

April 2025-Frequently Asked Questions: Self-Determination Program

Self-Determination Program (SDP) Questions:

Q: What is Self-Determination?

A: Self-Determination (SD) is a right all people have to make their own decisions for themselves. The principles of SD are autonomy, competence, and relatedness. The goal of SD is to promote full inclusion in community life, to feel important, and to increase belonging and wellbeing while reducing isolation and segregation of people who receive services.

Q: What is SDP?

A: The Self-Determination Program (SDP) is an optional program for individuals who would like to have more control over their services and budget. It gives the individual/families the ability to select, direct, and manage their services and supports. Individuals/families that choose to participate in the SDP may choose to self-direct specific or all services/supports.

Q: What if I want to self-direct some services, but I don't want to self-direct all of my services? Can I still participate in the SDP?

A: Yes, an individual/family may choose to self-direct only some of their services, and the individual/family may choose which services they would like to self-direct.

Q: How much responsibility will individuals/families have if they choose to participate in SDP?

A: Self-Determination provides individuals more choice and flexibility in selecting services and supports, who provides them, and how money in the individual budget is spent. The amount of responsibility that falls onto the individual/family depends on the person-centered planning meeting, the IPOS, and the staffing model selected. (See Staffing Questions for details on staffing models).

Q: What is a Financial Management Service (FMS) Provider?

A: An FMS is an organization that assists the individual/family to manage the dollars in the self-directed budgets. OCHN currently partners with three FMS providers: GT Independence, Personal Accounting Services (PAS), and the ARC of Oakland.

Q: What is a Prepaid Inpatient Health Plan (PIHP)?

A: A PIHP is a managed care organization that provides Medicaid services and money to the service providers for specialty mental health services and supports. In Oakland County, the PIHP is Oakland Community Health Network (OCHN).

Q: Can I live in a group home and be a participant in SDP?

A: Unfortunately, all controlled or congregated settings such as day programs, group homes, and foster care may not self-direct their services. The congregated setting has the right to fund and hire their program and staff as they choose.

Q: What are the SDP agreements?

A: There are a variety of agreements that the individual/family, staffing agencies, FMS, PIHPs, and staff should be familiar with as part of the SDP.

Those agreements are as followed:

Self Determination Agreement: This agreement is between the PIHP and the individual/family and describes the responsibilities of the parties, delivery of services, funds used/limitations of funds used, and conditions for ending the Self-Directed Arrangement.

Medicaid Provider Agreement: This agreement is between the PIHP and any Medicaid Provider to be paid with Medicaid funds.

Employment Agreement: This agreement is between the individual/family as the employer of record and their direct employment staff.

Purchase of Service Agreement: This agreement is between the individual/family as the employer of record and a service provider or agency.

Job Description: This is a job description specific to whatever position is being hired by the employer (individual/family). It should outline job duties and responsibilities as well as specific roles and tasks to be performed by the staff member.

FMS Agreement: This agreement is between the PIHP and the FMS provider and sets forth the scope of the FMS services. This could be a contract.

Agency Supported Self-Direction Provider Agreement: This is an agreement between a staffing agency and the individual/family and outlines the duties that the staffing agency is responsible to perform, and the duties the individual/family is responsible to perform.

Q: Where can I locate the SDP agreements?

A: OCHN has posted the SDP agreements on the OCHN Provider Extranet. For further questions regarding the agreements, please reach out to selfdetermination@oaklandchn.org.

Staffing Questions:

Q: What do the different staffing models mean?

A: There are three types of staffing models: direct employment, staffing agency, or a mix.

In the direct employment model, the individual/family is the employer of record for all employees.

In the staffing agency model, the individual/family is a managing employer but does not have full employer authority. In this model, staff are workers of the agency, but they are managed by the individual/family.

Some individuals/families may have some staff that are directly employed and others that are employed by a staffing agency. This would be a mixed model approach.

Q: Who hires my support/staff?

A: An individual/family directing their own services is the acting or managing employer. As the acting or managing employer, the individual/family directing their services may hire their own staff. The individual/family may request support in hiring from their support coordinator, FMS provider, staffing agency, or anyone else the individual/family requests assistance from.

Q: Can I hire a family member?

A: The Self-Direction Technical Guide (SDTG) states, “Individuals who direct their services cannot hire or contract with their legally responsible individuals (the individual’s spouse, conservator, etc.) or with his/her legal guardian. They also cannot hire or contract with their landlord for supports and/or services”.

Individuals may hire family members as long as the family member is not their legal guardian, spouse, or conservator and meets all Medicaid Provider Qualifications (See “Q: Are there Medicaid Provider Qualifications for hiring staff or do I have the right to hire anyone?” for the Medicaid Provider Qualifications list).

Q: What if I need to hire a staff member, but I don’t know who to hire? Is there a list of employees I could reach to see if they would be a good fit for me?

A: An individual/family that needs a staff that is using GT Independence as their FMS can go to “Find a Caregiver” link on their GT portal. If the individual/family is using Personal Accounting Services (PAS) or The Arc of Oakland as their FMS, they can reach out to their respected FMS directly for assistance.

Q: Are there Medicaid Provider Qualifications for hiring staff or do I have the right to hire anyone?

A: The employer may hire a staff of their choosing that meets the following qualifications:

- Is of legal age (at least 18 years of age)
- Able to prevent transmission of communicable diseases
- Able to communicate effectively to follow IPOS requirements, beneficiary-specific emergency procedures, and to report on activities performed
- Be in good standing with the law*

*The individual/family may have the ability to hire an individual with a record. However, Medicaid does outline some exclusions that would prevent the hiring of a candidate. Refer to “Q: What happens if a staffing candidate’s background check shows a record? Can I still hire them?” for more details.

Q: Who is required to get a background check? Will parents and family members need one as well?

A: A criminal background check is required for anyone receiving payment, including family members.

Q: Do I need to collect driving records of my staff?

A: The individual/family may choose to run a driving record for all of their staff that are a direct hire. If the staff is employed at a staffing agency, the staffing agency may choose to run an individual’s driving record.

Q: What happens if a staffing candidate’s background check shows a record? Can I still hire them?

A: If the individual/family is participating in the Direct Employment Model, then the individual/family can decide whether to continue or terminate the employee. There are a few Medicaid Exclusions that would prevent the individual/family from hiring a person with a record as outlined by the Center for Medicaid and Medicare Services. Those exclusions are:

- Crimes related to program delivery
- Crimes related to “patient” abuse
- Felony convictions related to health care
- Felony convictions related to controlled substance abuse

If the individual/family is participating in a staffing agency model, then the agency does have ultimate say in who will work for their agency and for how long.

Q: What are the requirements regarding EVV (Electronic Visit Verification), specifically regarding clocking in/out?

A: Please, reference the [Michigan EVV | HHAeXchange website](#) for specifics regarding these requirements.

Q: What are the training required for staff of the individual/family that is self-directing their services?

A: Staff of the individual/family who are self-determined must meet the Michigan Medicaid Provider Manual minimum trainings for providers. Those trainings are:

- Recipient Rights Training
- Knowledge of Basic First Aid
- Emergency Procedures Training Course (or other methods determined by the PIHP to demonstrate knowledge in emergency procedures)
- Training on the individual's IPOS and Back-Up Plan
- Training in preventing transmission of communicable diseases (i.e. bloodborne pathogens).

Q: What if I have a training I want my staff to complete that is not listed in the Michigan Medicaid Provider Manual?

A: As the PIHP, OCHN may NOT add additional required trainings. However, the individual who is self-determining their services as the employer of the staff **MAY** require specific trainings pertaining to their needs or IPOS.

Budget and Rate Questions:

Q: What are the rates for different services?

A: As OCHN develops the rates, rate cards will be published on the OCHN Provider Extranet. Refer to the OCHN Provider Extranet to see available rate cards.

Q: When will the rates for Adult Community Living Support and Respite Support be posted?

A: The Finance Team continues to work diligently to determine fair and equitable rates for all providers. OCHN will update the Provider Extranet with rate cards once rates are finalized.

Q: How do the rates to Oakland County providers compare to FMS rates in other counties?

A: Our rate methodology used took into consideration local FMS rates around the county, other PIHP rates, and the State Millimen Report.

Q: How does the individual budget amount get determined? Can my budget be adjusted?

A: The individual budget is determined by the individual plan of service (IPOS) during the person-centered planning process based on individual need. The service cost may not be less than the contracted provider rate. The total budget is based on the number of units needed as outlined in the IPOS multiplied by the contracted rates.

Note: The individual/family may decide employee benefits including paid time off, when overtime is approved, rate of pay, frequency of pay rate changes, mileage, moving dollars from one-line item to another, and how much the budget is utilized during a given amount of time.

The budget must be renewed annually. However, the budget may be adjusted if the individual identifies an adjustment is needed to their service before their annual review meeting. The adjustment must be documented in the IPOS.

Q: Can the PIHP change my budget?

A: No, the PIHP is not authorized to make changes to the individual budget. However, the PIHP does provide oversight. In addition, the PIHP can establish a training rate, require workman's compensation insurance, and establish the maximum amount of Medicaid funds used in the budget.

Q: Is there a cap on the budget? An amount that cannot be exceeded.

A: The individual service rates and units cannot exceed the standardized amount set by OCHN without further review by OCHN's utilization management and/or clinical team.

Note, OCHN can establish the maximum amount of Medicaid funds used in each budget.

Q: May I use my own money to purchase something that is in my IPOS and that my team agreed I need, and then request my FMS to reimburse me from my SDP budget?

A: No. The item or service must be purchased directly by the FMS on your behalf. Federal rules do not allow making payments for services directly to an individual/family for either reimbursement or to allow the family/individual to directly pay a service provider.

Claims, Billings, and Authorization Questions:

Q: Who submits authorizations for services for the individual/family through ODIN?

A: The Support Coordinator is responsible for submitting all service authorizations on behalf of the individual/family based on the individual's IPOS.

Q: Will service providers be able to see which Self-Determined Individual has services through them if the FMS is submitting the authorizations and not the service providers?

A: You can work with the FMS to view what authorizations you have. OCHN directed all FMS providers to add the service provider in the claims processing under Sub-Contracted Organization Name field with the Sub-Contracted provider's ID added under Additional ID.

Q: Will Service Providers still use ODIN to bill for Self-Determined services?

A: Service Providers will send invoices to the individual's FMS. The FMS will then review the invoices/submissions and request signatures (where/when needed) from individuals/families before submitting claims through ODIN for billing.

Q: Is there a specific format that the FMS requires for submitting invoices?

A: Currently, OCHN does not have a standardized format for submitting invoices to the FMS. Service Providers should contact the individual's FMS for further instructions on how to submit an invoice.

Transportation:

Q: What communities have transportation through OCHN?

A: OCHN services all of Oakland County. OCHN is in the process of updating the OCHN website to include third-party transportation providers to the Provider Directory. If an individual is currently in need of a third-party transportation provider, please have the support coordinator reach out to transportation@oaklandchn.org for a list of companies that are contracted at OCHN.

Q: Will all clients receive mileage reimbursement?

A: No, currently, OCHN has unbundled transportation from the service for the I/DD population only. If an individual does not have an I/DD diagnosis, then transportation is still included in the service rate.

If an individual does have an I/DD diagnosis, providers can bill for transportation separately from the service if it corresponds to the appropriate service, and only if the Support Coordinator has exhausted all other resources such as insurance or natural supports of the individual as Medicaid is payer of last resort.

Note, the only form of transportation that is billable by mileage is for service H2015 (Community Living Supports). All other services that have allowable transportation have a per-trip rate.

Please, reference [February's Transportation FAQ 2025](#) for a list of transportation codes, their corresponding service code, and transportation rates. If you have further questions after reviewing February's Transportation FAQ 2025, please contact transportation@oaklandchn.org.