

# Home and Community-Based Services

## Self-Directed Home and Community-Based Services





## Content Summary

This booklet provides information about self-directed home and community-based services. The booklet provides information about the factors and responsibilities to consider when making a choice of self-directed care. This booklet also addresses common errors that may lead to improper payments and provides information about how to avoid them.

The Centers for Medicare & Medicaid Services (CMS) and the States are helping beneficiaries understand mistakes that can cause payment errors for self-directed home and community-based services (HCBS), called “self-directed care” in this booklet. Avoiding these mistakes can help Medicaid continue to provide services to those who need them. This booklet will help you make choices about your self-directed care. Self-directed care means that you or someone you choose can make choices about your care and manage the planning of the services you receive. It also means that you manage those who provide your services. Your State may also allow you to manage the Medicaid budget that pays for the care you direct.[1]

CMS has studied the causes of payment mistakes for HCBS. Reading this booklet will help you avoid them. If you do not have the right documentation or it is not filled out correctly, Medicaid funds cannot be used to pay those who provide your care, and you may lose their services. If you and your providers follow the Medicaid rules, you will receive the services you need and Medicaid can pay your providers.

This booklet will help you understand your role and the roles of others in managing your self-directed care. Some of the questions this booklet answers include:

- What are HCBS?
- What is self-directed care?
- What are the policies for self-directed care?
- What am I able to do?
- What must I do?
- What would keep Medicaid from paying my claims?
- Where can I get more information?

These are the key terms in this booklet:

- **You:** includes yourself, the beneficiary, and the person you assign in your plan to help you direct your care;
- **Provider:** includes physician; nurse practitioner; registered nurse; licensed practical nurse; aide; private or not-for-profit agency; case manager; State Medicaid agency (SMA) or State sister agency; Medicaid durable medical equipment (DME), supplies, and devices supplier; home modification business; or other providers of HCBS;
- **Staff:** includes the team of providers you recruit, hire, train, and manage to assist with your self-directed care and services; and
- **Person-centered plan:** is the same as plan of care, care plan, individual service plan (ISP), individual education plan (IEP), or other terms used to describe a written individual plan that includes HCBS.

## Overview of Home and Community-Based Services

Medicaid pays for services through many programs that help you live in your own home or community. [2] If you have a disability; are aged; or have a chronic condition such as diabetes, heart disease, or high blood pressure, you may be eligible to get the care you need. These services may include:

- Home health care;
- Personal support;
- Private-duty nursing;



- Home-delivered meals;
- Adult day care;
- Durable medical equipment (DME) and supplies;
- Case management;
- Respite care; and
- Other needed services.

States can waive some Federal rules to create programs to meet service needs of their residents. States can offer many waiver programs at the same time. No two State Medicaid programs are the same. Check with your SMA for information about programs and services you may be eligible for.

## Overview of Self-Directed Care

Federal law lets you self-direct your care. The first Medicaid services that could be self-directed were personal support services. These services help you manage your health and daily or weekly chores.[3, 4] Over the past 15 years, Medicaid laws have:

- Changed who can get services;[5]
- Changed where you can get services;[6]
- Let certain people with disabilities get services and items that help them live at home or in the community.[7]

## Self-Directed Care Path

State Medicaid programs must follow Federal law for self-directed care. States may add rules to help you stay safe and to protect the Medicaid program. If you get Medicaid HCBS and want to self-direct your care, contact your SMA. They can tell you if you qualify.

Medicaid lets you self-direct any or all of your home and community-based services if your State has a self-directed option. It also lets you manage how you get those services with help from your family, friends, or other supports.[8] You can choose who helps you and how they help you. For example, you can have an aide help you. Or you can do the task on your own with cueing or supervision.[9] You can also hire, manage, train, and let go of staff.[10]

Self-directed care must include a person-centered planning process, a written plan, and information and support.[11]

## **A Person-Centered Planning Process**

The planning process starts with a team of people who know you. The State may also provide team members, such as a case manager or care coordinator, who will make sure you are safe, provide you with help, and direct you to other services.[12, 13, 14] This team will help you decide what your goals are, what you can do, what you need help with, and who can help you.

You may get services from the SMA or a State sister agency.[15] The State will assign a case manager or supports coordinator to help you plan and let you know what service and care choices you have. Your case manager will help track your services.[16]

This team will help you write your plan, which is necessary to address your needs.[17, 18] Once the case manager or supports coordinator approves the plan, you or the person you choose may start directing your care.

## **A Written Person-Centered Plan**

Your plan describes the services, supports, and resources you need to live at home or in the community. If you do not have this plan, Medicaid cannot pay for the services you need.

Your plan must include information about you, including your Medicaid number, birth date, and telephone number. Your plan must say who is going to help you and how often. You can decide if you want someone to do tasks for you or if you want an aide to cue or supervise you in doing the tasks.[19, 20, 21, 22]

The plan will need to include information about your physician and others who give you care. If you already get services from a school or other program, the plan will need to include that information as well.[23, 24]

Along with your services, goals, and supports, your plan must describe how you helped develop the plan and what services you want to direct.

Make sure you meet with your planning team to review your plan regularly. Your plan must be updated at least yearly or when your situation changes.

Finally, your plan must include a budget for your services if your state allows you to allocate your budget.[25]

## **An Individual Budget**

Your case manager or supports coordinator will let you know how much you can spend for your self-directed services. You must keep track of all receipts, time sheets, and logs. You must also sign the time sheets and logs to show that you agree that the services were provided for the length of time they show.[26]

The case manager or supports coordinator will help you manage your budget and talk to you about buying items that help you live independently. They will also collect all receipts for services and help you with any payroll issues.[27, 28, 29]

## Information and Support

You decide who will provide you with information and support to help manage the plan. They can help you decide whom to hire and train and whom to dismiss. They will help you process all paperwork as well. They can also check that the people you want to hire are qualified for the job.[30] Your case manager can direct you to other programs that may provide extra help.[31, 32, 33]

## Common Mistakes

CMS knows that payment mistakes occur when people do not understand their responsibilities in self-directed care. These are the common mistakes.

- **Time Sheets:** A time sheet supports payment made to staff. Staff must report the hours they spend helping you each day. They must also report the date, the time in and time out, and what they did each day. Staff must sign their own time sheet. You must:
  - Collect time sheets from staff;
  - Make sure they are complete;
  - Sign each time sheet to show you agree with what is reported.

Common mistakes made on time sheets:

- Staff did not fill out their time sheet correctly;
  - Staff did not keep track of their hours;
  - Staff were paid for more hours than they reported on the time sheet;
  - Staff reported hours on their time sheet on days when the beneficiary was in the hospital;
  - The beneficiary did not sign the time sheets to show that they agreed with what was reported.
- **Daily service logs:** Daily service logs record what care is provided, when it was provided, how it was provided, and who provided it. The service logs and time sheets support payment made for your care. You must:
    - Collect the service logs each day;
    - Review the service logs to make sure they are filled out correctly;
    - Sign the service logs to show you agree with what was written.

Common mistakes made on daily service logs:

- Staff did not fill out the logs correctly;
- The logs were missing information;
- The beneficiary did not sign the logs to show they agree with what was written;
- The information on the log did not support the hours reported on the time sheets.

- **Person-centered plan:** Your person-centered plan authorizes your care. It identifies the care you need, how often you need it, who will provide it, and how they will help you. Your plan must be updated at least once each year or when your situation changes. You must:
  - Have a current plan approved by the State;
  - Receive only the services listed in your plan;
  - Receive only services for the number of hours listed in the plan;
  - Make sure that you do not spend more money than is provided in your budget;
  - Not ask the staff to help other family members.

Common mistakes made:

- The planning team did not review and update the plan. It was out of date when the help was provided;
- The beneficiary received help that was not in the plan;
- There was not enough money in the budget to pay for the help listed in the plan;
- The beneficiary asked the staff to help their family members (for example, taking children to the mall or cleaning a family member’s room).

## What would you do?

### Activities

1. True or False: You may not use anyone outside your family to help you manage self-directed services.

Choose the best answer:

2. When developing a service plan:
  - a. The provider does not consider the person’s social situation.
  - b. The provider or case manager works with the individual to identify the person’s capabilities, strengths, needs, and support system.
  - c. The provider must consider that Medicaid will pay only for self-directed services in a skilled nursing facility.
  - d. All of the above.
3. The person who self-directs care must:
  - a. Sign time sheets for all self-directed services provided.
  - b. Check that the dates and times of services are correct on time sheets.
  - c. Make sure the case manager is informed if his or her situation changes.
  - d. All of the above.

Answers: 1. False; 2. b.; 3. d.



## Conclusion

HCBS can help you to live in your own home or community. You may get services through your SMA or a State sister agency. You can choose to self-direct any or all of your services.

Self-directed care must include a person-centered planning process, a written plan, and information and support. A team of people who know you and a case manager will help you decide what your goals are, what you can do, what you need help with, and who can help you.

When you self-direct your care, you must hire, train, and supervise those who provide your services. You also have the right to dismiss staff who are not giving you the care you need. You must also make sure all documents are correct and that there are no mistakes made on time sheets, daily service logs, and the person-centered plan. Use this booklet to help you plan your care and avoid these mistakes.

CMS hopes you share its goal of protecting the Medicaid program. By avoiding mistakes, you can help Medicaid continue to provide services to those who need them. For more information, see the toolkits at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

## Additional Resources

Information about Medicaid HCBS is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> on the Medicaid website.

Further information about self-directed services is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html> on the Medicaid website.

Information about Long-Term Services and Support is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html> on the Medicaid website.

Information about Managed Long-Term Services and Support is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/medicaid-managed-long-term-services-and-supports-mltss.html> on the Medicaid website.

Information about payment accuracy and improper payments is available at <https://paymentaccuracy.gov/about-improper-payments> on the Internet.

Information about how CMS determines payment mistakes is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM> on the CMS website.

Information about Care Planning for HCBS can be found in Chapter 4, Section 4442.6 of the State Medicaid Manual available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html> on the CMS website.

To see the electronic version of this booklet and the other products included in the “Home and Community-Based Services” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

Follow us on Twitter  [#MedicaidIntegrity](https://twitter.com/MedicaidIntegrity)

## References

- 1 U.S. Government Publishing Office. (2015, September 10). 42 C.F.R 441, Subpart J—Optional Self-Directed Personal Assistance Services Program: Retrieved September 14, 2015, from <http://www.ecfr.gov/cgi-bin/text-idx?SID=c85be9686bc00a80857b757cd6a7ed47&mc=true&node=sp42.4.441.j&rgn=div6>
- 2 U.S. Department of Health and Human Services. Center for Medicaid and CHIP Services. Home & Community Based Services. Retrieved September 14, 2015, from <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>
- 3 U.S. Department of Health and Human Services. Center for Medicaid and CHIP Services. (2012 March 16). MBES CBES Category of Service Line Definitions for the 64.9 Base Form. Retrieved September 14, 2015, from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/Downloads/cms-649-base-category-service-definitions.pdf>
- 4 Social Security Act § 1915(k)(6). Retrieved September 14, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)
- 5 U.S. Government Publishing Office. (2014, January 16). Federal Register Volume 79, Issue 11, 79 FR 2948—Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers. Retrieved September 15, 2015, from <http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>
- 6 U.S. Government Publishing Office. (2008, October 3). Federal Register Volume 73, Issue 193, 73FR 57854—Medicaid Program; Self-Directed Personal Help Services Program State Plan Option. Retrieved September 15, 2015, from <http://www.gpo.gov/fdsys/pkg/FR-2008-10-03/pdf/E8-23102.pdf>
- 7 U.S. Government Publishing Office. (2012, May 7). Federal Register Volume 77, Issue 88, 77 FR 26827—Medicaid Program; Community First Choice Option. Retrieved September 15, 2015, from <http://www.gpo.gov/fdsys/pkg/FR-2012-05-07/pdf/2012-10294.pdf>
- 8 U.S. Department of Health and Human Services. Center for Medicaid and CHIP Services. Self-Directed Services. Retrieved September 15, 2015, from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html>
- 9 U.S. Department of Health and Human Services. Center for Medicaid and CHIP Services. Self-Directed Services. Retrieved September 15, 2015, from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html>
- 10 Minnesota Department of Human Services. (2015, July 27). Elderly Waiver (EW) and Alternative Care (AC) Program: Consumer Directed Community Supports. Retrieved September 15, 2015, from [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_056766](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766)

- 11 Social Security Act § 1915(k)(1)(A). Retrieved September 15, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)
- 12 New Jersey Department of Human Services. Division of Developmental Disabilities. (2012, October). Self-Directed Services (SDS) Policies & Procedures. Retrieved September 15, 2015, from <http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/DDSDSPoliciesandProceduresFinal10.2012.pdf>
- 13 Rhode Island Department of Human Services. (2015). Medicaid LTSS Home and Community Based Services. Retrieved September 15, 2015, from <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports/HomeandCommunityBasedServices.aspx>
- 14 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (2010, February 3). Person-Centered Planning Instruction Manual, page 13. Retrieved September 15, 2015, from <https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/pcp-instructionmanual2-3-10.pdf>
- 15 Colorado Department of Health Care Policy and Financing. (2015, February 6). Section 2: Roles and Responsibilities (pp. 17–20). Retrieved September 15, 2015, from <https://www.colorado.gov/pacific/sites/default/files/Section%20%20Roles%20and%20Responsibilities.pdf>
- 16 Rhode Island Department of Elderly Affairs. (2008, March). Medical Assessment for DEA Home and Community-Based Care. Retrieved September 15, 2015, from [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/HCC\\_1C.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/HCC_1C.pdf)
- 17 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (2014, January 10). Fact Sheet: Summary of Key Provisions of the 1915(c) Home and Community-Based Services (HCBS) Final Rule CMS2249-F/2296-F. Retrieved September 15, 2015, from <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/1915c-Fact-Sheet.pdf>
- 18 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.6. Retrieved September 15, 2015, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>
- 19 Rhode Island Department of Human Services. (2015). Long Term Services and Supports. “What are my LTSS service delivery options?” Retrieved September 15, 2015, from <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports.aspx>
- 20 Colorado Department of Health Care Policy and Financing. (2015). Long-Term Services and Supports Case Management Tools. Retrieved September 15, 2015, from <https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-case-management-tools>
- 21 Nevada Department of Health and Human Services. (2014, July). Nevada Medicaid: Functional Assessment Service Plan. Retrieved September 15, 2015, from [https://www.medicare.nv.gov/Downloads/provider/NMO-7073\\_\(7-14\)\\_Functional\\_Assessment\\_Form.pdf](https://www.medicare.nv.gov/Downloads/provider/NMO-7073_(7-14)_Functional_Assessment_Form.pdf)
- 22 Nevada Department of Health and Human Services. (2015, June). Nevada Medicaid: Functional Assessment Service Plan Instructions. Retrieved September 15, 2015, from [https://www.medicare.nv.gov/Downloads/provider/NMO-7073\\_\(06-15\)\\_FASP\\_Instructions.pdf](https://www.medicare.nv.gov/Downloads/provider/NMO-7073_(06-15)_FASP_Instructions.pdf)
- 23 Nevada Department of Health and Human Services. (2012, December 20). Authorization Request for Personal Care Services (PCS). Retrieved September 15, 2015, from <https://www.medicare.nv.gov/Downloads/provider/FA-24.pdf>
- 24 Colorado Department of Health Care Policy and Financing. (2015). Long-Term Services and Supports Case Management Tools. Retrieved September 15, 2015, from <https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-case-management-tools>
- 25 Social Security Act § 1915(i)(1)(G)(iii)(III). Retrieved September 15, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)
- 26 Social Security Act § 1915(i)(1)(G)(iii)(III). Retrieved September 15, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)
- 27 New Jersey Department of Human Services. Division of Developmental Disabilities. (2012, October). Self-Directed Services (SDS) Policies & Procedures. Retrieved September 15, 2015, from <http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/DDSDSPoliciesandProceduresFinal10.2012.pdf>
- 28 Rhode Island Department of Human Services. (2015). Medicaid LTSS Home and Community Based Services. Retrieved September 15, 2015, from <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports/HomeandCommunityBasedServices.aspx>

29 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (2010, February 3). Person-Centered Planning Instruction Manual. Retrieved September 15, 2015, from <https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/pcp-instructionmanual2-3-10.pdf>

30 Social Security Act § 1915(i)(1)(G)(iii)(III). Retrieved September 15, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)

31 New Jersey Department of Human Services. Division of Developmental Disabilities. (2012, October). Self-Directed Services (SDS) Policies & Procedures. Retrieved September 15, 2015, from <http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/DDSDSPoliciesandProceduresFinal10.2012.pdf>

32 Rhode Island Department of Human Services. (2015). Medicaid LTSS Home and Community Based Services. Retrieved September 15, 2015, from <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports/HomeandCommunityBasedServices.aspx>

33 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (2010, February 3). Person-Centered Planning Instruction Manual. Retrieved September 15, 2015, from <https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/pcp-instructionmanual2-3-10.pdf>

## Disclaimer

This booklet was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This booklet was prepared as a service to the public and is not intended to grant rights or impose obligations. This booklet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

October 2015



October 2015