



# Self-Directed Home and Community-Based Services: Understanding Your Role as a Beneficiary

## Self-Directed Home and Community Based Services Basics

### Self-Directed Home and Community Based Services Basics

### Elements of a Self-Directed Care Plan

### Beneficiary Care Plan Responsibilities

### Up to Date Care Plan

### Record Keeping

The Centers for Medicare & Medicaid Services (CMS) and the States are helping beneficiaries take steps to prevent payment errors to providers for self-directed home and community-based services (HCBS). These steps help ensure Medicaid can continue to provide services to those who need them.

Understanding this information will help you make informed choices about your care, manage your care team, and ensure payment for the services provided to you.

### Overview of Self-Directed Care

Federal and State laws allow you to self-direct your care. The first Medicaid-approved services that could be self-directed were personal support services. You are still allowed to self-direct personal support services today. These services help you manage your health and daily or weekly chores. Over the past 15 years, Medicaid laws have:

- Changed who can get services;
- Changed where you can get services; and
- Let some people with disabilities get services and items that help them live at home or in the community.

### Overview of Home and Community-Based Services

Medicaid pays for services through many programs that help you live in your own home or community. If you have a disability; are aged; or have a chronic condition such as diabetes, heart disease, traumatic brain injury, or high blood pressure, you may be eligible to receive the care you need through one of these programs. 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 the 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 for information about available programs and services.

For further information about the Medicaid program and how to help reduce improper payments made, review the toolkits available at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS Medicaid Program Integrity Education website.

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## Elements of a Self-Directed Care Plan

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### Self-Directed Care Path

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

- **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 are part of 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, or if it is out-of-date, Medicaid cannot pay for the services you need.
- **Information and support.** Providing you with information 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 be of help to you.

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## Beneficiary Care Plan Responsibilities

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### Responsibilities of Beneficiary/Family Support

Self-directing your care is a big responsibility and requires constant oversight of all the elements in your care plan. When you self-direct your care, you decide who provides services to you and how they are provided. If you choose to self-direct your care, there are rules you must follow to ensure your services are provided and documented so that you and your care-givers can be paid properly. Among other things, you also must:

- Choose, manage, and dismiss individuals who provide your services (for example, personal care aides or 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 physical help and are allowed in your service plan.

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## Up to Date Care Plan

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### Steps for avoiding Improper Payments

Take the following steps and avoid an improper payment:

#### Example: Individual Service Plan

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

- **What can happen?** Your plan is out of date for the services provided.
- **Why does it happen?** Your plan was not reviewed on time. The plan expired and was no longer in effect.
- **What happens then?** Medicaid will not pay for services without a current plan.
- **What can you do?** You and your care team should review your plan at least once a year or when your situation changes. Make sure you 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; and
  - Ask your case manager to help you schedule a review of your plan.

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## Record Keeping

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### Steps for avoiding Improper Payments

Take the following steps and avoid an improper payment:

#### Example: Daily Service Records

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

- **What can happen?** Daily service logs are not complete and do not support the hours reported by staff.
- **Why does it happen?** Sometimes staff are busy helping you. They do not write down the tasks they did at the end of their shift because they are in a hurry.
- **What happens then?** When staff does not write down the tasks they did, there is no documentation to support their hours. This may result in a worker being paid too much or too little. If they are paid too much, you may run out of money in your budget.
- **What can 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 that staff missed something, ask them to write it down; and
  - If you see staff listed services they did not provide, ask the worker to correct it.

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