

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**Behavioral Health and Developmental Disabilities**  
**SELF-DETERMINATION POLICY & PRACTICE GUIDELINE<sup>i</sup>**  
March 18, 2012

**INTRODUCTION**

Self-determination is the value that people who are served by the mental health system must be supported to have a meaningful life in the community. The components of a meaningful life include: work or volunteer activities that are chosen by and meaningful to person, reciprocal relationships with other people in the community, and daily activities that are chosen by the individual and support the individual to connect with others and contribute to his or her community. Arrangements that support self-determination build up on the choice available within the public mental health system. With self-determination, individuals have control over an individual budget for their mental health services and supports to live the lives they want in the community. The public mental health system must offer arrangements that support self-determination, assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally defined goals and aspirations are identified.

The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom, and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.

Person-centered planning and self-determination underscore a commitment in Michigan to move away from traditional service approaches for people receiving services from the public mental health system. In Michigan, the flexibility provided through the Medicaid 1915(b) Specialty Services waiver, together with the Mental Health Code requirements of PCP, have reoriented organizations to respond in new and more meaningful ways. Recognition has increased among providers and professionals that many individuals may not need, want, or benefit from a clinical regimen, especially when imposed without clear choice. Many provider agencies are learning ways to better support the individual to choose, participate in, and accomplish a life with personal meaning. This has meant, for example, reconstitution of segregated programs into non-segregated options that connect better with community life.

However, the move away from predefined programmatic approaches and professionally managed models has many barriers. Agencies and providers have obligations and underlying values that affirm the principles of choice and control. Yet, they also have long-standing investments in existing programs and services, including their investments in capital and personnel resources. Even when options are expanded, the choices currently available seldom dissolve the isolation of people with disabilities, reduce the segregation, nor necessarily promote participation in community life and the realization of full citizenship rights.

The Department of Community Health supports the desire of people to control and direct their specialty mental health services and supports to have a full and meaningful role. At the same time, the Department knows that the system change requirements, as outlined in this policy and practice guideline, are not simple in its application. The Department is committed to continuing dialogue with stakeholders, and to the provision of support, direction and technical assistance so the system may make successful progress to resolve technical difficulties and apparent barriers, and to achieve real, measurable progress in the implementation of this policy. This policy is intended to clarify the essential aspects of arrangements that promote opportunity for self-determination, and define required elements of these arrangements.

**PURPOSE**

- I. To provide policy direction that defines and guides the practice of self-determination within the public mental health system (as implemented by Prepaid Inpatient Health Plans/Community Mental Health Services Programs (PIHP/CMHSPs) in order to assure that arrangements that support self-determination are made available as a means for achieving personally-designed plans of specialty mental health services and supports.

## **CORE ELEMENTS**

- I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services and supports (IPOS), the amount of mental health and other public resources to be authorized to accomplish the plan, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
- II. Within the obligations that accompany the use of funds provided to them, PIHP/CMHSPs shall ensure that their services planning and delivery processes are designed to encourage and support individuals to decide and control their own lives. The PIHP/CMHSP shall offer and support easily-accessed methods for people to control and direct an individual budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers selected by the individual.
- III. People receiving services and supports through the public mental health system shall direct the use of resources in order to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.
- IV. Fiscal responsibility and the wise use of public funds shall guide the individual and the PIHP/CMHSP in reaching an agreement on the allocation and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person, consistent with the fiduciary obligations of the PIHP/CMHSP.

### Core Elements, continued

- V. Realization of the principles of self-determination requires arrangements that are partnerships between the PIHP/CMHSP and the individual. They require the active commitment of the PIHP/CMHSP to provide a range of options for individual choice and control of personalized provider relationships within an overall environment of person-centered supports.
- VI. In the context of this partnership, PIHP/CMHSPs must actively assist people with prudently selecting qualified providers and otherwise support them with successfully using resources allocated in an individual budget.
- VII. Issues of health, safety and well-being are central to assuring successful accomplishment of a person's IPOS. These issues must be addressed and resolved using the person-centered planning process, balancing individual preferences and opportunities for self-direction with PIHP/CMHSP obligations under federal and state law and applicable Medicaid Waiver regulations. Resolutions should be guided by the individual's preferences and needs, and implemented in ways that maintain the greatest opportunity for personal control and direction.
- VIII. Self-determination requires recognition that there may be strong inherent conflicts of interest between a person's choices and current methods of planning, managing and delivering specialty mental health services and supports. The PIHP/CMHSP must watch for and seek to minimize or eliminate either

potential or actual conflicts of interest between itself and its provider systems, and the processes and outcomes sought by the person.

- IX. Arrangements that support self-determination are administrative mechanisms, allowing a person to choose, control and direct providers of specialty mental health services and supports. With the exception of fiscal intermediary services, these mechanisms are not themselves covered services within the array of state plan and mental health specialty services and supports. Self-determination arrangements must be developed and operated within the requirements of the respective contracts between the PIHPs and CMHSPs and the Michigan Department of Community Health and in accordance with federal and state law. Using arrangements that support self-determination does not change an individual's eligibility for particular specialty mental health services and supports.
  
- X. Arrangements that support self-determination involve mental health specialty services and supports, and therefore, the investigative authority of the Recipient Rights office applies.

## POLICY

- I. ***Opportunity to pursue and obtain an IPOS incorporating arrangements that support self-determination shall be established in each PIHP/CMHSP, for adults with developmental disabilities and adults with mental illness. Each PIHP/CMHSP shall develop and make available a set of methods that provide opportunities for the person to control and direct their specialty mental health services and supports arrangements.***
  - A. Participation in self-determination shall be a voluntary option on the part of the each person.
  - B. Person's involved in self-determination shall have the authority to select, control and direct their own specialty mental health services and supports arrangements by responsibly controlling the resources allotted in an individual budget, towards accomplishing the goals and objectives in their IPOS.
  - C. ***A PIHP/CMHSP shall assure that full and complete information about self-determination and the manner in which it may be accessed and applied is provided to each everyone receiving mental health services from its agency.*** This shall include specific examples of alternative ways that a person may use to control and direct an individual budget, and the obligations associated with doing this properly and successfully.
  - D. Self-determination shall not serve as a method for a PIHP/CMHSP to reduce its obligations to a person or avoid the provision of needed specialty mental health services and supports.
  - E. ***PIHP/CMHSP shall actively support and facilitate a person's*** application of the principles of self-determination in the accomplishment of his/her IPOS.
- II. ***Arrangements that support self-determination shall be made available to each person for whom an agreement on an IPOS along with an acceptable individual budget has been reached.*** A person initiates this process by requesting the opportunity to participate in self-determination. For the purposes of self-determination, reaching agreement on the IPOS must include delineation of the arrangements that will, or may, be applied by the person to select, control and direct the provision of those services and supports.
  - A. ***Development of an individual budget shall be done in conjunction with development of an IPOS using a person-centered planning process.***
  - B. As part of the planning process leading to an agreement about self-determination, ***the arrangements that will, or may, be applied by the person to pursue self-determination shall be delineated and agreed to by the person and the PIHP/CMHSP.***
  - C. The individual budget represents the expected or estimated costs of a concrete approach to accomplishing the person's IPOS.

### POLICY Section II. continued

- D. The amount of the individual budget shall be formally agreed to by both the person and the PIHP/CMHSP before it may be authorized for use by the person. ***A copy of the individual budget must be provided to the person prior to the onset of a self-determination arrangement.***
- E. Proper use of an individual budget is of mutual concern to the PIHP/CMHSP and the person.
  1. Mental Health funds included in an individual budget are the assets and responsibility of the PIHP/CMHSP, and must be used consistent with statutory and regulatory requirements. ***Authority over their direction is delegated to the individual,*** for the

purpose of achieving the goals and outcomes contained in the individual's IPOS. ***The limitations associated with this delegation shall be delineated to the individual*** as part of the process of developing the IPOS and authorizing the individual budget.

2. ***An agreement shall be made in writing between the PIHP/CMHSP and the individual delineating the responsibility and the authority of both parties*** in the application of the individual budget, including how communication will occur about its use. ***The agreement shall reference the IPOS and individual budget, which shall all be provided to the person. The directions and assistance necessary*** for the individual to properly apply the individual budget ***shall be provided to the individual in writing when the agreement is finalized.***
3. ***An individual budget, once authorized, shall be provided to the individual and filed.*** An individual budget shall be in effect for a specified period of time. Since the budget is based upon the individual's IPOS, when the IPOS needs to change, the budget may need to be reconsidered as well. In accordance with the Person-Centered Planning Policy and Practice Guideline, the IPOS may be reopened and reconsidered whenever the individual, or the agency, feels it needs to be reconsidered.
4. ***The individual budget is authorized by the PIHP/CMHSP for the purpose of providing a defined amount of resources that may be directed by a person to pursue accomplishing his/her IPOS*** An individual budget shall be flexible in its use.
  - a. ***When a person makes adjustments in the application of funds*** in an individual budget, these shall occur within a framework that has been agreed to by the person and the PIHP/CMHSP, and described in an attachment to the person's self-determination agreement.
  - b. A person's IPOS may set forth the flexibility that an individual can exercise to accomplish his or her goals and objectives.

POLICY Section II.E.4 continued

When a possible use of services and supports is identified in the IPOS, the person does not need to seek prior approval to use the services in this manner.

- c. ***If a person desires to exercise flexibility in a manner that is not identified in the IPOS, then the IPOS must be modified*** before the adjustment may be made. ***The PIHP/CMHSP shall attempt to address each situation in an expedient manner*** appropriate for the complexity and scope of the change.
  - d. Funds allotted for specialty mental health services may not be used to purchase services that are not specialty mental health services. Contracts with providers of specialty mental health services should be fiscally prudent.
5. ***Either party—the PIHP/CMHSP or the person—may terminate a self-determination agreement***, and therefore, the self-determination arrangement. ***Prior to the PIHP/CMHSP terminating an agreement, and unless it is not feasible, the PIHP/CMHSP shall inform the individual of the issues*** that have led to consideration of a discontinuation or alteration decision, ***in writing, and provide an opportunity for problem resolution.*** Typically resolution will be conducted using the person-centered planning process, with termination being the option of choice if other mutually-agreeable solutions cannot be found. In any instance of PIHP/CMHSP discontinuation or alteration of a self-determination arrangement, the local processes for dispute resolution may be used to address and resolve the issues.

6. Termination of a Self-Determination Agreement by a PIHP/CMHSP is not a Medicaid Fair Hearings Issue. Only a change, reduction, or termination of Medicaid services can be appealed through the Medicaid Fair Hearings Process, not the use of arrangements that support self-determination to obtain those services.
7. Discontinuation of a self-determination agreement, by itself, shall neither change the individual's IPOS, nor eliminate the obligation of the PIHP/CMHSP to assure specialty mental health services and supports required in the IPOS.
8. ***In any instance of PIHP/CMHSP discontinuation or alteration, the person must be provided an explanation of applicable appeal, grievance and dispute resolution processes and (where required) appropriate notice.***

POLICY continued

- III. Assuring authority over an individual budget is a core element of self-determination. This means that the individual may use, responsibly, an individual budget as the means to authorize and direct their providers of services and supports. ***A PIHP/CMHSP shall design and implement alternative approaches that people electing to use an individual budget may use to obtain individual-selected and -directed provider arrangements.***
- A. ***Within prudent purchaser constraints, a person shall be able to access any willing and qualified provider*** entity that is available to provide needed specialty mental health services and supports.
- B. ***Approaches shall provide for a range of control options up to and including the direct retention of individual-preferred providers through purchase of services agreements between the person and the provider.*** Options shall include, upon the individual's request and in line with their preferences:
1. Services/supports to be provided by an entity or individual currently operated by or under contract with the PIHP/CMHSP.
  2. Services/supports to be provided by a qualified provider chosen by the individual, with the PIHP/CMHSP agreeing to enter into a contract with that provider.
  3. Services/supports to be provided by an individual-selected provider with whom the individual executes a direct purchase-of-services agreement. ***The PIHP/CMHSP shall provide guidance and assistance to assure that agreements to be executed with individual-selected providers are consistent with applicable federal regulations governing provider contracting and payment arrangements.***
    - a. Individuals shall be responsible for assuring those individuals and entities selected and retained meet applicable provider qualifications. ***Methods that lead to consistency and success must be developed and supported by the PIHP/CMHSP.***
    - b. Individuals shall assure that written agreements are developed with each provider entity or individual that specify the type of service or support, the rate to be paid, and the requirements incumbent upon the provider.
    - c. Copies of all agreements shall be kept current, and shall be made available by the individual, for review by authorized representatives of the PIHP/CMHSP.

POLICY Section III.B.3continued

- d. Individuals shall act as careful purchasers of specialty mental health services and supports necessary to accomplish their plan. Arrangements for services shall not be excessive in cost. Individuals should aim for securing a better value in terms of outcomes for the costs involved. Existing personal and community resources shall be pursued and used before public mental health system resources.
  - e. Fees and rates paid to providers with a direct purchase-of-services agreement with the individual shall be negotiated by the individual, within the boundaries of the authorized individual budget. ***The PIHP/CMHSP shall provide guidance as to the range of applicable rates, and may set maximum amounts that a person may spend to pay specific providers.***
  - f. Conflicts of interest that providers may have must be considered. For example, a potential provider may have a competing financial interest such as serving as the individual's landlord. If a provider with a conflict of interest is used, the conflict must be addressed in the relevant agreements. The Medicaid Provider Manual has directly addressed one conflict stating that, individuals cannot hire or contract with legally responsible relatives (for an adult, the individual's spouse) or with his or legal guardian.
4. A person shall be able to access one or more alternative methods to choose, control and direct personnel necessary to provide direct support, including:
    - a. Acting as the employer of record of personnel.
    - b. Access to a provider entity that can serve as employer of record for personnel selected by the individual (Agency with Choice).
    - c. PIHP/CMHSP contractual language with provider entities that assures individual selection of personnel, and removal of personnel who fail to meet individual preferences.
    - d. Use of PIHP/CMHSP-employed direct support personnel, as selected and retained by the individual.
  5. ***A person using self-determination shall not be obligated to utilize PIHP/CMHSP-employed direct support personnel or a PIHP/CMHSP-operated or -contracted program/service.***
  6. All direct support personnel selected by the person, whether she or he is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel, or the requirements pertinent to the particular professional services offered by the provider.

POLICY Section III.B. continued

7. A person shall not be required to select and direct needed provider entities or his/her direct support personnel if she or he does not desire to do so.
- IV. ***A PIHP/CMHSP shall assist a person using arrangements that support self-determination to select, employ, and direct his/her support personnel, to select and retain chosen qualified provider entities, and shall make reasonably available, consistent with MDCH Technical Advisory instructions, their access to***



*alternative methods for directing and managing support personnel.*

- A. ***A PIHP/CMHSP shall select and make available qualified third-party entities that may function as fiscal intermediaries*** to perform employer agent functions and/or provide other support management functions as described in the Fiscal Intermediary Technical Requirement (Contract Attachment P3.4.4), in order to assist the person in selecting, directing and controlling providers of specialty services and supports.
- B. ***Fiscal intermediaries shall be under contract to the PIHP/CMHSP or a designated subcontracting entity.*** Contracted functions may include:
1. Payroll agent for direct support personnel employed by the individual (or chosen representative), including acting as an employer agent for IRS and other public authorities requiring payroll withholding and employee insurances payments.
  2. Payment agent for individual-held purchase-of-services and consultant agreements with providers of services and supports.
  3. Provision of periodic (not less than monthly) financial status reports concerning the individual budget, to both the PIHP/CMHSP and the individual. Reports made to the individual shall be in a format that is useful to the individual in tracking and managing the funds making up the individual budget.
  4. Provision of an accounting to the PIHP/CMHSP for the funds transferred to it and used to finance the costs of authorized individual budgets under its management.
  5. Assuring timely invoicing, service activity and cost reporting to the PIHP/CMHSP for specialty mental health services and supports provided by individuals and entities that have a direct agreement with the individual.
  6. Other supportive services, as denoted in the contract with the PIHP/CMHSP that strengthen the role of the individual as an employer, or assist with the use of other agreements directly involving the individual in the process of securing needed services.

For a complete list of functions, refer to the Fiscal Intermediary Technical Requirement (Contract Attachment P3.4.4),

POLICY Section IV.B. continued

- C. ***A PIHP/CMHSP shall assure that fiscal intermediary entities are oriented to and supportive of the principles of self-determination, and able to work with a range of personal styles and characteristics. The PIHP/CMHSP shall exercise due diligence in establishing the qualifications, characteristics and capabilities of the entity to be selected as a fiscal intermediary, and shall manage the use of fiscal intermediaries consistent with the Fiscal Intermediary Technical Requirement and MDCH Technical Assistance Advisories addressing fiscal intermediary arrangements.***
- D. An entity acting as a fiscal intermediary shall be free from other relationships involving the PIHP/CMHSP or the individual that would have the effect of creating a conflict of interest for the fiscal intermediary in relationship to its role of supporting individual-determined services/supports transactions. These other relationships typically would include the provision of direct services to the individual. ***The PIHP/CMHSP shall identify and require remedy to any conflicts of interest of the entity that, in the judgment of the PIHP/CMHSP, interfere with the performance of its role as a fiscal intermediary.***

- E. A PIHP/CMHSP shall collaborate with and guide the fiscal intermediary and each individual involved in self-determination to assure compliance with various state and federal requirements, and to assist the individual in meeting his/her obligations to follow applicable requirements. It is the obligation of the PIHP/CMHSP to assure that fiscal intermediaries are capable of meeting and maintaining compliance with the requirements associated with their stated functions, including those contained in the Fiscal Intermediary Technical Requirement.
- F. Typically, funds comprising an individual budget would be lodged with the fiscal intermediary, pending appropriate direction by the individual to pay individual-selected and contracted providers. Where a person selected and directed provider of services has a direct contract with the PIHP/CMHSP, the provider may be paid by the PIHP/CMHSP, not the fiscal intermediary. In that case, the portion of funds in the individual budget would not be lodged with the fiscal intermediary, but instead would remain with the PIHP/CMHSP, as a matter of fiscal efficiency.

**VI. *The PIHP/CMHSP shall have the discretion to limit the use of arrangements that support self-determination by individuals who have guardians*** because of the inherent tension between the principles of self-determination and the legal authority of guardians. Despite this tension, the goal of guardianship--to maximize self-reliance and independence (MCL 330.1602)—is consistent with the principles of self-determination. When the PIHP/CMHSP offers arrangements that support self-determination, ***the PIHP/CMHSP must carefully balance the needs and desires of the person with the authority of the guardian as described in the letters of authority, of which the PIHP/CMHSP must obtain a copy so that the scope of the guardian's authority is clearly understood.***

POLICY Section V. continued

When a person who has a guardian seeks supports and services through the mental health system, the guardian must recognize that the system is driven by the person-centered planning process. The definition of person-centered planning in the Michigan Mental Health Code specifically states that the process “honors the individual’s preferences, choices and abilities.” This legal requirement applies to all individuals receiving services not just those who do not have guardians and is critical in planning for arrangements that support self-determination. Moreover, the Michigan Medicaid Provider Manual states: “[c]are should be taken to insure that these goals are those of the Individual first, not those of a parent, guardian, provider, therapist or case manager, no matter how well-intentioned.” MPM MH/SA §17.1.

*Where a individual has been deemed to require a legal guardian, there is an extra obligation on the part of the PIHP/CMHSP and others close to the person to assure that it is the individual’s preferences and goals that drive the use of self-determination arrangements, and that the best interests of the individual are primary.* The guardian has an obligation to be a partner in that process, particularly when the use of arrangements that support self-determination are being planned. The guardian has a legal responsibility for ensuring that the individual’s choices and preferences are maintained and should use his or her personal relationship and commitment to the individual to support the individual in defining and achieving his or her goals, particularly as they relate to maximizing self-reliance and independence.

*The PIHP/CMHSP must support individuals who have guardians who are using arrangements that support self-determination to identify an independent advocate. When the individual’s rights are being restricted by the guardian without a compelling reason that has been addressed through the person-centered planning process, arrangements that support self-determination are not the appropriate mechanism for service delivery. In that situation, the PIHP/CMHSP has discretion to not to enter into a self-determination agreement or to terminate the self-determination agreement pursuant to Section II.E.5 of this policy.*

**DEFINITIONS**

**Agency with Choice**

A provider agency that serves as employer of record for direct support personnel, yet enables the person using the supports to hire, manage and terminate workers.

**Choice Voucher System**

The Choice Voucher System is the designation for set of arrangements that facilitate and support accomplishing self-determination, through the use of an individual budget, a fiscal intermediary, and direct individual-provider contracting. Its use shall be guided by Choice Voucher System Technical Advisory.

**CMHSP**

For the purposes of this policy, a Community Mental Health Services Program is an entity operated under Chapter Two of the Michigan Mental Health Code, or an entity under contract with the CMHSP and authorized to act on its behalf in providing access to, planning for, and authorization of specialty mental health services and supports for people eligible for mental health services.

**DEFINITIONS continued**

**Fiscal Intermediary**

A fiscal Intermediary 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. A fiscal intermediary shall perform its duties as specified in a contract with a PIHP/CMHSP or its designated sub-contractor. The purpose of the fiscal intermediary 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. A fiscal intermediary 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 a fiscal intermediary include: bookkeeping or accounting firms and local Arc or other advocacy organizations.

### **Individual/Person**

For the purposes of this policy, “Individual” or “person” means the adult receiving direct specialty mental health services and supports, and/or his/her selected representative. That is, the person 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. A selected representative of the individual shall not supplant the role of the person in the process of person-centered planning, in accordance with the Mental Health Code and the requirements of the contract between the PIHP/CMHSP and the Department of Community Health.

### **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 a person’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**

An IPOS means the individual’s individual plan of services and/or supports, as developed using a person-centered planning process.

### **PIHP**

For the purposes of this policy, a Prepaid Inpatient Health Plan (PIHP) is a managed care entity that provides Medicaid-funded mental health specialty services and supports in an area of the state.

### **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 Department of Community Health 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.

### **Self-Determination**

Self-determination incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, have access to meaningful choices, and have control over their lives in order to build lives in their community (meaningful activities, relationships and employment). Within Michigan’s public mental health system, self-determination involves accomplishing system change to assure that services and supports for people are not only person-centered, but person-defined and person-controlled. Self-determination is based on four 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 in 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.

A hallmark of self-determination is assuring a person the opportunity to direct a fixed amount of resources, which is derived from the person-centered planning process and called an individual budget. The person controls the use of the resources in his/her individual budget, determining, with the assistance of chosen allies, which services and supports he or she will purchase, from whom, and under what circumstances. Through this process, they possess power to make meaningful choices in how they live their life.

### **Specialty Mental Health Services**

This term includes any service/support that can legitimately be provided using funds authorized by the PIHP/CMHSP in the individual budget. It includes alternative services and supports as well as Medicaid-covered services and supports.

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<sup>1</sup>Language in ***bold italics*** indicates items that require action on the part of the PIHP/CMHSP