Key Message and Tips for Providers: Self-Directed Personal Assistance Services



Medicaid rules give qualified beneficiaries the option to self-direct their personal assistance services (PAS) if the State has safeguards in place to protect the beneficiary, and to assure financial accountability.[1] Problems can occur when providers are not aware of this option and the related responsibilities.

PAS help individuals with their daily activities, allowing them to live safely in the community. Self-directed care means the responsibility for hiring, training, supervising, and firing staff, documenting services, and managing funds lies with the beneficiary or the beneficiary's representative. Support is provided by the State Medicaid agency.[2, 3, 4]

To select the self-directed care option, the beneficiary must complete and submit an authorization form with assistance from their treating physician. Prior to approval, the State Medicaid agency must assess and counsel beneficiaries to make sure they can manage their budget.[5] A personcentered service plan is created. The service plan must identify the services the beneficiary will self-direct, the funds available, and a contingency plan to be followed if the provider is unable to work.[6, 7]



Remembering these tips will help you prevent errors in coverage and billing:

- Make sure beneficiaries receive assessments and counseling to ensure they are capable of managing their care, and the funds allocated to pay for self-directed services;
- Make sure the service plan identifies the amount, scope, and duration of services, a
 contingency plan should providers not show up to work, and a budget for the self-directed
 services;
- Make sure the beneficiary and representative receive a copy of the service plan;
- Make sure the service plan is updated at least annually, when there is a change in condition, or upon beneficiary request, and that changes in budgeted funds coincide with changes in self-directed services;
- Make sure staff only provide the services at amounts identified in the service plan; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.





For more information about Medicaid Program Integrity, visit https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the Centers for Medicare & Medicaid Services (CMS) Medicaid Program Integrity Education website.

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- 1 Social Security Act § 1915(j). Provisions Respecting Inapplicability and Waiver of Certain Requirements of This Title. Retrieved May 19, 2015, from http://www.socialsecurity.gov/OP_Home/ssact/title19/1915.htm
- 2 State of New Jersey. Department of Human Services. Division of Developmental Disabilities. (2012, October). Self Directed Services (SDS) Policies & Procedures. Retrieved May 21, 2015, from http://www.state.nj.us/humanservices/ddd/documents/Documents/20for%20Web/DDDSDSPoliciesandProceduresFinal10.2012.pdf
- 3 State of Rhode Island. Department of Health and Human Services. (2013, January). Long Term Services and Supports. [What are my LTSS service delivery options section; Self-direction]. Retrieved June 17, 2015, from http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports.aspx
- 4 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (2010). Person-Centered Planning Instruction Manual. [Page 13]. Retrieved August 10, 2015, from https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/pcp-instructionmanual2-3-10.pdf
- 5 Social Security Act § 1915(j). Provisions Respecting Inapplicability and Waiver of Certain Requirements of this Title. Retrieved May 19, 2015, from http://www.socialsecurity.gov/OP_Home/ssact/title19/1915.htm
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- 7 Social Security Act § 1915(i)(1)(G)(iii)(III). State Plan Amendment Option to Provide Home and Community-Based Services for Elderly and Disabled Individuals. Plan Requirements. Retrieved May 21, 2015, from http://www.ssa.gov/OP Home/ssact/title19/1915.htm