.
- (6) Each personal representative will be required to complete and sign an Authorized Personal Representative Designation Form and participate in Person-Centered Recovery Plan development and reviews.

Self-Directed Member/Provider-Agency Co-Employer Requirements

- (1) The member and the provider agency are co-employers of workers.
- (2) The member or their personal representative has decision-making authority over workers who provide waiver services.
- (3) The member or their personal representative must sign a member agreement demonstrating that the member has knowledge of the self-directed service(s).
- (4) If a personal representative is selected, they must demonstrate:
 - (a) a strong personal commitment to the member;
 - (b) ability to be immediately available to provide or obtain backup services in case of an emergency or when an attendant does not show; and
 - (c) knowledge of the member's preferences and needs.
- (5) In addition, the personal representative, if applicable, must:
 - (a) agree to predetermined frequency of contact with the member;
 - (b) be willing and capable of complying with all criteria and responsibilities of the waiver;
 - (c) be at least 18 years of age; and
 - (d) obtain the approval from the member and/or a consensus from other family members to serve in this capacity.
- (6) The self-directed member must document the completion of all required training in the personnel file of the staff or in the provider's staff training file which includes the following:
 - (a) title of training;
 - (b) date of training;
 - (c) name and title of trainer;
 - (d) type or topic of the training;
 - (e) agenda of training;
 - (f) hours of training; and
 - (g) signature and date of the staff who received the training.

- (7) The PAS agency must retain training documentation in the staff's records and submit the documentation to the department annually which includes all staff that have been employed within the past year, regardless of the current employment status.

Service Requirements

- (1) Members are able to choose from several self-directed provider agencies providing each type of service, ensuring members are successful with the self-direction experience.
- (2) The self-directed provider agency the member chooses must:
 - (a) advise, train, and support the member, as needed and necessary;
 - (b) assist with recruiting, interviewing, hiring, training and managing, and/or dismissing workers;
 - (c) manage payroll; and
 - (d) assist with monitoring health and welfare of the member.
- (3) The member must sign off on time sheet daily and provide the time sheets to the self-directed provider agency.
- (4) The self-directed provider agency must compare all time sheets to the referral to ensure services are delivered according to the referral.
- (5) The CMT must assist the member to develop an emergency backup plan, identifying and mitigating risks or potential risks, and monitors the health and safety of the member.
- (6) The CMT must have monthly phone contact with members and meet face-to-face quarterly.
- (7) If the non-legal representative does not fulfill the agreement and does not demonstrate an ongoing commitment to the member, is consistently unavailable for meetings, maintains minimal contact with the member, or does not honor the member's preferences the representative may be removed as the personal representative.
- (8) Self-directed Services may be terminated when:
 - (a) the member chooses not to self-direct (voluntary); or
 - (b) it is determined that the self-directed option is not in the best interest of the member and corrective action does not improve the situation (involuntary).
- (9) When the member voluntarily chooses not to self-direct services the member must notify their self-directed provider agency and their case manager of their intention. The CMT must coordinate services to ensure that no break in vital services and timely revision of the Personal Centered Recovery Plan occurs. The reason for the voluntary termination will be documented in the member's file.
- (10) When self-direction of services is involuntarily terminated, the member must be informed in writing of the plan to transfer to their services to agency-based service delivery mode. The fair hearing rights must be included in the notice informing them of their right to appeal the decision and request a fair hearing.

(11) Agency-based providers may not provide a service to a member at the same time that a member is self-directing the same service.