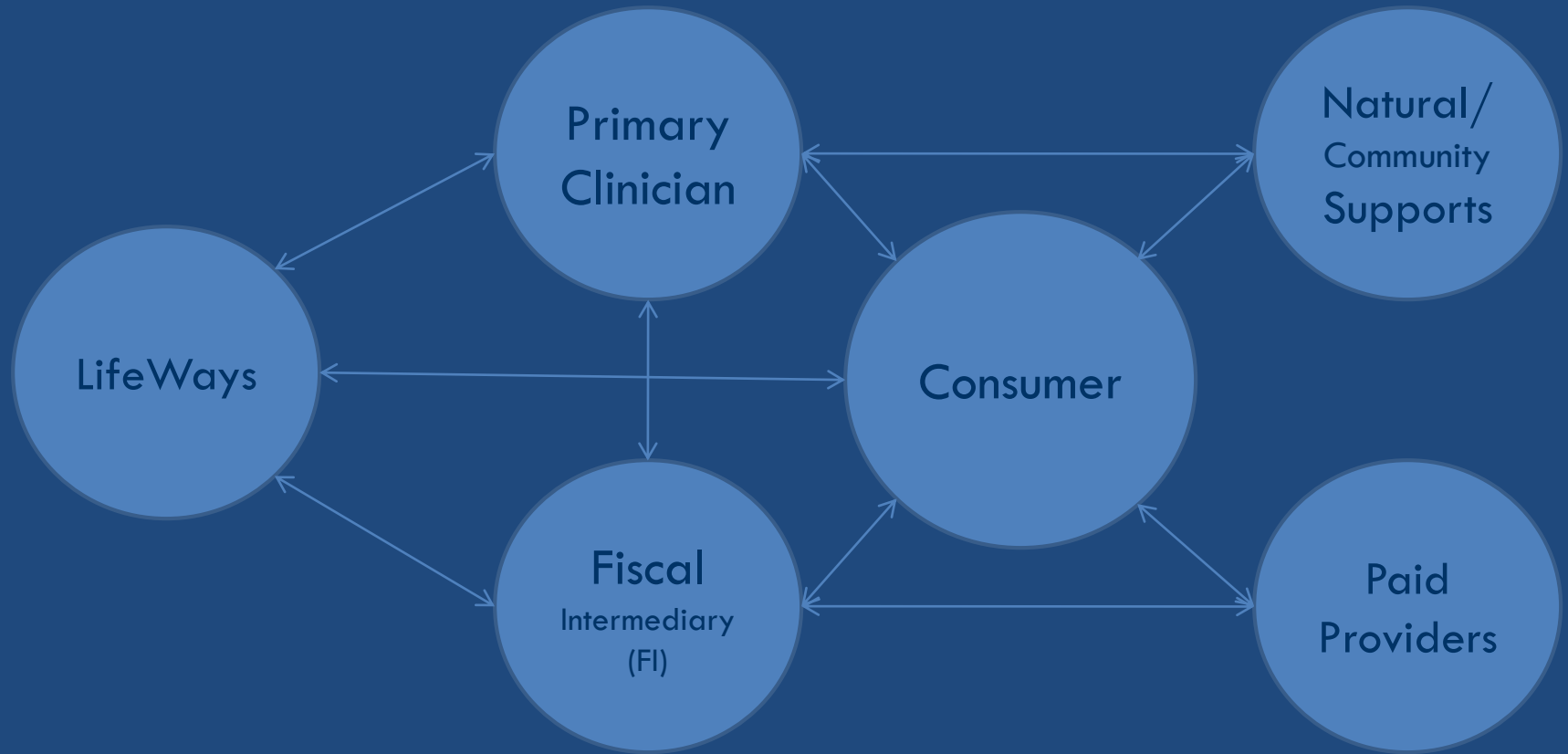


SELF-DETERMINATION



Contents (click on link to move to that page)



- [Self-Determination Philosophy](#)
- [Definitions](#)
- [Funding & Supports](#)
- [Medicaid Basics](#)
- [Overlapping Services](#)
- [Process](#)
- [Roles/Responsibilities](#)
- [Authorizations](#)
- [Self-Determination Budget](#)
- [Amendments to IPOS](#)
- [Required Agreements](#)
- [Service Documentation Requirements](#)
- [Required Training & Resources](#)
- [Monitoring](#)
- [Services Provided under Self-Determination](#)
- [Medicaid Fraud & Abuse](#)
- [Conflict of Interest](#)
- [Poor Practices](#)
- [Code of Ethics](#)
- [Resources](#)
- [Training Confirmation](#)

Self-Determination is . . .

- A philosophy that people with disabilities have the right to control their own lives. Under a Self-Determination arrangement, you can hire your own workers and manage your services within a set budget.
- Four main principles:
 1. Freedom: to live the life you want and to have choice (of qualified providers and eligible services)
 2. Authority: to control the way you receive your authorized services and supports within a budget (based on Individual Plan of Service)
 3. Support: is provided to foster success
 4. Responsibility: to follow State and Federal laws, to control a *set amount* of money to purchase support services based on your Individual Plan of Service, and to use public funds wisely



Definitions

- ❑ Budget: dollars that can be used for services. The budget amount is calculated based on the Individual Plan of Service which is developed through a Person-Centered Planning process
- ❑ Fiscal Intermediary (FI): a company that, for a fee, helps the consumer-employer develop a budget based on authorized services, handles payroll responsibilities and prepares a monthly budget status report.
- ❑ Individual Plan of Service (IPOS): A document that describes what goal(s) the consumer wants to work on, what supports are needed, and the responsibilities of everyone participating in the plan. Also called “Treatment Plan” or “Person-Centered Plan”.
- ❑ LEO: LifeWays Electronic Medical Record
- ❑ Medical Necessity: the scope (what kind), amount (how much and how often), and duration (for how long) of services a person needs based on their current mental health condition. There must be written proof that without the requested service(s), the consumer’s condition would worsen.
- ❑ Payer of Last Resort: Medicaid is the “payer of last resort”. That means all other natural & community supports must be used before Medicaid will pay for a service. Examples of other supports may include: Department of Human Services’ chore provider or home help services, Community Action Agency literacy services, and Michigan Rehabilitation Services’ supported employment.
- ❑ Person-Centered Planning (PCP): A process by which the IPOS is developed. The consumer says what their goals for treatment are, and those goals are built into an IPOS.
- ❑ Primary Clinician: A case manager or supports coordinator who helps the consumer access needed services and resources and coordinates care with other providers.
- ❑ Specialty Services: paid for by Medicaid, including Skill Building, Community Living Supports, etc.
- ❑ Utilization Management (UM): A department of LifeWays that reviews and approves or denies requests for service authorization.

Funding and Supports

□ Public Dollars

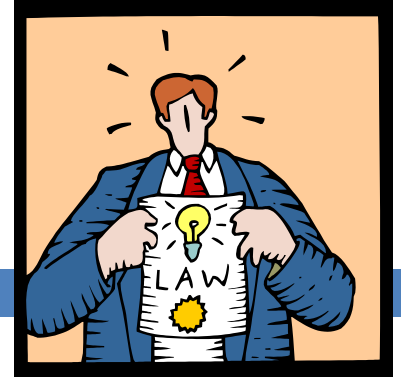
- SSI/SSDI/Social Security/Medicaid rules still apply
 - Must use resources within published guidelines
 - CMS (Centers for Medicaid Services)
 - DHS (Department of Human Services)
 - SSA (Social Security Administration)
 - DCH (Department of Community Health)
 - LifeWays

□ Private Dollars

- From employment
- Family contributions



Medicaid Basics



- Medicaid pays for services that are medically necessary:
 - To screen and assess the presence of mental illness, developmental disability or substance abuse
 - To assist with attaining or maintaining sufficient functioning level to achieve goals
 - Encourages community inclusion and participation
 - Based upon personal and clinical information
 - Provided by trained professionals (or staff supervised by trained professionals as appropriate)
 - Based upon person-centered planning
 - Provided within standards of timeliness
 - Sufficient in amount, scope and duration to achieve identified purpose (goals)



Medicaid Basics



- ❑ Medicaid is the “payer of last resort”. That means all other natural and community supports must be used before Medicaid will pay for a service.
- ❑ Services are defined in Section 3 of the Mental Health/Substance Abuse chapter of the [Medicaid Provider Manual](#).
- ❑ Specialty services and supports cannot supplant (be used instead of) State plan services.
 - ❑ For example: Home Help (State Plan) must be used before Community Living Supports (Specialty Service)
- ❑ The Individual Plan of Service (IPOS) that results from person-centered planning specifies consumer goals and the amount (how much and how often), scope (what kind) and duration (for how long) of each service needed to support the achievement of those goals.



Overlapping Services

As a rule, Medicaid services cannot overlap; however, there are some limited exceptions. [Click this link](#) for a list of those exceptions. If you are unsure what services you are receiving, this information can be found in your Individual Plan of Service.

As an employer under a choice voucher arrangement, you are responsible for ensuring services do not overlap inappropriately. If an inappropriate overlap in services occurs, the employer is responsible for paying the employee for services provided during the overlap period.



Process



1. Consumer expresses interest in Self-Determination to primary clinician
2. Primary clinician contacts Self-Determination Coordinator to set-up informational meeting with consumer/guardian, supports and primary clinician
3. Primary clinician facilitates development of Individual Plan of Service (IPOS)
4. Primary clinician submits IPOS to LifeWays Utilization Management for review
5. LifeWays Self-Determination Coordinator communicate authorized services/budget (based on IPOS) to primary clinician and Fiscal Intermediary. Written denial, including appeal rights, is sent to consumer/guardian for any services not authorized.
6. Primary clinician facilitates scheduling of enrollment meeting with Fiscal Intermediary (FI)
7. FI attends enrollment meeting to provide orientation & facilitate completion of required documents PRIOR to initiation of Self-Determination arrangement
8. Consumer begins receiving services under Self-Determination arrangement AFTER completion of ALL required agreements (see Required Agreements). NOTE: ALL employment requirements must be completed by employees (see Employee Eligibility) PRIOR to providing services.
9. FI issues monthly budget report to primary clinician, consumer and LifeWays Self-Determination Coordinator
10. Consumer/guardian, primary clinician and FI monitor service/budget utilization
11. Ongoing communication between consumer, primary clinician, FI and LifeWays



Roles & Responsibilities: Consumer (or guardian if one has been appointed)

- ❑ Participate in Person-Centered Planning process
- ❑ Complete required paperwork (Choice Voucher agreement, employer forms, agreements with providers)
- ❑ Complete required training
- ❑ Hire qualified employees
- ❑ Schedule staff to work ONLY AFTER all required paperwork has been completed and FI has verified employee eligibility for hire
- ❑ Ensure completion of required training by employees and provide evidence to FI
- ❑ Verify services provided [e.g. sign timesheets and ensure there is documentation (support note) of services provided]
- ❑ Monitor utilization of services
- ❑ Monitor budget. NOTE: If services are provided outside of budget approval, the employer holds responsibility for payment



Roles & Responsibilities: Primary Clinician

- ❑ IPOS facilitation
- ❑ Request service authorization
- ❑ Notify LifeWays of changes in consumer needs
- ❑ Support consumer in monitoring service & budget utilization



Roles & Responsibilities:

Employee

- ❑ Complete agreements and forms required for employment
- ❑ Complete required training and provide evidence to employer
- ❑ Provide services according to IPOS
- ❑ Document services provided in a timely and accurate manner
- ❑ Provide service documentation and consumer progress updates to employer
- ❑ Submit accurate time sheets to employer



Roles & Responsibilities:

Fiscal Intermediary

- ❑ Complete Criminal Background Checks (before employee begins working) and notify employer of adverse findings
- ❑ Facilitate completion of required documents
- ❑ Process timesheets and pay consumers' employees
- ❑ Manage payroll (Workers' Compensation, employment taxes)
- ❑ Compile & distribute monthly budget reports to participant, primary clinician and LifeWays Self-Determination Coordinator
- ❑ Communicate with participant and LifeWays Self-Determination Coordinator regarding budget concerns
- ❑ Provide customer support related to FI functions



Roles & Responsibilities:

LifeWays

- ❑ Educate participants & providers regarding Self-Determination
- ❑ Authorize services/budget based on medical necessity
- ❑ Manage fiscal intermediary contract
- ❑ Pay fiscal intermediary for authorized services



Authorizations

Once services are authorized:

- Service Budget Determination Summary is prepared by the LifeWays Self-Determination Coordinator (The completed Service Budget Determination Summary is reviewed with consumer/guardian by the primary clinician). It includes:
 - Consumer name & case number
 - Diagnosis
 - IPOS end date
 - Primary Clinician
 - Services authorized, LifeWays authorized rate, effective/end dates of each service authorization and authorization number
 - Authorized service budget amount per service type
 - Total authorized service budget for authorized period. Note: Non-service related costs such as employment costs (like training and workers' compensation) & Fiscal Intermediary costs are not part of the calculated service budget. These costs come from the authorized budget.
- The Service Budget Determination Summary is sent to the Fiscal Intermediary and Primary Clinician by LifeWays Self-Determination Coordinator and is maintained in the consumer's clinical record and Fiscal Intermediary records



Self-Determination Budget

- ❑ Developed by Fiscal Intermediary based on services authorized by LifeWays
- ❑ Sent to consumer (or guardian), primary clinician and LifeWays
- ❑ Must be retained in consumer's clinical record by primary clinician



Sample Budget Report

Sent each month to:

- Consumer or guardian
- Case Manager or Supports Coordinator
- LifeWays

Name: _____ Total authorized units: _____ Annual Budget: _____ Monthly Budget amount: _____
 Period: _____ Units per day@ \$4.30/ Unit \$0.00
 Monthly FI Fee: \$0.00
 Number of units per year: 0 Total Budget for year: \$0.00

Month	Wages	Mileage Expense	FI Fee	Worker's Comp Ins.	Payroll taxes	Misc Fees	Monthly total used	Percent of monthly budget used	Number of units used
Jan-14							\$ -	#DIV/0!	
Feb-14							\$ -		
Mar-14							\$ -		
Apr-14							\$ -		
May-14							\$ -		
Jun-14							\$ -		
Jul-14							\$ -		
Aug-14							\$ -		
Sep-14							\$ -		
Oct-14							\$ -		
Nov-14							\$ -		
Dec-14							\$ -		
Total Remaining balance for the Year							\$0.00		0

Note: Misc Fees includes background checks and driver checks

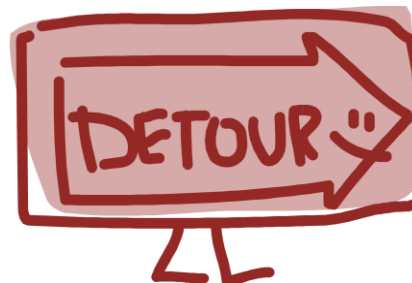
Total year to date budget left

#DIV/0!



Amendments to IPOS

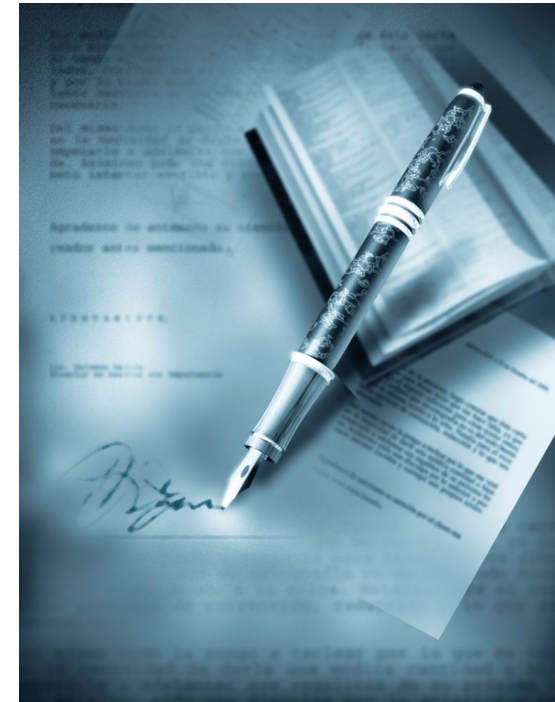
- If your needs change during the treatment plan year, you have the right to have a planning meeting – at any time – to make changes to your IPOS.
- Primary Clinician (Case Manager or Supports Coordinator) communicates change to LifeWays Utilization Management
 - Completes IPOS amendment.
 - If approved, a new Budget Determination Summary is completed.



Required Agreements

All agreements must be in place BEFORE consumer begins receiving services through a Self-Determination arrangement. Employees/providers cannot begin providing services until all required agreements are completed and eligibility for employment has been verified by the Fiscal Intermediary

- ❑ Self-Determination Agreement (a.k.a. Choice Voucher Agreement)
 - ❑ Between LifeWays & Consumer
 - ❑ Outlines purpose of Self-Determination & defines responsibilities of parties
- ❑ Employment Agreement or Staffing Agency Agreement with Service Description Attachment
 - ❑ Between consumer and chosen provider/employee
 - ❑ Outlines services to be provided, rate of reimbursement, employee/employer responsibilities (must be updated when there are changes)
- ❑ Job Description
 - ❑ Signed by employee
 - ❑ Describes services to be provided, standard requirements of employment & essential job functions
- ❑ Medicaid Provider Agreement
 - ❑ Between LifeWays and provider/employee
 - ❑ Outlines provider responsibilities per Medicaid regulations & LifeWays standards
- ❑ Ethical Standards for Self-Determination Providers
 - ❑ Attestation of agreement with LifeWays defined ethical standards



Service Documentation Requirements

All documentation is subject to review by auditing bodies and must be made available, upon request, to LifeWays, the Mid-State Health Network, the Michigan Department of Community Health, the U.S. Department of Health and Human Services, or the State Medicaid fraud control unit.

Basic service documentation forms:

- Self-Determination Support Note: submitted with timesheets
- IPOS maintained in LEO
- Progress Note maintained in LEO



Documentation: IPOS

- ❑ Developed through a Person-Centered Planning process.
- ❑ Basis for all services being provided.
- ❑ Staff must receive training on the consumer's IPOS and their role in supporting the consumer to achieve IPOS goals and objectives



Limited Delegation of Guardian Responsibilities

One of the hallmarks of Self-Determination is the active role of the consumer (or their guardian if one has been appointed) in choosing and monitoring the providers who will serve them and the services provided.

This includes responsibility for reviewing Support Notes and approving provider time sheets. In some cases, the guardian may choose to delegate this responsibility. However, specific rules apply.

Guardians who delegate responsibility for signing timesheets still hold the risk related to potential Medicaid Fraud and/or Abuse as it is ultimately the guardian's responsibility to ensure all requests for reimbursement are properly documented and accurately reflect services provided.

[Click here](#) to review the “guardian responsibility for timesheet approval under self-determination” instructions and the required delegation form.



Self-Determination Support Note

- ❑ Submitted to Fiscal Intermediary with employee time sheet
- ❑ Employee will not be paid if the Fiscal Intermediary does not receive this document with the employee time sheet

LifeWays Self-Determination Support Note

Employee Name: _____ **Employer Name/Case Number:** _____

Task	S	M	T	W	T	F	S	Task	S	M	T	W	T	F	S
Hygiene/Personal Care								Med Set-up/Administration							
Dressing								Appointments/Errands							
Meal Preparation															
Household Care/Laundry															
Community Activities															

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided & Code:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided & Code:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date:	Time in:	Time Out:	Goals/Objectives:
<input type="checkbox"/> Assist	Service Provided & Code:		
<input type="checkbox"/> Train	Description (what occurred, consumer response):		
<input type="checkbox"/> Observe			
<input type="checkbox"/> Remind			
<input type="checkbox"/> Guide/Direct			
Progress: <input type="checkbox"/> Yes <input type="checkbox"/> No			

By my signature below, I certify and attest that I provided the services documented above to the consumer identified above.

Employee Signature: _____



Instructions for Completing Self-Determination Support Note

1. Writing must be clear and legible
2. Employee Name: First and last name of employee (staff person providing service)
3. Employer Name: First and last name of the consumer receiving services
4. Task Chart: For each day worked, place checks in boxes under the day of the week worked for routine (something you typically do every time you work) supports provided that day. Blank space is provided for additional routine tasks.
5. For each day worked, write the date, start time (“time in”) and stop time (“time out”).



Instructions for Completing Self-Determination Support Note cont.

6. For each day worked, write which goals were worked on from the consumer's Individual Plan of Service and identify the service provided and related service code [i.e. CLS (H2015), Skill Building (H2014SB), Respite (T1005), etc.] *If you provide different services for an individual on the same day, time spent providing each service must be shown separately.* NOTE: You should receive training on the consumer's IPOS and your role in supporting the consumer to achieve IPOS goals. Each goal and objective is identified by a number (goal) and a letter (objective). Use the goal number and letter to record which goals/objectives were worked on. For example: "1C".



Instructions for Completing Self-Determination Support Note cont.

7. Description: Write a narrative about what occurred during your shift and the consumer's response. Remember that this narrative must include what was done to work on goals/objectives that shift. NOTE: Written narrative about checklist items at the top of the Support Note is not required.
8. Complete check boxes at the left of each narrative to indicate what kind of support you provided to the consumer, including supports identified in the task chart.
 - Assist: Check this box if the person is unable to complete a task independently, without staff intervention/assistance
 - Train: Check this box if you are teaching the person a new skill by providing instruction and modeling the behavior or completion of a task
 - Observe: Check this box if you are simply watching/monitoring the person. Observation often takes place when the person has become largely independent. In observing, staff are alert to the need for reminders, guidance or other interventions
 - Remind: Check this box if the person needs to be reminded/verbally prompted to do something or not to do something.
 - Guide/Direct: Check this box if physical prompts are needed for the person to stay on task.



Instructions for Completing Self-Determination Support Note cont.

9. Check “yes” or “no” to indicate whether or not the person made progress toward IPOS goals that were worked on that day.
10. Signature: Sign your name at the bottom of the timesheet. This signature verifies that the information provided in the Support Note is true and accurate.

***TIMESHEETS SUBMITTED WITHOUT A SUPPORT
NOTE WILL NOT BE PAID.***



Documentation: Time Sheets

- Must be accompanied by progress notes that provide evidence of service delivery when submitted to the Fiscal Intermediary
- Time sheet must be signed by the consumer or legal representative if one is appointed (i.e. guardian)

Pay periods are 1st-15th and 16th-end of month. Pay Dates are the 15th and 30th of each month. Stop Payment Bank Fee is \$30 and the responsibility of the staff person.



Lifeways Self Determination Timesheet effective October 15, 2015
 Fax: 734-482-3894 Email: timesheets@communityalliance.com

Period Begins: _____ Period Ends: _____ Lifeways # _____

CLN Use only:	
Input	
Paid	
Scanned	

Person Receiving Services:		Employee Name:										
Date	Service Code	Time IN hh:mm	AM/PM	Time OUT hh:mm	AM/PM	Total	Service Code	Time IN hh:mm	AM/PM	Time OUT hh:mm	AM/PM	Total DHS Not paid by CLN
							DHS					
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Page Number _____ of _____ Total Hours to be paid by CLN: CLS TOTAL _____ RESPITE TOTAL _____ OTHER TOTAL _____

Employer Signature: _____ Date: ___/___/___

As the person receiving services or authorized representative, I certify that the employee's hours shown on this timesheet are correct and the work performed is per Medicaid standards.

Contact phone: (____) _____ - _____

Employee Signature: _____ Date: ___/___/___

By signing, I certify that I have worked the hours and dates shown on this timesheet and that this timesheet have presented it for approval to a person that I believe is an authorized representative of/for the person receiving services.

Contact phone: (____) _____ - _____

Please Note: CLS, Respite and Vendor services will be paid against the Lifeways authorization. DHS hours worked must be listed on this sheet however must be billed directly to DHS.

CPT	Modifier	Service Description
90785		Interactive Complexity
90834		Psychotherapy, 45 (38-52 mins)
90837		Psychotherapy, 60 (53+ mins)
97003		Occupational Therapy Evaluation
H2014	SB	Skill Building Assistance
H2014		Out-of-Home Non-Vocational Habilitation (HSW SK9)
H2015		Community Living Supports - In Community or In Home
H2023		Supported Employment
S5151		Respite Care, In-Home Setting, Per Diem
S9125		Respite Care, In-Home, Per Diem (RN)
T1005	TE	Private Duty Nursing - LPN
T1005		Respite Care, Per 15 Min
T1016		Supports Coordination
T1017		Targeted Case Management
T2015		Out of Home Pre Vocational Habilitation

CPT	Modifier	Service Description
92505		Speech Hearing & Language Evaluation
92507		Speech Hearing & Language Therapy
97003		Occupational Therapy Evaluation
97330	CW	Therapeutic Activities, 15 min
97530		Occupational Therapy, 15 min
G0176		Activity Therapy
H2015		Community Living Supports - In Community
S5111		Family Training
S5116		Home Care Training, Non-Family
S5151		Respite Care, In-Home Setting, Per Diem
T1005	TD	Respite Care, Per 15 Min - RN
T1005	TF	Respite Care, Per 15 Min - LPN
T1005		Respite Care, Per 15 Min

NOTE: When multiple people are served face-to-face simultaneously with codes for Community Living Supports (H2015), Out-of-Home Non-Vocational Habilitation/Skill Building (H2014), Private Duty Nursing (T1005), Respite (T1005), and Supported Employment (H2023) please include "TT" modifier.

All timesheets must have support notes with matching dates and times for payroll to be completed. All hours presented on CLN time sheets are subject to Utilization Management Review of Medicaid Rules against the Lifeways Authorization. Inaccuracy may cause delay in payroll. **TIMESHEETS MUST BE RECEIVED WITHIN 3 BUSINESS DAYS AFTER THE END OF THE PAY PERIOD.**



Documentation: Time Sheets

Self Determination Timesheet Instructions

Pay periods are 1st-15th and 16th-end of month. Pay Dates are the 15th and 30th of each month. Stop Payment Bank Fee is \$30 and the responsibility of the staff person.
 Lifeways Self Determination Timesheet effective October 15, 2015
 Fax: 734-482-3894 Email: timesheets@communityalliance.com



Period Begins: Period Ends: Lifeways # 1

CLN Use only:		
Input		
Paid		
Scanned		

Person Receiving Services: <u>3</u>				Employee Name: <u>4</u>								
<u>5</u> Date	Service Code <u>6</u>	Time IN h:mm <u>7</u>	AM/PM <u>8</u>	Time OUT h:mm	AM/PM	<u>9</u> Total	Service Code	Time IN h:mm	AM/PM	Time OUT h:mm	AM/PM	Total DHS Not paid by CLN
							DHS					
							DHS					
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Page Number 10 of Total Hours to be paid by CLN: CLS TOTAL RESPIRE TOTAL OTHER TOTAL

10 Employee Signature: _____ Date: / /
As the person receiving services or authorized representative, I certify that the employee's hours shown on this timesheet are correct and the work performed is per Medicaid standards.

11 Employee Signature: _____ Date: / /
By signing, I certify that I have worked the hours and dates shown on this timesheet and that this timesheet have presented it for approval to a person that I believe is an authorized representative off/for the person receiving services.

Please Note: CLS, Respite and Vendor services will be paid against the Lifeways authorization. DHS hours worked must be listed on this sheet however must be billed directly to DHS.

All timesheets must have support notes with matching dates and times for payroll to be completed. 13
 All hours presented on CLN time sheets are subject to Utilization Management Review of Medicaid Rules against the Lifeways Authorization. Inaccuracy may cause delay in payroll. **TIMESHEETS MUST BE RECEIVED WITHIN 3 BUSINESS DAYS AFTER THE END OF THE PAY PERIOD.**

- 1) Enter the 6 letter Agency code. (This may already be pre-filled for you.)
- 2) Enter the Period Beginning and Ending dates. Time worked should be recorded according to CLN's payroll schedule.
- 3) Enter the name of the person who receives the services.
- 4) Enter the name of employee who is providing the service. (The Caregiver)
- 5) Enter the month and day of each time the employee worked.
- 6) A Service Code is required for each day worked.
- 7) Enter the time in and time out for each day worked. This must equal the total hours for that day. If this is incorrect, CLN will adjust the total hours according to the hours worked. Hours must be recorded in 15 minute increments. (ex: 1:00, 1:15, 1:30, 1:45)
- 8) Indicate **AM** or **PM**.
- 9) Total all of your hours worked. If this is incorrect, CLN will adjust the hours to add up correctly.
- 10) The person receiving the services or authorized legal representative must sign the timesheet.
- 11) The employee must sign the timesheet.
- 12) Timesheets must be dated on or after the last day worked.
- 13) All timesheets must include Support Notes. Payroll will not be processed without Support Notes.



Required Training & Resources

- ❑ [Click here](#) to view LifeWays Self-Determination – Training Requirements
- ❑ Other training (depending on the type of service being provided and the consumer-employer's needs – see job description or staffing agency agreement attachment)
- ❑ Employee must provide evidence of training to the consumer-employer. The employer must provide evidence of staff training to the Fiscal Intermediary.
- ❑ Costs for training come from the consumer's self-determination budget.



Monitoring

Service Utilization

- Monitored by Primary Clinician & Consumer/Guardian
- Over/Under (medical necessity)
- Should be in alignment with IPOS
- Some fluctuations are expected, but dramatic fluctuations or changes in usage that are expected to continue require communication to LifeWays Utilization Management



Budget

- Monitored by FI, Primary Clinician and Consumer/Guardian
- FI provides monthly reports
- Rates paid for services must agree with Employment Agreement or Staffing Agency Agreement Attachment AND cannot exceed LifeWays authorized rate (included in Budget Determination Summary)
- Important to consider employment costs (training, fiscal intermediary fees, worker's compensation which are not included in budget calculations) when determining rates of payment to providers of service



Services Provided under Self-Determination

- Are defined in Section 3 of the [Mental Health/Substance Abuse chapter of the Medicaid Provider Manual](#)
- Medicaid Law applies (see slides on “Medicaid Basics”)
- Must be provided according to the IPOS



Medicaid Fraud & Abuse

- As a person receiving services that are paid for by Medicaid, you have a responsibility to protect against fraud/abuse. The following are examples of Medicaid fraud/abuse:
 - Signing a timesheet you know is wrong
 - Billing for services that were not provided
 - Poor or no documentation to support services delivered
 - Forging a signature
 - Purchasing an asset (like a vehicle) or making repairs/maintenance to an asset with Medicaid dollars



Medicaid Fraud & Abuse continued

- Consequences
 - Repayment of funds
 - Exclusion from participating in Federal programs (Medicaid/Medicare)
 - Criminal charges
- Reporting fraud & abuse
 - LifeWays Corporate Compliance
Hotline: 1-517-789-2485



Conflict of Interest

- ⊘ Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, parents of minor children, or guardian) of the beneficiary receiving Community Living Supports.
- ⊘ Employees cannot approve their own time sheet.
- ⊘ Dual/exploitative relationships with consumers/guardians must be avoided.



Poor Practices

- ❌ NEVER sign blank documents. This includes, but is not limited to time sheets, employment agreements and wage change forms.
- ❌ Employers: NEVER adjust or complete a timesheet on behalf of or in lieu of an employee or provider
- ❌ Employees and Staffing Agency Providers: NEVER “cut and paste” from previous documentation or use generic descriptions when documenting services. Clearly convey the interventions actually provided.
- ❌ Employees and Staffing Agency Providers: ALWAYS ensure documentation supports the length of service provided (i.e., a couple of sentences for three hours of service is not likely sufficient).
- ❌ Always make sure roles in relationship to the participant are clear and separate to avoid conflict of interest and the potential for Medicaid fraud or abuse (i.e., what is the role of the employee, of the employer, of the landlord, of natural supports).



Code of Ethics

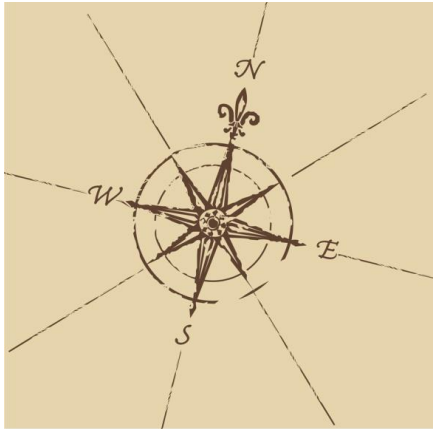


Providers who accept a contract or employment with a LifeWays consumer/guardian under self-determination, imply agreement with LifeWays defined Ethical Standards.

Signature attesting to understanding and acceptance of the defined ethical standards is required *prior to employment* under a self-determination arrangement.
[\(Click here to print and sign attestation\)](#)



Resources



STATE:

- ❑ Medicaid Provider Manual:
<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- ❑ Center for Self-Determination: www.self-determination.com
- ❑ Michigan Department of Community Health: <http://www.michigan.gov/mdch>
- ❑ Department of Human Services: www.michigan.gov/fia
- ❑ Centers for Medicare and Medicaid Services: www.cms.hhs.gov
- ❑ Social Security Administration: www.ssa.gov

LOCAL:

- ❑ LifeWays: (517) 780-3332 or (866) 630-3690
www.lifewayscmh.org
- ❑ ARE: Jackson (517) 788-9147; Hillsdale (517) 439-5210
www.dropincenters.org
 - Certified Peer Support Specialists
 - Independent Facilitation



Consumer/Guardian & Staff Training Confirmation

By my signature below, I acknowledge that I have completed the LifeWays *SELF-DETERMINATION SELF-STUDY "TRAINING FOR CONSUMERS/GUARDIANS & STAFF"*. I understand that I will be accountable for the information contained in this training. If I have questions I may contact LifeWays for clarification.

I also understand that this signed training acknowledgement must be provided to LifeWays and that it will be maintained as evidence of my completion of Self-Determination Training.

Name of person completing training(please print): _____

Check One: Consumer/Guardian Staff

My signature below indicates that I:

- ✓ Completed the Self-Determination "Self-Study Training for Consumers/Guardians" on _____/_____/_____.
- ✓ Understand that if I have any questions regarding the training subject matter I may contact LifeWays for clarification.
- ✓ Have achieved functional competency in the training subject matter.

Signature of person completing training: _____ Date: _____

Employer Signature (if applicable): _____ Date: _____



****IMPORTANT NOTICE REGARDING OVERLAPPING SERVICES****

As a rule, Medicaid services cannot overlap; however, there are limited exceptions. Those exceptions are listed below. If you are unsure what services you are receiving, this information can be found in your Individual Plan of Service.

AS AN EMPLOYER UNDER A CHOICE VOUCHER ARRANGEMENT, YOU ARE RESPONSIBLE FOR ENSURING SERVICES DO NOT OVERLAP INAPPROPRIATELY. IF AN INAPPROPRIATE OVERLAP IN SERVICES OCCURS, THE EMPLOYER IS RESPONSIBLE FOR PAYING THE EMPLOYEE FOR SERVICES PROVIDED DURING THE OVERLAP PERIOD.

Behavioral Management Review (H2000) can overlap with ANY code EXCEPT itself.

Case Management (T1017) can ONLY overlap with:

- Community Living Supports, Per-Diem (H0043)

Supports Coordination (T1016) can ONLY overlap with:

- Community Living Supports, Per-Diem (H0043)

Medication Review (99212, 99213, 99214, 99215) can ONLY overlap with:

- Community Living Supports, Per-Diem (H0043)

Medication Review, RN (99211 *previously M0064) can ONLY overlap with:

- Community Living Supports, Per-Diem (H0043)

Treatment Planning (H0032) can overlap with ALL codes AND itself.

GUARDIAN RESPONSIBILITY FOR TIMESHEET APPROVAL UNDER SELF-DETERMINATION

Recently, it has come to LifeWays attention that further clarification is needed on guardian responsibilities under self-determination. Specifically, questions have arisen regarding employee timesheets.

The Plenary Guardian* of a consumer in a self-determined arrangement is responsible to monitor and approve the services being provided. This responsibility includes ensuring:

1. Services are provided as identified in the person's Individual Plan of Service and to the satisfaction of the consumer and the guardian. This includes reviewing Support Notes that document services provided.
2. Requests for reimbursement are supported by documentation (Support Note and Timesheet) that provides evidence of service delivery. In order to do this, the guardian must review Support Notes and timesheets.
3. Employee timesheets must be signed by the Plenary Guardian. By signing the timesheet, the guardian certifies that the hours reflected on the timesheet are accurate. ***The responsibility for signing timesheets CANNOT be delegated to an employee of the person receiving services.*** This responsibility can only be delegated to a person with no conflict of interest (see attached "Guardian Delegation of Self-Determination Timesheet Approval"). Delegation of timesheet approval responsibility must be made in writing on the attached form and must be submitted to the Fiscal Intermediary prior to any timesheets being signed by the designated person. Timesheets that are not signed by the guardian or designee will not be accepted by the Fiscal Intermediary, and reimbursement to the employee will not be made until the timesheet is signed by the guardian or designee.
4. Timesheets and Support Notes are submitted to the Fiscal Intermediary as per the schedule posted by Community Alliance. Late timesheets may not be reimbursed by the Fiscal Intermediary.

If you have any questions regarding this bulletin, please contact the LifeWays Self-Determination Coordinator, Shannan Clevenger, by phone at 517-796-4574 or via email at: shannan.clevenger@lifewayscmh.org.

*NOTE: If a consumer does not have a Plenary Guardian but does have some other form of guardianship, the guardian may or may not be responsible for signing timesheets depending on the responsibilities defined in the letters of guardianship. If, according to the letters of guardianship, the guardian is responsible for signing legal documents, the signing of timesheets is the guardian's responsibility. The guardian may only delegate this responsibility by following the process described in #3 above.

GUARDIAN DELEGATION OF SELF-DETERMINATION TIMESHEET APPROVAL

I _____, guardian of _____, hereby delegate
 (print guardian name) (print consumer name)

my responsibility for reviewing Support Notes and signing Timesheets specific to services

_____ receives through a self-determined arrangement to the following person:
 (print consumer name)

DESIGNEE NAME	
DESIGNEE ADDRESS	
DESIGNEE TELEPHONE	
DESIGNEE EMAIL	

I understand that by delegating this responsibility, I still hold risk related to potential Medicaid Fraud and/or Abuse as it is my ultimate responsibility to ensure all requests for reimbursement are properly documented and accurately reflect services provided.

I understand that, in no circumstances, may I delegate this responsibility to someone with a conflict of interest. In this context, a person with a conflict of interest is defined as someone who is in a position to personally benefit from approving an employee timesheet. As such, I understand that the following individuals may NOT sign timesheets on my behalf:

1. An employee of the person receiving services.
2. A family member of an employee of the person receiving services (parent, child, spouse, etc.).
3. A landlord of the person receiving services.
4. Any person who could influence the employer/employee relationship.
5. Any person who could benefit, financially or otherwise, from the employer/employee relationship.

 Guardian Signature

 Date

Designee Acceptance & Acknowledgement: By my signature below, I certify that I have read the above, that no conflict of interest exists and that should a conflict of interest arise, I will immediately notify the guardian and relinquish the responsibilities delegated to me under this agreement. Further, I agree to accept responsibility for reviewing Support Notes and signing Timesheets for the consumer identified above. Lastly, I understand that the submission of false timesheets, whether intentional or in error, may result in a finding of Medicaid Fraud or Abuse by the Office of the Inspector General and that I may be held personally liable for such submissions in my role as the guardian's designee.

 Print Designee Name

 Designee Signature

 Date

LIFEWAYS SELF DETERMINATION – TRAINING REQUIREMENTS***

NOTE: Except where indicated, evidence of training completion must be provided to the Fiscal Intermediary (FI).

Training	Required For	Frequency	Resource	Evidence	Required By
1. Recipient Rights	All	Initial Orientation* and Annual	LifeWays, Office of Recipient Rights (LW-ORR) Call 517-789-1237 to schedule.	<ul style="list-style-type: none"> · <u>Orientation</u>: LW-ORR training certificate. · <u>Annual</u>: Printout of attendees from LW-ORR. 	MDHHS, MAC, CFR
2. HIPAA Privacy & Security	All	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	MDHHS, HIPAA, MAC, CFR
3. Appeals & Grievances	All	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	BBA, MDHHS, MHC
4. Health Management - Blood Borne Pathogens/Infection Control	All	Initial* and Annual	Safe Response www.saferesponse.com	Training confirmation or completed quiz signed & dated by employee.	MAC, MHC, OSHA
5. Trained in the treatment plan of the consumer being served	All employees other than the plan author	Prior to working alone with consumer, within 7 days of hire, and as Treatment Plan is updated.	Face-to-face instruction provided by Case Manager or Supports Coordinator and Subject Matter Expert for ancillary goals as applicable (RN, Occupational Therapist, Speech Therapist, etc.)	Documented in LEO by Case Manager, Supports Coordinator and (if applicable) ancillary provider. (not sent to FI)	MDHHS
6. First Aid	Direct Care Staff	Prior to working with consumer. Biennial.	American Red Cross www.redcross.org or other Qualified Resource	Current Certification Card or training confirmation signed & dated by employee.	MDHHS
8. Medication Administration	Direct Care staff if service delivery includes meds	Prior to working alone with consumer and annually thereafter.	Qualified Resource (MD, RN, LPN, or Pharmacist) via face-to-face instruction OR Register for training on the LifeWays website: http://www.lifewayscmh.org	In-service log signed by employee and retained in clinical record (LEO). (not sent to FI)	MAC
9. Crisis Prevention Institute (CPI) Non-Violent Crisis Intervention	All	Initial* and Annual	Certified CPI Instructor. Register for training on the LifeWays website: http://www.lifewayscmh.org	Official Training Certificate.	CFR

*required within thirty (30) days of hire

**required within ninety (90) days of hire

***Training requirements may be modified by LifeWays.

LIFEWAYS SELF DETERMINATION – TRAINING REQUIREMENTS***

NOTE: Except where indicated, evidence of training completion must be provided to the Fiscal Intermediary (FI).

10. Self Determination – Consumer/ Guardians and Direct Care Staff (includes Corporate Compliance)	Consumers, Guardians and Direct Care Staff	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	<ul style="list-style-type: none"> · Training confirmation signed & dated by trainee. · “Ethical Standards Attestation” signed & dated by trainee. 	MDHHS
11. Self Determination – Primer for Primary Clinicians (includes Corporate Compliance)	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	<ul style="list-style-type: none"> · Training confirmation signed & dated by employee. · “Ethical Standards Attestation” signed & dated by employee. 	MDHHS
12. CAFAS	Clinicians Serving Children Age 7-17 with Severe Emotional Disturbance (SED)	Initial* (before billable services are provided) and Biennial	Functional Assessment Systems online training: http://www2.fasoutcomes.com/	Official training certificate.	MDHHS
13. Limited English Proficiency	All	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	MDHHS, BBA
14. Cultural Competency & Diversity	All	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	MDHHS, MHC, CFR
15. Environmental Safety	All	Initial*	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee	MDHHS, MHC
16. Culture of Gentleness	All	Initial*	Call LifeWays Customer Services at 517-780-3332 or 800-630-3690 to register.	Official training certificate.	MDHHS, LifeWays
17. Motivational Interviewing	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial**	Michigan Association of Community Mental Health Boards (go to https://www.macmhb.org to register)	Official training certificate.	MDHHS, LifeWays
18. Person-Centered Planning	All	Initial* and Annual	LifeWays Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	MDHHS, MHC, CFR

*required within thirty (30) days of hire

**required within ninety (90) days of hire

***Training requirements may be modified by LifeWays.

LIFEWAYS SELF DETERMINATION – TRAINING REQUIREMENTS***

NOTE: Except where indicated, evidence of training completion must be provided to the Fiscal Intermediary (FI).

19. Advance Directives	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial*	Register for training on the LifeWays website: http://www.lifewayscmh.org	Official training certificate.	BBA
20. Ability to Pay	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial* and Annual	Call LifeWays Finance department at 517-789-2497 to register.	Training confirmation signed & dated by employee.	LifeWays
21. Core Elements of Case Management & Supports Coordination	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial* and Annual	The Standards Group training Online Self-Study http://www.lifewayscmh.org	Training confirmation signed & dated by employee.	MDHHS
22. Co-Occurring Disorders	Case Managers, Supports Coordinators (& Therapists if serving as primary clinician)	Initial* and Annual	Provider responsibility	Training confirmation signed & dated by employee	MDHHS

Abbreviations:

MDHHS: Michigan Department of Health & Human Services (formerly Michigan Department of Community Health)

MAC: Michigan Administrative Code

CFR: Code of Federal Regulations

HIPAA: Health Insurance Portability and Accountability Act

BBA: Balanced Budget Act

MHC: Michigan Mental Health Code

OSHA: Occupational Safety & Health Administration

*required within thirty (30) days of hire

**required within ninety (90) days of hire

***Training requirements may be modified by LifeWays.