

Self-Directed Home and Community-Based Services: Understanding Your Role

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). These services are called “self-directed care” in this fact sheet. Avoiding these mistakes can help Medicaid continue to provide services to those who need them. This fact sheet will help you make choices about your care. It will also help you manage those who help you and how you pay for those services.[1]

If you choose to self-direct your care, please read this fact sheet. It covers common mistakes that are made on documents that support funds paid for services. It also helps you make good choices about your services. You will also learn how to avoid those common errors. After reading this, you should be able to answer these questions:

- What are HCBS?
- What is the self-directed care option?
- What are the policies for self-directed care?
- What must I do?
- What are the common mistakes made?
- Why is my involvement important?
- Where can I go for more resources?

These are the key terms used in this fact sheet:

- **You:** includes you, the beneficiary, and the person you assign in your plan to help you direct your care.
- **Person-centered plan:** 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 State Medicaid agency (SMA) or State sister agency for information about programs and services.

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 have different policies for self-directed services. However, they must all follow Federal law, which includes:

- **A person-centered planning process.** You, your family, your physician, and your case manager form your planning team. They help you identify your needs, goals, strengths, abilities, preferences, and your support system.
- **A written person-centered plan.** Your plan describes the services, supports, and resources you need to live at home or in the community. It may also include an individual budget that identifies the dollar value of the services that you or your representative direct. If you do not have this plan, Medicaid cannot pay for the services you need.
- **Information and support.** This helps you know what choices you have to self-direct your care. It helps you hire, dismiss, manage, and train staff. It also directs you to other programs and services that could help you.[8]

Responsibilities of Beneficiary/Family Support

When you self-direct your care, you decide who provides the services and how they are provided. You also must:

- Choose, manage, and dismiss individuals who provide your services (for example, personal care aides, attendant aides);
- Make sure staff are qualified to provide the services in the service plan;
- Train staff to provide the services according to your needs, abilities, and goals (for example, help through cueing or supervision);
- Confirm that the services were provided; and
- Submit receipts for items that replace human help and are allowed in your service plan.[9]

Common Mistakes that Lead to Improper Payments

CMS knows that payment mistakes happen when people do not understand their roles in self-directed care. These examples show you where mistakes are made and how to avoid them.

Example 1—Person-Centered Plan

What is expected? Medicaid requires that your plan be reviewed at least once each year or when your situation changes. Some State Medicaid agencies may require that your plan be reviewed more often. Check with your SMA for more information.

What happened? Your plan was not in effect for the dates the services were provided.

Why did it happen? Your plan was not reviewed on time. The plan expired and was no longer in effect.

What will it cause? Medicaid will not pay for services without a current plan.

What could you do? You and your team should review your plan at least once a year or when your situation changes. You should know when your service plan should be reviewed. You can:

- Include a note with the budget report and paperwork to the State informing them that your plan will soon expire.
- Ask your case manager to help you schedule a review of your plan.

Example 2—Daily Service Records

What is expected? Staff must write down what services they provided and when they provided them. They can do this on the time sheet, on a service log, or in the service notes.

What happened? Daily service logs were not complete and did not support the staff hours reported.

Why did it happen? Sometimes staff are busy helping you. They don't write down the tasks they did at the end of their shift because they are in a hurry to leave.

What will it cause? When staff do not write down the tasks they did, you have no documentation to support their hours. This may result in staff being paid too much or too little. If they are paid too much, you may run out of money in your budget.

What could you do?

- Ask staff to write down services they provide for you during the time they are present.
- Take the time to check daily service logs to make sure staff write down all services provided.
- If you see the staff missed something, ask them to write it down.
- If you see they listed services they did not provide, ask them to correct it.

Now It's Your Turn...

Read the two exercises that follow. Write on the blank lines what you could do to avoid making mistakes. If you need help, refer back to this fact sheet or use the sample answers after the blank lines.

Exercise 1—Beneficiary Absences

What is expected? There are times when you will be gone and can't get your services. For example, you may be at a medical appointment, in the hospital, or on vacation. You should let your staff know as soon as you can when you will be gone. However, this may not always be possible. Staff can't bill for time when you don't get services. Your State, with CMS approval, may sometimes allow payments to staff while you are gone in order to keep them.

What happened? You were in the hospital on days that services were billed.

Why did it happen? No one checked the time sheets to make sure they were right. Daily service logs did not show that you were present. Staff billed for weekly hours without reducing time when you were not present.

What will it cause? Payment could be made for services that were not provided.

What could you do?

- _____

- _____

In addition to your responses, here are some other ideas.

- Let your staff know in advance when you will be gone.
- Make a note on your calendar of the dates you were gone.
- Check time sheets to make sure staff did not write down time spent for services while you were gone. If there is a mistake, ask staff to correct it.
- Check daily service logs to make sure they show that you were gone.

Exercise 2—Staff Time Sheets

What is expected? When you self-direct your care, you must hire, manage, and train your staff. You also have the right to dismiss staff who are not giving you the care you need. You or the person you assigned in your plan must check staff time sheets to make sure they are complete and correct. Signing the time sheet means that you agree their hours are right.

What happened? You did not sign staff time sheets to show that you reviewed them.

Why did it happen? You or the person you assigned in your plan did not take the time to review the time sheets when they were turned in. Also, you or the person you assigned in your plan did not sign the time sheet to show that you agreed that the hours were correct.

What will it cause? By not checking the time sheet, staff could be paid for services they did not provide. By not signing the time sheet, staff may not be paid for services they provided.

What could you do?

- _____

- _____

In addition to your responses, here are some other ideas.

- Make sure you check time sheets when they are turned in.
- Sign the time sheet to show that you reviewed it and agree that the hours are right.
- If you do not agree with what is on the time sheet, ask the staff to correct it.

Conclusion

HCBS can help you to live in your own home or community. Either the SMA or a State sister agencies, or both agency types may provide services. You can choose to self-direct any or all of your services. You can also manage how you receive those services with help from family, friends, or other personal supports. You can choose who provides the help and how they will help you.

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. You must manage those persons providing your self-directed care. You must also make sure all documentation is correct.

Common mistakes are made on time sheets, daily service logs, and plans. You can avoid these mistakes by taking simple steps.

- Ask your case manager to help you schedule a review of your plan at least a month before it expires.
- Make sure you check time sheets when they are turned in.
- Ask staff to write down the tasks they perform each day.
- Ask staff to correct errors on documents when you find them.
- Let staff know in advance, if possible, when you will be gone. Then make a note on your calendar of the dates you were gone.

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

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 Medicaid Home and Community-Based Services are 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.

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 Payment Error Rate Measurement (PERM) is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM> on the CMS website.

To see the electronic version of this fact sheet 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.

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