

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Self Determination	Chapter: 02 – Customer Services & Recipient Rights	Subject No: 02.03.04
Effective Date: June 1, 2002	Date of Review/Revision: 5/21/02, 10/10/02 6/12/07, 5/11/09, 6/17/10, 11/4/11, 5/16/13, 1/29/14, 5/22/14, 5/5/16, 3/24/17, 3/1/18, 2/21/19, 3/4/21, 3/31/22, 4/6/23, 3/31/25	Approved By: Sandra M. Lindsey, CEO Responsible Director: Executive Director of Clinical Services and Programs
	Supersedes:	
		Authored By: Charlotte Fondren Additional Reviewers: Self-Determination team and supervisor

Purpose:

The purpose of this policy is to establish the expectation that all individuals receiving mental health services are encouraged to live a self-directed life. Self-Determination and/or Self-Directed arrangements (SD) provide a route for individuals to engage in activities that accompany a meaningful life, promoting deep community connections, the opportunity for real work, ways to contribute to one's community, and to participate in personally valued experiences.

Application:

This policy applies to both the SCCMHA board operated programs and the provider network.

Policy:

It shall be the policy of Saginaw County Community Mental Health Authority (SCCMHA) to assist individuals with disabilities to live a self-directed life. SCCMHA shall make available methods and tools that provide opportunities for the individual to control and direct their services and support plans. This process should be directed by the individual and aimed at defining and securing the needed supports that are necessary for them to obtain their needs, wishes and dreams. This includes the availability of financial management services (FMS) for those individuals who choose to self-direct their own budgets. Every person receiving mental health services should be asked about their level of interest in self-directing their services at their pre-planning meeting and any time thereafter. Self-direction with an adult (18 years of age and up) is through a Self-Determination Arrangement and self-direction with a child (under 18 years of age) is through a Choice Voucher Arrangement

Standards:

- ◆ Participation in self-determination shall be a voluntary option on the part of the individual.
- ◆ Individuals with a disability who receive services from SCCMHA or the provider network have a right to live a self-determined life. SCCMHA is committed to making available a variety of tools to help individuals to live the life of their choosing, utilizing the person-centered planning process.
- ◆ Individuals who are eligible for Community Mental Health (CMH) services and desire alternative, but eligible, services or providers (that are not part of the community mental health provider panel), may access these services through the use of an FMS using the purchase of service model.
 - This involves:
 - The preparation of an individual budget
 - Identification of appropriate natural and formal support services approved by the community mental health agency.
 - And an agreement with a financial management service provider (FMS) to assist with the hiring of supports, record keeping, and bill paying.
 - For example, an individual receiving SCCMHA services wishes to hire a private therapist or an independent case manager/supports coordinator from outside of the existing provider network. This would have to be approved by the budget committee to ensure services provided meet all of the requirements determined in the Medicaid Provider Manual. An independent case manager/supports coordinator would have to have all of the credentials needed to provide services, i.e., licensure if required, be of good standing with the law, at least 18 years of age, etc. (More can be found in a document called “Michigan Provider Qualifications Per Medicaid and HCPC/CPT code.”)
- ◆ The FMS will receive and account for funds provided by the community mental health agency, or otherwise provided on behalf of the individuals. They will maintain complete and current financial records and supporting documentation verifying expenditures in accordance with generally accepted accounting principles, and as mandated by Medicaid. The FMS will also be responsible for assisting the individual with items such as, but not limited to, payment of bills for SD services, the hiring or contracting and payment of support staff, and with the applications and record keeping that are necessary to serve as an employer in the State of Michigan and the United States.

The individual may choose to contract with an agency that provides staff (Purchase of Service Model) or they may directly hire an individual (Direct Employment Model). When signing an employment agreement with a direct hire or agency, the individual will be the employer of record for support staff hired to provide services. The employer of record will

identify the required qualifications of the support staff and the service providers who will assist the individual. The FMS will assist the individual with the application and record keeping that is necessary to serve as an employer. The FMS will also assist with assuring that the staff are paid, and do not work hours beyond what is authorized.

- ◆ The individual, along with their designated support staff, will assure that each provider of services and supports meets provider requirements identified by SCCMHA, and agrees to secure or have secured appropriate background checks on any potential providers.
- ◆ Service providers must meet basic qualifications including but not limited to:
 - At least 18 years of age
 - Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
 - Able to communicate expressively and receptively in order to follow individual plan of service (IPOS) requirements and individual beneficiary specific emergency procedures, and report on activities performed.
 - 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 he/she would be performing, not an illegal alien).
 - Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the Prepaid Inpatient Health Plan (PIHP) to demonstrate competence in basic first aid procedures.
 - Be trained in recipient rights.
 - Has received training in the beneficiary's IPOS.
 - Willing to complete additional trainings as identified by the employer of record, specific to unique needs of the employer.
 - The type of service being offered may determine other provider qualifications.
- ◆ The individual may also choose to make an agreement with an agency that is in-network with the CMHSP. (Agency Supported Self-Direction Model) In this model of self-direction, an FMS is not utilized. The individual serves as a 'managing employer' but does not have full employer authority. The 'Agency' serves as employer of record and it is responsible for the administrative aspects of employment as determined by the individual (i.e. determining pay rate, benefits, paying payroll, taxes, worker's comp, etc.). Workers in this model are employees of the Agency but are managed by the individual and are referred to as 'workers', in relation to the individual.
- ◆ Each individual's budget will be based upon their goals and dreams. During the person-centered planning process, an individualized budget will be developed for the upcoming year, utilizing a zero-based budget approach. The budget will include all-natural support contributions, as well as community resources such as an

application for Home Help or Expanded Home Help Services through the Michigan Department of Health and Human Services (MDHHS).

- ◆ The Self-Directed Budgeting Committee will be made up of agency staff relevant to the decision.
- ◆ A Self-Directed Budgeting Committee will review and make recommendations regarding individual budgets, as submitted by the self-determination coordinator. If further clarification is needed the Self-Directed Budgeting Committee will give its recommendations to the SD coordinator who will discuss with the employer of record within seven business days after the budget proposal, which occurs as needed.
- ◆ If an individualized budget is not approved by the Self-Directed Budgeting Committee, then the employer of record may directly appeal that decision through the SCCMHA appeals process.
- ◆ The Self-Directed Budgeting Committee will review all budgets (Exhibit E – Self-Directed Budgeting Committee Workgroup Charter) to ensure that there is an appropriate use of public funds, that Medicaid dollars are being spent following the Self-Determination agreement, and in conjunction with what is identified in the IPOS.
- ◆ All the supports provided must meet the determination criteria identified in the Medicaid Manual. It is the responsibility of the individual, guardian, support coordinator/case manager, representative, self-determination coordinator, community mental health fiscal department, natural supports, and the FMS, to assure that the public funds allocated for services are spent responsibly and according to the approved budget. The FMS and the individual/guardian are responsible for providing the documentation necessary for verification of the funding utilization. In the case of durable medical equipment and environmental modifications, the SCCMHA process will be followed.
- ◆ Either party –SCCMHA or the individual – may terminate a self-determination agreement, and therefore the self-determination arrangement. Prior to terminating and unless it is not feasible, SCCMHA shall inform the individual of the issues that have led to considering termination and provide an opportunity for problem resolution. Typically, this shall be conducted using the person-centered planning process, and if necessary, the local process for dispute resolution may be utilized to address and resolve these issues. Termination of a self-determination agreement shall not, by itself, change the individual's plan of service, nor eliminate the obligation of SCCMHA to assure services and supports required in the plan. If the arrangement ends, SCCMHA must engage in robust planning with the individual and team to ensure no interruption to services occurs. Services may not be limited or terminated because the ending of the SD arrangement. The decision to end the arrangement must be detailed, in writing, to the individual.

Definitions:

Advocate: a person who supports and/or stands up for another person or a cause that they believe in.

Self-Directed Budgeting Committee:

A committee established to review and make recommendations regarding individualized budgets. The committee reviews all budgets to assure that funding is utilized for covered services and that medical necessity/determination criteria is met.

Community Partner: An individual who chooses to assist with a specific cause. These individuals may be from local organizations, private organizations, or citizens in general who wish to collaborate in an effort to assist SCCMHA with furthering the self-determination initiative.

CMHSP—Community Mental Health Service Provider – i.e. Saginaw County Community Mental Health Authority

Determination Criteria: The determination of a medically necessary support, service, or treatment must be: based on information provided by the beneficiary, their family and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and for beneficiaries with mental illness or intellectual/developmental disabilities, based on person centered planning, and for beneficiaries with substance disorders, individualized treatment planning; and made by appropriate trained mental health, intellectual/developmental disabilities, or substance abuse professionals with sufficient clinical experience; and made within federal and state standards for timeliness; and sufficient in amount, scope and duration of the service/s to reasonable achieve its/their purpose. This is documented in the IPOS.

Financial Management Service provider: FMS is an independent legal entity (organization or individual) that acts as a fiscal agent of the PIHP/CMHSP for the purpose of assuring fiduciary accountability for the funds comprising an individual budget. The FMS shall perform its duties as specified in a contract with a PIHP/CMHSP or its designated subcontractor. The purpose of the FMS is to receive funds making up an individual budget, and make payments as authorized by the individual to providers and other parties to whom an individual using the individual budget may be obligated. The FMS may also provide a variety of supportive services that assist the individual in selecting, employing and directing individual and agency providers. Examples of entities that might serve in the role of FMS include bookkeeping or accounting firms and local Arc or other advocacy organizations.

Individual: For the purpose of this policy, "individual" means an individual receiving direct specialty mental health services and supports. The individual may select a representative to enter into the self-determination agreement and for other agreements that

may be necessary for the individual to participate in arrangements that support self-determination. The individual may have a legal guardian. The role of the guardian in self-determination shall be consistent with the guardianship arrangement established by the court. Where an individual has been deemed to require a legal guardian, there is an extra obligation on the part of the PIHP/CMHSP and those close to the individual to assure that it is the individual's preferences and dreams that drive the use of self-determination arrangements, and that the best interests of the individual are primary.

Individual Budget: An individual budget is a fixed allocation of public mental health resources denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health services and supports needed to accomplish an individual's IPOS. The individual served uses the funding authorized to acquire, purchase, and pay for specialty mental health services and supports in his or her IPOS.

IPOS: Individual plan of service – the individual's plan of service and/or supports, as developed using the person-centered planning process.

PIHP: Prepaid Inpatient Health Plan - is a managed care entity that provides Medicaid-funded mental health specialty services and supports in an area of the state.

Primary person served An individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program (Definition from the Michigan Mental Health Code).

Qualified Provider: A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Michigan Department of Health and Human Services and the PIHP/CMHSP, including applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the person-centered planning process and should be specified in the IPOS or result from a process developed locally to assure the health and well-being of individuals, conducted with the full input and involvement of local individuals and advocates.

Choice Voucher Arrangements: Choice Voucher is the name for self-directed services for people under the age of 18. This is because children cannot independently direct their services until adulthood.

Self-Direction: 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 service and supports. People who self-direct their services are able to decide how to spend their CMH services budget with support, as desired.

Self-Determination: Self-determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. The goals of SD, on an individual basis,

are to promote full inclusion in community life, to have self-worth and increase belonging while reducing the isolation and segregation of people who receive services. Self-determination builds upon choice, autonomy, competence, and relatedness which are building blocks of psychological wellbeing. Within Michigan's public mental health system, self-determination involves accomplishing system change to assure that services and supports for individuals are not only person-centered, but person-defined and person-controlled. Self-determination is based on five principles. These principles are:

FREEDOM: The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to choose where and with whom one lives, who and how to connect to one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.

AUTHORITY: The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the authority to control resources.

SUPPORT: The arranging of resources and personnel, both formal and informal, to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that dream.

RESPONSIBILITY: The acceptance of a valued role by the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

CONFIRMATION: The important leadership role that individuals with disabilities and their families must play in a newly re-designed system and support for the self-advocacy movement.

Self-Determined Life: A life chosen and lead by the individual.

Secondary person served or natural support: Generally, a family member or other blood relative of a primary person served. Other relationships would be considered on a case by case basis.

Zero-Based Budgeting: A comprehensive budgeting process that systematically considers the priorities and alternatives for current and proposed activities in relation to organizational (or individual) goals and objectives. Annual justification of programs and activities is required in order to rethink priorities within the agreed upon objectives. Zero-based budgeting requires that one will reevaluate all activities at the start of the budgeting

process to make decisions about which ones to continue, eliminate, or fund at a different level.

References:

- Michigan Department of Health and Human Services Person-Centered Planning Policy
- Michigan Department of Health and Human Services and Substance Abuse: Interpretive and Consultative Advisory Person-Centered Planning and the Role of Health and/or Safety Considerations.
- Michigan Department of Health and Human Services Behavioral Health and Disabilities Administration Self-Determination Practice and Fiscal Intermediary Guideline July 29,2020
- Consumer Choice and Service Management Policy
- Michigan workforce background check program-Legal Guide Section 1- 42U.S. Code 1320a-7 May 2007.
- Michigan Department of Health and Human Services Self-Direction Technical Requirement Implementation Guide Version 2.2 January 2022

Michigan Department of Health and Human Services Medicaid Provider Manual. January 1, 2025

Exhibits:

Exhibit A: Workflow for Self Determination

Exhibit B: Workflow for Self Determination Narrative

Exhibit C: Characteristics of a Self Determination Coordinator

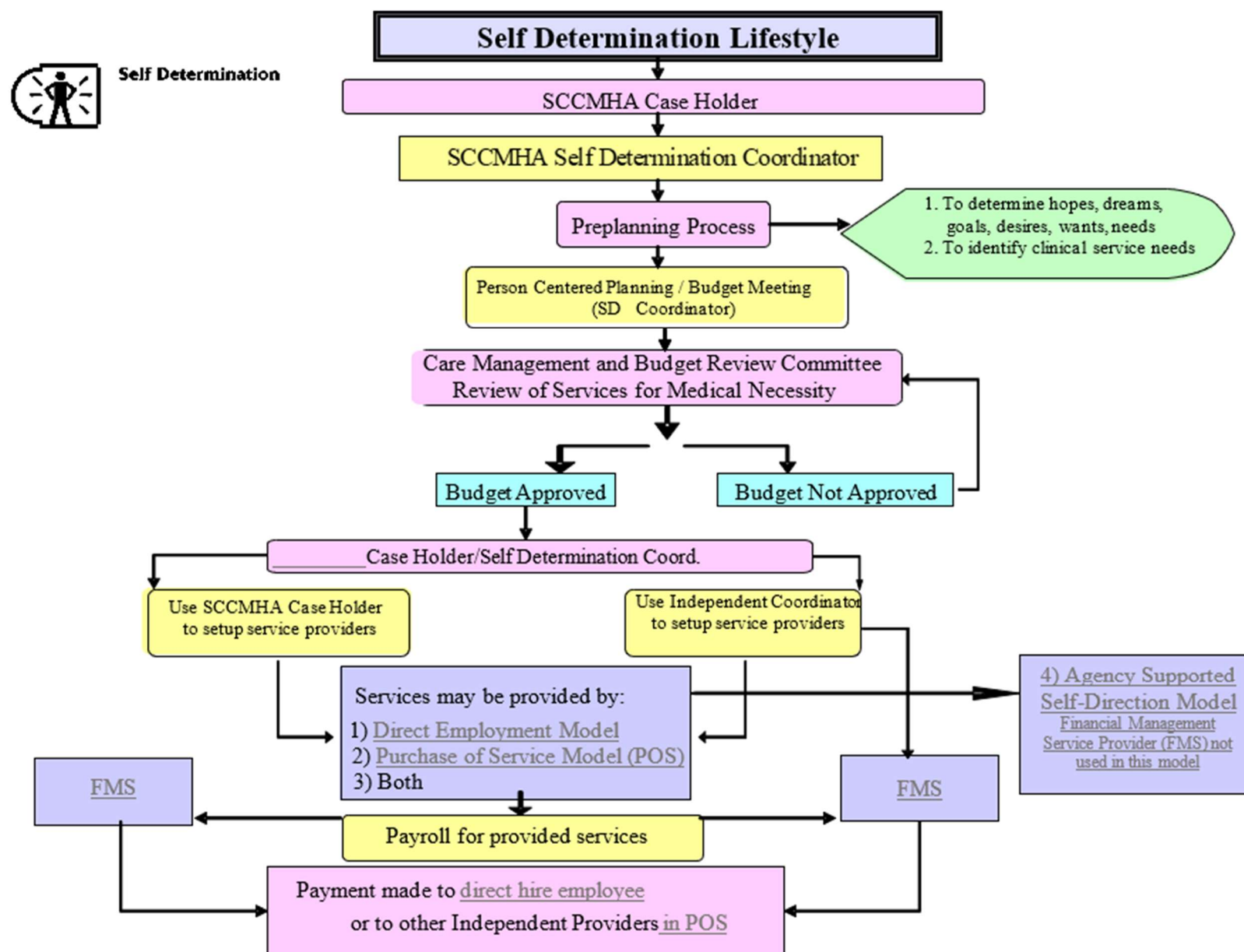
Exhibit D: Self-Directed Time Sheet & Progress Notes

Exhibit E: Self-Directed Budgeting Committee Workgroup Charter

Procedure:

ACTION	RESPONSIBILITY
Assigned Administrator responsible for oversight of Self-Determination initiative. Convenes a self-determination team. Approves the self-determination policy based on the recommendations of the Self-Determination Team.	CEO
Provides leadership for the development of the initiative. Assigns the responsibilities of the self-determination coordinator. Reviews and approves self-determination budgets annually.	Director of Services for Persons with IDD
Serves as assigned administrator for self-determination and actively participates on the Self-Determination Budget Review Committee. Assigns a care management staff to the Budget Review Committee for self -determination to review and make recommendations on	Director of Utilization and Care Authorization. Utilization Management

proposed self -determination budgets. The individual or guardian is given information on the SCCMHA appeals process.		
Co-leads the self-determination team. Coordinates and provides staff training for case holders as well as network providers. Attends person-centered planning meetings, as invited, for persons expressing an interest in self-direction to manage their own budget. Develops and proposes individual self-directed budgets. Tracks the number of individuals that are managing their own budgets. Monitors individual/family satisfaction. Assures adherence to the Consumer Choice and Services Management Policy. Maintains a central record of self-determination services. Has the authority to approve any budget revisions that do not exceed \$500.00 without approval of the budget committee.	Self-Determination Coordinator	
Expresses a desire to live a self-determined life by participating in self-direction. Accepts the responsibility to live life as independently as possible. Agrees to participate in the person-centered planning process. Develops a budget as part of their IPOS based on identified needs, wants, hopes, and dreams. Agrees to explore natural supports and other community resources as part of the planning process. Agrees to use resources wisely and to contribute back to the community in a meaningful way. Agrees to stay within the agreed upon budget.	Individual	
Reviews and makes recommendations for all self-determination budgets via email/Sentri II as needed or meeting face-to-face monthly. Provide ongoing input when approached regarding a new self- determination budget or a revision to an existing budget.	Self-Directed Committee	Budgeting



Document created: 12/3/02

Workflow for Self Determination

- Individual desires information pertaining to self- determination.
- SD coordinator is contacted by case holder, guardian, individual, or any interested party.
- SD coordinator sets up an initial meeting to explain the basics of self-determination; what it is, what is involved, what is a financial management service provider (FMS), etc.
- If individual (or guardian) wishes to have self -determination as their lifestyle, the Case holder needs to reflect this in the IPOS, with very specific information pertaining to hiring staff, housing preferences, employment choices, etc.
- SD coordinator sets up a budget meeting with all interested parties who support the individual in their quest toward independence. Attendees could include, but are not limited too; individual/guardian, caregivers, friends, any and all family, church friends, physicians, social workers, FMS, etc.
- Once a budget has been determined, the SD coordinator must have the budget approved by the Director of Services for Persons with IDD or SD Budget Review Committee, This committee assures that the services requested meet medical necessity criteria.
- Once the SD budget is approved, then the SD coordinator contacts the contracts department for development of the SD agreement for appropriate signatures. If the budget is not approved, then the SD coordinator goes back to the individual and their support team for revisions or appeal.
- SD coordinator schedules a “kick off meeting” for all of the paperwork to be completed and discuss all the roles and responsibilities of the employer and their employees in an SD arrangement. (SD contract, financial papers for the FMS, 42CFR agreement for each staff providing services, self- determination training guide is presented to the individual/guardian, background check information is discussed, etc.)
- The individual chooses to receive case management/support coordination services (case holder) through an SCCMHA employee/contract provider of SCCMHA or forms a contract with an independent case holder. The provider must have a minimum of a BSW and be approved by SCCMHA as qualified and credentialed.
- Case holder authorizes services under the financial management service provider.
- Care management approves the authorization, which will be reflective in the Sentri II system. If it is not approved, then the case holder may be asked to provide additional information.
- The FMS dispenses the dollars as outlined in the individualized budget and sends monthly reports to the SD coordinator and to the individual/guardian. It is the responsibility of the individual/guardian to review these statements each month for accuracy. The SD coordinator will also review on a monthly basis.

Characteristics for a Self -Determination Coordinator

- Financial experience for budget development and service allocation
- Solid knowledge base of Medicaid Chapter III
- Partnership and collaboration with community partners and health care professionals such as: Occupational Therapists, Speech Therapist, Recreational Therapists, Psychologists, Registered Dieticians, Family Physicians, Psychiatrists, etc. to offer choice to individuals choosing to self-direct services.
- Clinical background to assist individuals with all disabilities and their families on their path towards independence
- Conference Planning and in-service (training) development
- Participates in the development / maintenance of program policies and procedures related to service delivery
- Participates in Continuous Quality Improvement
- Establishes program goals, priorities, objectives to encourage consistency of service outcomes to all individuals served by SCCMHA
- Advocates for all individuals with disabilities and appropriate organizations (i.e. Department of Health and Human Services, ARC, Disability Network of Mid-Michigan, etc.), other health care agencies (i.e. primary physician, etc.), natural support systems (i.e. family members, community organizations, etc.).
- Strong leadership, organizational, and administration skills

Exhibit D

Self-Directed Time Sheet & Progress Notes

Consumer Name: _____

Provider/Staff Name: _____ Total Hours: _____ for the week

Payroll Period: Sunday ____/____/____ to Saturday ____/____/____

Service Codes:

H2015 U7: Community Living Support 15 min
H2015 U7UN: Shared (2 consumers) CLS 15 min
T1005 U7: Respite 15 min
H0045 U7: Respite Overnight Per Day
TR: Training (Online, In-Class, Other)
*Not an all-inclusive list of service codes.

Day: Sun Mon Tue Wed Thur Fri Sat	Personal Care (Guide & Direct Only)	Community Living Supports (CLS)
Date: _____	Routine, Seasonal & Heavy Household Care & Maintenance	Non-Medical Care (not requiring nurse/physician intervention)
Time In: ____:____ AM / PM	Shopping for Food & Other Necessities of Daily Living	Acquiring or Procuring Goods, Other than those Listed under Shopping & Non-Medical Services
Time Out: ____:____ AM / PM	Medication Administration/Monitoring	Participation in Regular Community Activities & Recreation Opportunities
Service Code: _____	Meal Preparation	Money Management
	Eating	Transportation (excludes to/from medical appts)
	Bathing	Socialization & Relationship Building/Supervision
	Dressing	Attendance at Medical Appointments
	Personal Hygiene	
	Laundry	

Progress Notes: (Check above what goals were worked on today and explain in detail how you worked toward each goal.)

Day: Sun Mon Tue Wed Thur Fri Sat	Personal Care (Guide & Direct Only)	Community Living Supports (CLS)
Date: _____	Routine, Seasonal & Heavy Household Care & Maintenance	Non-Medical Care (not requiring nurse/physician intervention)
Time In: ____:____ AM / PM	Shopping for Food & Other Necessities of Daily Living	Acquiring or Procuring Goods, Other than those Listed under Shopping & Non-Medical Services
Time Out: ____:____ AM / PM	Medication Administration/Monitoring	Participation in Regular Community Activities & Recreation Opportunities
Service Code: _____	Meal Preparation	Money Management
	Eating	Transportation (excludes to/from medical appts)
	Bathing	Socialization & Relationship Building/Supervision
	Dressing	Attendance at Medical Appointments
	Personal Hygiene	
	Laundry	

Progress Notes: (Check above what goals were worked on today and explain in detail how you worked toward each goal.)

I certify that I wrote the progress notes above, worked the hours shown on this sheet on the days indicated, and that this timesheet has been authorized by the consumer or their representative. (No photocopied signatures will be accepted. Please use blue or black ink.)

Provider/Staff/Employee Signature: _____

Consumer/Guardian/Representative/Employer Signature: _____

Case Holder Initials: _____ Date Initialed: _____

All overtime must be pre-approved by the SD Coordinator.

9/20/2023



Name: Self-Directed Budgeting Committee

Executive Sponsor:

Workgroup Charter

If there are metric reports associated with the workgroup, the workgroup is responsible for analyzing the data within metric reports, developing quality improvement plans, and adhering to the SCCMHA Data Driven Quality Improvement Program.

Step One: Charter Proposal

Type of Charter – Identify the type of charter that this workgroup will represent.

Type of Charter: ☐ Quality ☒ Operations ☐ Adhoc

Narrative - Describe the purpose, objectives or goals, and background information.

The purpose of this charter is to establish the framework for self-directed services. It emphasizes individual empowerment, choice, and control.

Vision and Mission

- Vision: Empowering individuals with disabilities to lead self-directed lives.
- Mission: To provide personalized services that honor individual preferences and promote independence.

The committee will ensure medical necessity and fiscal responsibility in all decision making as outlined in the Self-Direction Technical Requirement Implementation Guide. The individual budget shall be determined using a fair, equitable, and transparent methodology. The individual has the responsibility for staying within authorized amounts and ensuring the use of services and supports do not exceed the authorized amount.

We uphold the following core principles:

- Choice and Control: Individuals have the right to make decisions about their own lives.
- Person-Centered Planning: Services are tailored to each person's unique needs, goals, and aspirations.
- Community Inclusion: Encourage active participation in community life.
- Transparency and Accountability: Ensure openness in decision-making and resource allocation.

Statement of Work – Describe the specific activities (in scope and out of scope) of the workgroup.

Each individual's budget will be based upon their goals and dreams. During the person-centered planning process, an individualized budget will be developed for the upcoming year, utilizing a zero-based budget approach (see Exhibit A). The budget will include all-natural support contributions, as well as community resources such as an application for Home Help or Expanded Home Help Services through the Michigan Department of Health and Human Services (MDHHS). A CLS Net Map will be completed as part of the budget process (see Exhibit B).

The 3 tiers of AFC homes:

- Low Intensity - \$53,007 (Krasinski/Bethesda average)
- Moderate Intensity - \$77,672 (Kneaded Angel Homes 1, IV, V average)
- High Intensity - \$92,599 (SCCMHA owned 17 homes average)

Budgets (new/renewal) under \$55,000 are to be sent to the Chair and Co-Chair for approval.

Budgets (new/renewal) that meet any of the following criteria must be reviewed by this Committee (see Exhibit C):

- When a requested service could be purchased more cost effective through contracted network (see Exhibit D).
- When an employer is adamant about paying at a wage scale that exceeds the cost of purchasing through contracted network.
- When a budget is over the amount of \$55,000 annually
- When budget adherence is an issue (budget is consistently over or under by a significant amount, \$5,000 or more).

All budgets will be reviewed at a minimum of every 3 years by this Committee.

Budget modifications under \$500 do not require review. Budget modifications over \$500 shall be submitted to the Chair and Co-Chair for approval.

Exhibit A - SD Budget Development Worksheet

Exhibit B - Net Service Analysis Map

Exhibit C - Self-Directed Budget Development Supporting Documentation for SD Workgroup Review

Exhibit D - FY23 Contracted External Provider Network Fee Schedule for information regarding max fees.

Submitter Signature: Charlotte Fondren Date: 7/8/2024

Step Two: Workgroup Design

The following should be completed by the Workgroup Chairperson.

Name	Role	Department	Title
Vurlia Wheeler	Co-Chair	Utilization	Director of Utilization & Care Authorization
Charlotte Fondren	Chairperson	Clinical Services	Director of Services for Persons with IDD
Gretchen Phillips-Williams	Recorder	Clinical Services	Administrative Assistant to Director of Svcs for Persons with IDD
Allison Hamilton	Recorder	SCS/SD	Administrative Coordinator - IDD/Self Determinatio
Jennifer Tomaszewski	Member	Contracts & Procurement	Contracts Manager
Kristie Wolbert	Member	Clinical Services	Executive Director of Clinical Services & Programs
Marie D'Felio	Member	Finance	Revenue & Grants Staff Accountant
Karen Lechner	Member	Finance	Staff Accountant
Jennifer Keilitz	Member	Network Services & Public Safety	Director of Network Services, Public Policy & Continuing Education
Vaia Economou-Clifford	Guest	SD	Self Determination Coordinator
Kalen Steger	Guest	SD	Self Determination Coordinator
Amanda Louchart	Guest	SD	Self Determination Coordinator
Nakeisha Bledson	Guest	SD	Self Determination Coordinator

Jan Histed	Guest	Finance	Chief Financial Officer
Matthew Briggs	Guest	Contracts & Procurement	Chief of Network Business Operations

Other Requirements – Describe any other requirements that may be needed (e.g., consultants, resources).

Four exhibits are included in this workgroup charter.

Metric Report(s) Associated with this Workgroup

Meeting Plan

☐ Weekly
 ☐ Bi-Monthly
 ☒ Monthly
 ☐ Every other Month
 ☐ Quarterly
 ☐ Other:

☐ 1 hour
 ☒ 1.5 hours
 ☐ 2 hours
 ☐ 2.5 hours
 ☐ 3 hours
 ☐ Other:

Step Three: Charter Governance Approval

Charter Governance:
 ☒ OPS
 ☐ SMT
 ☐ QGC
 ☐ CPT
 ☐ BI
 ☐ Other:

Chairperson Appointment: Charlotte Fondren

Approver Signature: Matt Briggs Date: 7/9/2024

Step Four: Annual Review of Charter

Comments (optional):

Chairperson Signature: Date: [Click here to enter a date.](#)