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# **Self-Determination**

## **Frequently Asked Questions (FAQ)**

### **April 2026**

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## Self-Determination Overview

### 1. **Q: What is Self-Determination?**

**A:** Self-Determination (SD) is a right all people have in making 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, to increase belonging, and wellbeing while reducing isolation and segregation of people who receive services.

### 2. **Q: What is Self-Direction**

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

### 3. **Q: Who can use Self-Determination?**

**A:** People receiving certain Medicaid funded behavioral health or home-and community-based services may choose self-determination if it is appropriate and included in their Person-Centered Plan (PCP).

### 4. **Q: Who can help me?**

**A:** Your supports coordinator/care coordinator will help you manage your plan. The Financial Management Service (FMS) will assist you with budget tracking, payroll, and managing supports and services. Your PIHP or CMHSP as the funder of the services/budget will also assist.

### 5. **Q: What is an Individual Budget?**

**A:** An individual budget is the amount of Medicaid funding approved for services in the person's plan. The participant uses this budget to purchase approved supports and services.

### 6. **Q: What if I want to self-direct some services, but I do not want to self-direct all my services? Can I still participate in the SD?**

**A:** Yes, an individual/family may self-direct some or all their services.

### 7. **Q: How much responsibility will individuals/families have if they choose to participate in SD?**

**A:** Self-Determination provides individuals with 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 the individual/family has depends on the person-centered planning meeting, the IPOS, and the staffing model selected.

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

**A:** A FMS is an organization that assists the individual/family to manage the dollars in the self-directed budgets. OCHN currently partners with two FMS providers: GT Independence, and The Arc of Oakland County.

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

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

**10. Q: Can I live in a group home and be a participant in SD?**

**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.

**11. Q: What are the SD 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 SD.

Those agreements are as follows:

Annual Acknowledgement of Participation: An individual/family attestation to participate in Self-Determination.

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

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 (Also Known as Agency with Choice)

This agreement is between a staffing agency and the individual or family. It outlines the responsibilities the staffing agency must fulfill, as well as the responsibilities of the individual or family.

**12. Q: Where can I locate the SD agreements?**

A: OCHN has posted the SD Agreements on the OCHN Website and the Provider Extranet. For further questions regarding the agreements, contact [selfdetermination@oaklandchn.org](mailto:selfdetermination@oaklandchn.org).

**13. Q: Where can I locate a listing of the Self-Determination providers?**

A: A listing of providers is located on the OCHN website and the Provider Extranet.

## Staffing

**1. Q: What are the different staffing models?**

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

Direct hire employment model: The individual/family is the employer of record for all employees.

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.

Mixed model: 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.

**2. 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.

**3. 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 if the family member is not their legal guardian, spouse, or conservator and meets all Medicaid Provider Qualifications and does not pose a conflict of interest.

**4. Q: What if I need to hire a staff member, but I do not 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 member that is using GT Independence as their FMS can go to the “Find a Caregiver” link on their GT portal. Contact the Arc of Oakland for assistance with locating staff. The Support Coordinator/Care Coordinator and the FMS can access a list of credentialed providers on the OCHN website. If an individual chooses to work with a provider that is not credentialed, they need to be referred to the Self-Determination email: [selfdetermination@oaklandchn.org](mailto:selfdetermination@oaklandchn.org).

**5. 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 Medicaid 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.

**6. Q: Who is required to get a background check?**

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

**7. Q: Do I need to collect driving records for my staff?**

**A:** The individual or family may choose to obtain driving records for all direct-hire staff. If the staff is employed by a staffing agency, the staffing agency may choose to run an individual’s driving record.

**8. Q: What happens if a background check shows a record exists? Can I still hire the staff?**

**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 will make the decision regarding employment.

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

**A:** Please, reference the Michigan EVV | HHAeXchange website for specifics regarding these requirements at <https://knowledge.hhaexchange.com/>

**10. Q: What are the training requirements for direct hire staff?**

**A:** Staff of the individual/legal representative must meet the Michigan Medicaid Provider Manual for minimum training for providers. Those training courses are:

1. Person-Centered Planning (PCP)/Individual Plan of Service (IPOS).
2. First Aid
3. Environmental Preparedness/Environmental Emergencies
4. Bloodborne Pathogens (Includes Prevention of Disease Transmission/Infection Control/Universal Precaution)
5. New Hire Recipient Rights (Initially and annually thereafter)
6. Medication Administration required if included in the plan
  - a. Initial OCHN Approved Medication Administration Training
  - b. Medication Administration Competency Review
7. Other training identified by the Employer of Record (EOR), if applicable

**11. Q: What if I want my staff to complete training not listed in the Michigan Medicaid Provider Manual?**

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

## Provider Selection

### 1. **Q: Does OCHN have available service providers?**

**A:** You can find a list of available network providers on the Self-Determination page of OCHN's website and the Provider Directory at [www.oaklandchn.org](http://www.oaklandchn.org)

### 2. **Q: What if I want to use a provider not in OCHN's Network?**

**A:** The provider must be credentialed or contracted by OCHN to render services and receive payment. To receive further information regarding credentialing with OCHN, send an email request to [selfdetermination@oaklandchn.org](mailto:selfdetermination@oaklandchn.org)

## Budgets and Rates

### 1. **Q: What is an Individual Budget (aka as Service Budget)?**

**A:** An individual budget (*aka as service budget*) is the amount of Medicaid funding approved for services in the individual's plan. The individual uses this budget to purchase approved supports and services.

### 2. **Q: What are the rates for different services?**

**A:** Our provider rates are published on OCHN's Internal Provider Extranet.

### 3. **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 Milliman Report.

### 4. **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 (PCP) process based on the individual needs. The service cost may not be less than the contracted provider rate for the same service. The total budget is based on the number of units/services 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 needed to their service before their annual review meeting. The adjustment must be documented in the IPOS.

**5. 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.

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

**A:** The individual service rates and units cannot exceed the average cost for the services. Note: OCHN can establish the maximum amount of Medicaid funds used in each budget.

**7. Q: May I use my own money to purchase something that is in my IPOS and be reimbursed by the FMS?**

**A:** No. The item or service must be purchased directly by the FMS on your behalf. Federal rules do not allow individuals or families to be paid directly for services, including reimbursements or paying providers themselves.

## Claims, Billings, and Authorization

**1. 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.

**2. Q: Will Service Providers be able to see which Self-Determined Individuals have services through them if the FMS is submitting the claims and not the service providers?**

**A:** Service Providers can work with the FMS to stay aware of the authorizations in place for the individuals they support. OCHN directed all FMS providers to identify the rendering provider in the claims submitted through ODIN.

**3. Q: Will Service Providers still use ODIN to bill for Self-Directed services?**

**A:** If the service is self-directed by the individual, those service providers will send invoices to the individual's FMS. The FMS will then review the invoices/submissions before submitting claims through ODIN for billing.

**4. Q: Is there a specific format 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 FMS for further instructions on how to submit an invoice.

## Transportation

**1. Q: What communities have transportation through OCHN?**

**A:** OCHN serves Oakland County. If an individual is currently in need of a third-party transportation provider, please have the support coordinator reach out to [transportation@oaklandchn.org](mailto:transportation@oaklandchn.org) for a list of companies that are contracted by OCHN.

**2. 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, 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 refer to February's Transportation FAQ 2026 for a list of transportation codes, their corresponding service code, and transportation rates. If you have further questions after reviewing the information, email [transportation@oaklandchn.org](mailto:transportation@oaklandchn.org).