Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Self-Determination

Frequently Asked Questions (FAQ)

October 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 five principles of SD are Freedom, Authority, Support, Responsibility, and Confirmation. 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 manage my Self-Determination responsibilities?**

   A: You do not have to do it alone. Family members, friends, or other people you choose to be part of your Person-Centered Planning (PCP) process can support you. Your Supports Coordinator/Care Coordinator can help you manage your plan, the Financial Management Service (FMS) can assist with budget and payroll functions, and your PIHP or CMHSP can provide oversight and guidance regarding your approved services and budget.

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 three FMS providers: GT Independence, HR Alliance, 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, non-contracted 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 directly employed staff.

    Purchase of Services Agreement: This agreement is between the individual/family as the employer of record and the non-contracted 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 contracted staffing agency and the individual or family. It outlines the responsibilities that the contracted 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.

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

A: A listing of providers is located on the OCHN website Self-Determination Providers

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 assistance in hiring from their support coordinator, FMS provider, staffing agency, or anyone else who the individual/family requests.

3. Q: Can I use Arrangements that Support Self-Determination if I have a Guardian?

A: Yes, depending on the type of guardian you have (plenary or partial) and the powers your guardian has been given by the court, you and your guardian will work together so you can participate in arrangements that support self-determination.

4. 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 their 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.

5. **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 or HR Alliance 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.

6. **Q: What Happens If My Worker Doesn't Show Up?**

   A: For the times that your worker is sick or wants to go on vacation, you need a plan for who will support you while they are gone. This plan is called a backup plan. It ensures that you get the support you need if your worker is not there. Your backup plan is developed through the PCP process. You can have an agency provide backup or have a list of friends and family members willing to support you when your worker is not there.

7. **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 the Individual Plan of Service (IPOS) requirements, beneficiary-specific emergency procedures, and to report on activities performed.
   - *Be in good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty they would be performing, not an illegal alien)

- Able to perform basic first aid procedures
- Trained in the IPOS and crisis safety plan, as applicable.

*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.

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

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

9. **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.

10. **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 use

    If the individual/family is participating in a staffing agency model, then the agency will make the decision regarding employment.

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

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

12. **Q: What is a Live-in Caregiver Exemption?**

    A: Live-in caregivers employed by beneficiaries or agency providers are exempt from using Electronic Visit Verification (EVV). Exemptions must be approved by OCHN, the Approving

Entity. The following criteria must be met for the caregiver to qualify for the EVV live-in caregiver exemption:

a. The caregiver must live in the same home as the beneficiary
b. The home must be the caregiver's permanent and primary residence
c. The caregiver is responsible for providing Personal Care Services (PCS) or CLS to the beneficiary
d. The Caregiver Exemption form must be completed annually
    i. The Caregiver Exemption form is located on the website: www.oaklandchn.org under Form and the Provider Extranet
    ii. Providers Reference: OCHN Bulletin # 24-64
    iii. Please submit any EVV Exemption request to the OCHN Customer Service Team at: evvexemption@oaklandchn.org

Live-in caregivers who do not meet the above criteria must use EVV to document personal care services.

13. 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

14. 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 Self-Determination Providers and the Provider Directory at 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

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 based on the market value for the network for that service 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, a list of companies can be found on OCHN's Transportation website. Note: Third-Party Transportation Providers can only be utilized by individuals with an I/DD diagnosis. Service Providers are responsible for transportation for individuals who do not have an I/DD diagnosis.

2. **Q: Will all clients receive mileage reimbursement?**
   (Mileage is under review for Fiscal Year 2027 – TBD)

   A: 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.

Individual Rights, Responsibilities, and Support

1. **Q: What are the ways I can make changes and solve problems?**

   A: Just like everyone, people who use arrangements that support self-determination often need to make changes in their lives or solve problems that come up. There will be times that you need to make changes to your plan or arrangements because your goals or needs change or something is not working out. When that happens, let your supports coordinator or care coordinator and allies know. They can help you make the changes you want. Everyone needs assistance when there is a change or a problem.

2. **Q: How Can I Make Changes?**

A: Making changes to your plan is easier when you are in charge. You can find a new worker if the worker you have is not meeting your needs or is no longer available. You may be able to make small changes in your individual budget without involving your supports coordinator or care coordinator. You and your supports coordinator or care coordinator may be able to make some changes over the phone. For many changes, you may be able to work with your supports coordinator or care coordinator to make the change. Bigger changes are best made using the PCP process. You can have a PCP meeting any time you need.

3. **Q: How can I solve problems?**

   A: The PCP process is the best way to make changes because you and your allies come together to talk about the issue(s). Together, you may be able to find a solution to your problem. You may need extra support, training, or other assistance. Or you may find another way to obtain the services or supports you need either for a short period of time or long-term. If your health or welfare is at risk (for example, you are not receiving the services in your plan), your mental health agency may end the Self-Determination Agreement and choose to provide your services and supports through traditional methods.

4. **Q: What if I Cannot solve a problem through the PCP process?**

   A: If you are unable to find a solution to a problem through the PCP process, be sure to let your supports coordinator or care coordinator or the Customer Service Department know. Every mental health agency has local dispute resolution and mediation processes to help you resolve a dispute about self-determination. You also have the right to appeal any actions the mental health agency plans to take to change, reduce or terminate your Medicaid services through the Medicaid Fair Hearings Process.

5. **Q: What is the Medicaid Fair Hearings Process?**

   A: A Medicaid Fair Hearing is conducted by the state Administrative Law Judge (ALJ) who reviews an action taken by your PIHP/CMHSP mental health agency (the change regarding Medicaid services in your plan). You have the right to choose someone to represent you at the hearing. To obtain a hearing you must make a written request within 120 days of your upheld action in the PIHP/CMHSP Local Appeal.

   If you make the request within 10 days of the notice before the action takes effect, your services and supports will remain in place until the hearing. However, if you do not succeed in the hearing, your mental health agency can charge you for the cost of the services and supports provided during that time.

Glossary

Agency Supported Self-Direction Provider Agreement (Also known as Agency with Choice): This agreement is between a contracted staffing agency and the individual or family. It outlines the responsibilities the contracted staffing agency must fulfill, as well as the responsibilities of the individual or family.

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

Arrangements that Support Self-Determination: The agreements chosen to purchase the services and supports to help you meet the goals in your plan.

Allies: Friends, family members and others who you choose to assist you to develop and implement arrangements that support self-determination.

Care Coordinator: Someone who works for your mental health agency and helps you develop and monitor your IPOS plan and individual budget.

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

Financial Management Services (FMS) Agreement: This agreement is between the PIHP and the FMS provider and sets forth the scope of the FMS services.

Financial Management Services (FMS) Provider: An independent agency that manages the funds in your individual budget, makes payments to providers of services when you authorize it to do so and gives you support and assistance as needed.

Individual Budget: The funding approved by your mental health agency to buy the services and supports in your plan.

Individual Plan of Services (IPOS): The list of services and supports that is approved and funded by your mental health agency.

Medicaid: A federal government program that pays for the services and supports in your plan.

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

Mental Health Agency: The mental health agency that approves your plan and individual budget and pays for your supports and services.

Person-Centered Planning (PCP) Process: The way that you come together with your allies and supports coordinator to identify what you want to do in your life, what

services and supports you need to accomplish what you want to do and how you will use arrangements that support self-determination.

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

Self-Determination: The concept that individuals have the five principles of self-determination-freedom, authority, support, responsibility, and confirmation necessary to make decisions about their lives, direct their services and supports, and pursue personal goals that are meaningful to them.

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.

Supports Coordinator: Someone who works for your mental health agency and helps you develop and monitor your IPOS plan and individual budget.