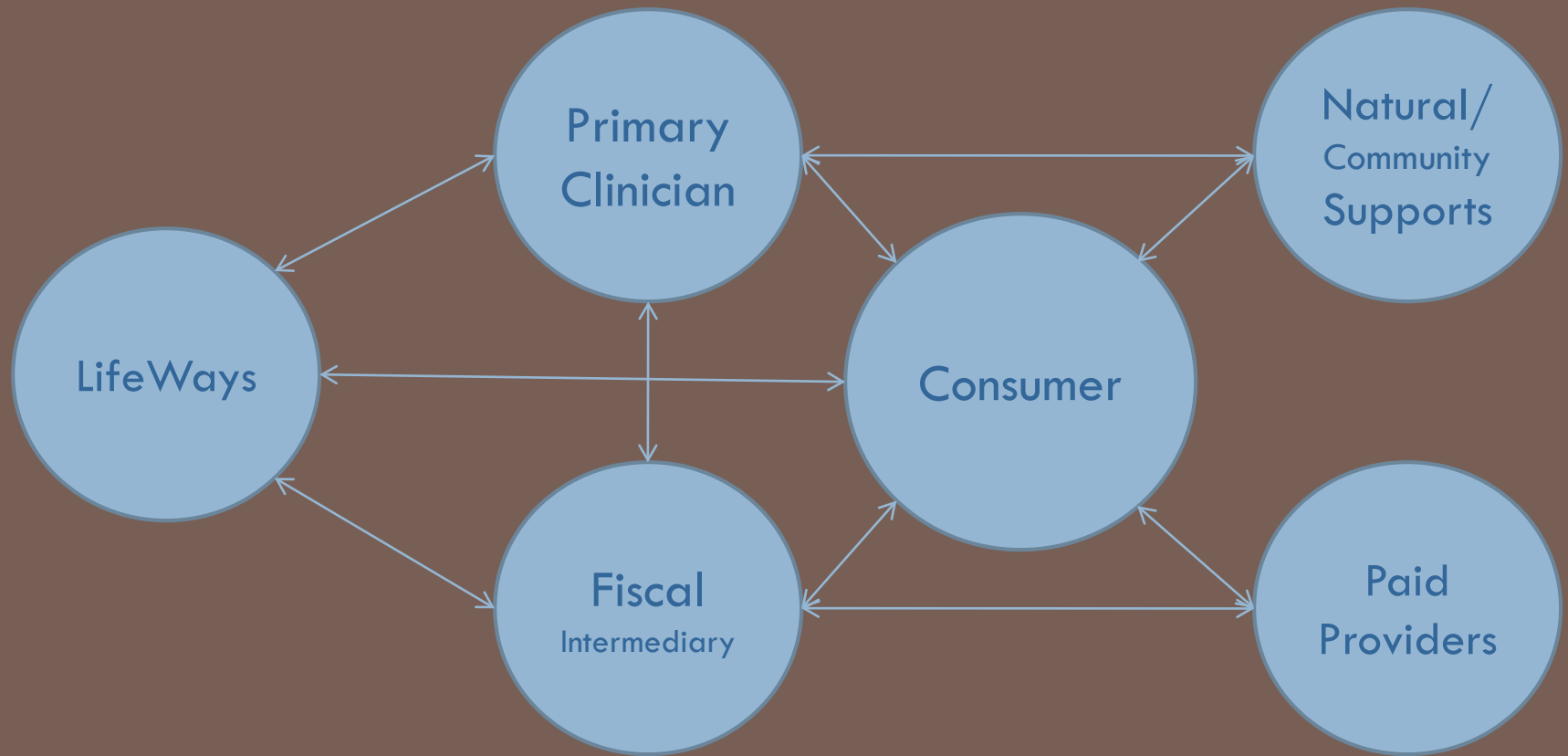


# SELF-DETERMINATION



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# Self-Determination is . . .

- A philosophy that people with disabilities have the right to control their own lives. Under a Self-Determination arrangement, consumers can hire their own workers and manage their services within a set budget.
- Four main principles:
  1. Freedom: to live the life they want and to have choice (of qualified providers and eligible services)
  2. Authority: to control the way they receive their 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 their Individual Plan of Service, and to use public funds wisely



# Funding & Supports

## □ Public Dollars

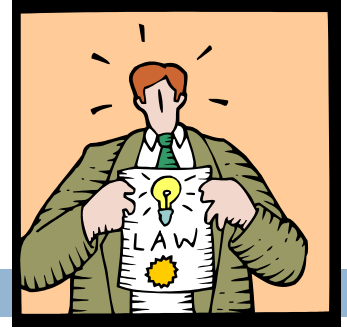
- SSI/SSDI/Social Security/Medicaid rules still apply
  - Must use resources within published guidelines
    - CMS (Centers for Medicaid Services)
    - DHS (Department of Human Services)
    - SSA (Social Security Administration)
    - DCH (Department of Community Health)
    - LifeWays

## □ 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 the amount (how much & 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 setup 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 communicates 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 is 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



# Authorization Requests

- Submit Individual Plan of Service to LifeWays Utilization Management for review at least 2 weeks prior to start date, including:
  - Community Living Supports and DHS allocation – Medicaid cannot supplant DHS services
  - Any supporting documentation not included in IPOS
  - IEP (if applicable) – Medicaid cannot supplant school services
- Utilization Management reviews within 2 business days of receipt
  - Utilization Management has 3 business days to complete specialist review
  - If pended, Utilization Manager sends information request to provider (provider has 5 business days to respond or request will be denied)
  - If authorized, Utilization Manager informs Self-Determination Coordinator and sends Authorization Letter and denial letter if necessary
- Common reasons for denial
  - Lack of response to information request
  - Intensity not supported in IPOS (medical necessity)
  - Duplication of services (across providers – poor care coordination)
  - Consumer ineligible



# 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

<b>Name:</b>	<b>Total authorized units:</b>	<b>Annual Budget:</b>	<b>Monthly Budget amount</b>						
Period:	Units per day@ \$4.30/ Unit	\$0.00	\$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							\$ -		
<b>Total Remaining balance for the Year</b>							<b>\$0.00</b>		0

Note: Misc Fees includes background checks and driver checks

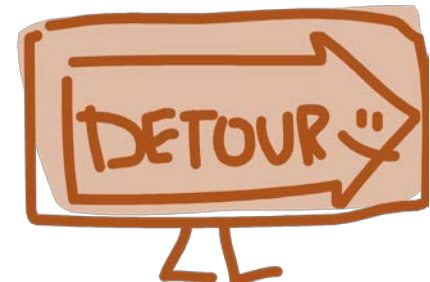
Total year to date budget left

#DIV/0!



# Amendments to IPOS

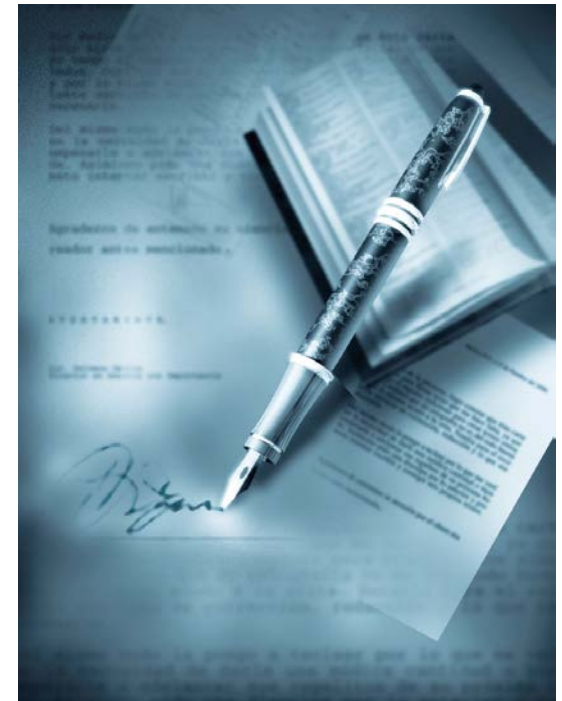
- Primary Clinician communicates changes to LifeWays Utilization Management (UM)
  - Monitor for fluctuations in usage
  - Document consumer involvement in any requests for changes
- Initiate communication to UM when a change in needs is identified (significant increase/decrease, temporary need, long-term need)
  - Provide UM with a formal addendum to the IPOS
  - 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 guardian if one has been appointed) is 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.](#)









# 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 coordinating services that are paid for by Medicaid, you have a responsibility to protect against fraud/abuse. The following are examples of Medicaid fraud/abuse:
  - Falsified time sheets
  - Billing for services that were not provided
  - Poor or no documentation to support services delivered
  - Forging a signature
  - Recommending/referring to another provider or service and receiving a kickback for the referral
  - Providing and billing for services that are not medically necessary
  - Using Medicaid dollars to purchase, repair or maintain an asset (like a vehicle)

# 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.

[\(Click here to print and sign attestation\)](#)





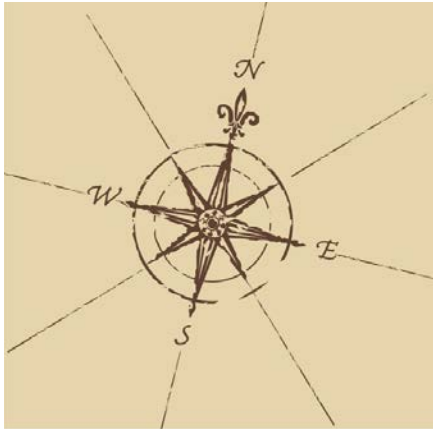
# Resources

## STATE:

- ❑ Medicaid Provider Manual:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

- ❑ Center for Self-Determination: [www.self-determination.com](http://www.self-determination.com)
- ❑ Michigan Department of Community Health: <http://www.michigan.gov/mdch>
- ❑ Department of Human Services: [www.michigan.gov/fia](http://www.michigan.gov/fia)
- ❑ Centers for Medicare and Medicaid Services: [www.cms.hhs.gov](http://www.cms.hhs.gov)
- ❑ Social Security Administration: [www.ssa.gov](http://www.ssa.gov)



## LOCAL:

- ❑ LifeWays: (517) 780-3332 or (866) 630-3690

[www.lifewayscmh.org](http://www.lifewayscmh.org)

- ❑ ARE: Jackson (517) 788-9147; Hillsdale (517) 439-5210

[www.dropincenters.org](http://www.dropincenters.org)

- Certified Peer Support Specialists
- Independent Facilitation



# Provider Training Confirmation

By my signature below, I acknowledge that I have completed the LifeWays *SELF-DETERMINATION SELF-STUDY TRAINING PRIMER FOR PRIMARY CLINICIANS*. I understand that I will be accountable for the information contained in this training. If I have questions I may contact LifeWays or my employer for clarification.

I also understand that this signed training acknowledgement must be provided to my employer *PRIOR* to my providing any services and that it will be maintained as evidence of my completion of Self-Determination Training.

Primary Clinician Name (please print): \_\_\_\_\_

My signature below indicates that I:

- ✓ Completed the Self-Determination Self-Study Training Primer for Primary Clinicians on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.
- ✓ Understand that if I have any questions regarding the training subject matter I may contact LifeWays or my employer for clarification.
- ✓ Have achieved functional competency in the training subject matter.

Primary Clinician Signature: \_\_\_\_\_ 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](mailto: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)

Table with 2 columns and 4 rows: 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"> <li>· <u>Orientation</u>: LW-ORR training certificate.</li> <li>· <u>Annual</u>: Printout of attendees from LW-ORR.</li> </ul>	MDHHS, MAC, CFR
2. HIPAA Privacy & Security	All	Initial* and Annual	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	Training confirmation signed & dated by employee.	MDHHS, HIPAA, MAC, CFR
3. Appeals & Grievances	All	Initial* and Annual	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	Training confirmation signed & dated by employee.	BBA, MDHHS, MHC
4. Health Management - Blood Borne Pathogens/Infection Control	All	Initial* and Annual	Safe Response <a href="http://www.saferesponse.com">www.saferesponse.com</a>	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 <a href="http://www.redcross.org">www.redcross.org</a> 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: <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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: <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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 <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	<ul style="list-style-type: none"> <li>· Training confirmation signed &amp; dated by trainee.</li> <li>· “Ethical Standards Attestation” signed &amp; dated by trainee.</li> </ul>	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 <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	<ul style="list-style-type: none"> <li>· Training confirmation signed &amp; dated by employee.</li> <li>· “Ethical Standards Attestation” signed &amp; dated by employee.</li> </ul>	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: <a href="http://www2.fasoutcomes.com/">http://www2.fasoutcomes.com/</a>	Official training certificate.	MDHHS
13. Limited English Proficiency	All	Initial* and Annual	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	Training confirmation signed & dated by employee.	MDHHS, BBA
14. Cultural Competency & Diversity	All	Initial* and Annual	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	Training confirmation signed & dated by employee.	MDHHS, MHC, CFR
15. Environmental Safety	All	Initial*	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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 <a href="https://www.macmhb.org">https://www.macmhb.org</a> to register)	Official training certificate.	MDHHS, LifeWays
18. Person-Centered Planning	All	Initial* and Annual	LifeWays Online Self-Study <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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: <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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 <a href="http://www.lifewayscmh.org">http://www.lifewayscmh.org</a>	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.