*SELF-DETERMINATION Program Explanation*

*for Veteran Directed Home and Community Based Services Program*

 UPCAP has contracted with the Veterans Administration to administer the Veteran Directed Home and Community Based Services program. UPCAP refers to this program as Self Determination.

 The Self Determination Program is a set of arrangements that allow an individual to direct their services. These arrangements include using a person-centered planning process to determine the appropriate service and supports, develop a service plan, and authorize an individual budget.

 Funds in the individual budget are the property and responsibility of UPCAP and must be used consistently with statutory and regulatory requirements. The authority over control and direction of the funds is delegated by UPCAP to the participant for the purpose of assuring the participant the maximum freedom in choosing providers of goods and services.

# UPCAP Responsibilities

UPCAP agrees to the following responsibilities:

1. UPCAP will provide support coordinationin the following ways:
2. UPCAP will participate in the development of a service plan and an individual budget for the participant through a person-centered planning process*.*
3. UPCAP’s Care Managers will contact participant on a regular basis to assist the participant as needed.
4. UPCAP will develop and assure a back-up plan is in place for essential services in case of worker absences, emergencies or unforeseen circumstances.
5. UPCAP will assure that all the necessary documentation is in place.

2. UPCAP will fund services and supports directed by the participant and authorized through the service plan and the corresponding individual budget.

 3. The individual budget will be administered by a Fiscal Intermediary, or by an Agency with Choice (AWC) (see AWC-FI comparison sheet) who will be responsible for completing and submitting paperwork associated with billing, payment for services and supports upon participant authorization, and handling the employer agent functions.

4. UPCAP will convene a meeting with the participant and the FI or AWC prior to beginning the use of their services. Before this meeting the participant will receive an approved copy of their budget.

5. UPCAP will assure that the participant is provided a monthly spending report.

6. If UPCAP is to make services and supports arrangements directly with any provider on behalf of the participant, UPCAP will assure that:

1. the individual can change provider agencies within 14 days.

1. UPCAP honors the participant’s preferences in selecting provider agencies;

7. UPCAP will assureappropriate background checks of providers are conducted for all paid employees of the participant.

8. UPCAP will provide the participant=s FI or AWC with the appropriate funds necessary to implement the individual budget and purchase services and supports on a monthly basis.

9. UPCAP will assist the participant with the process of providing the FI or AWC with copiesof required employment agreements and documents.

10. UPCAP and the participant will review the service plan at least annually and the individual budget periodically.

11. UPCAP will provide assistance to the participant in monitoring expenditures and reviewing financial reports monthly or as requested.

12. UPCAP will assure that its policies and practices empower the participant to make meaningful choices about how the individual budget is spent, consistent with the service plan.

13. UPCAP will facilitate changes of the service plan through a person-centered planning process at the request of the participant or when the Care Manager determines that modification is necessary. UPCAP will not reduce the participant=s service plan and/or budget without holding a person-centered planning meeting and providing adequate notice as required.

14. UPCAP will provide the necessary forms, information, and material relevant to their reporting requirements for the participant.

**PRIVACY RIGHTS**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

***If you have any questions or concerns regarding your privacy rights or the information in this notice, or to obtain any of the forms referenced, please contact your care manager.***

| Section 1: OUR COMMITMENT FOR YOUR PROTECTED HEALTH INFORMATION |
| --- |

UPCAP is required to follow the terms of this Notice of Privacy Practices, describing our legal duties and your rights with respect to the use and disclosure of your Protected Health Information. Protected Health Information (PHI) is information about you that can reasonably be used to identify you, is created or received by UPCAP, and relates to your health conditions, treatment, or payment for treatment. Typically, your PHI at UPCAP includes screening and assessment information gathered by our care managers, and case notes summarizing contacts made while providing care management to you. Examples of PHI are your social security number, Medicaid number, address, medical diagnosis, care plan, billing records, etc.

In this Notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). In general, we limit disclosures of your PHI to the information we believe is necessary for purposes of treatment, payment or health care operations. We will disclose a complete set of your PHI to a third party only if:

* A complete set is necessary for treatment
* You have requested us to supply a complete set
* We are required by law to provide a complete set

You also have the personal right, within certain limits, to have access to a full set of your PHI.

***We reserve the right to change the privacy practices described in this Notice. Changes to our privacy practices would apply to all PHI’s we maintain, including yours. If we adopt a change, you will be given a copy of the revisions at your next appointment after the change becomes effective. We will provide you with a copy of our current Notice at any time upon your request.***

| Section 2: How We May Use & Disclose Health Information About You |
| --- |

UPCAP may use or disclose your PHI for the purposes of treatment, payment, or health care operations.

**Treatmen**t: UPCAP may use and disclose your PHI within UPCAP and to health care providers outside of UPCAP in order to provide, coordinate or manage your health care and related services. Examples: UPCAP may disclose your PHI to a provider of personal care in the home, so that they may provide that service for you; or, UPCAP may disclose your PHI to your physician in order to get equipment or supplies needed for your treatment.

 **Payment:** UPCAP may use and disclose your PHI in order to receive payment for the services we provide to you. For example, if you are a Medicaid beneficiary, UPCAP may be required to disclose your PHI to the Michigan Department of Community Health in order to ensure that Medicaid pays for your in-home services.

 **Health Care Operations**: UPCAP may use or disclose your PHI in order to improve the quality and efficiency of our services, and be accountable to our funding sources. For example:

* Reviewing our treatment and services for quality assurance activities
* Evaluating the performance of our staff and provider agency staff in caring for you
* Performing outcome assessments
* Preventing, detecting, and investigating fraud and abuse
* Communicating with you about helpful information such as program benefit updates and consumer protection information
* Reporting to the state and federal government or other funding sources about the amount and types of services we have provided to you with their funding
* Performing business management and other general administrative activities, including audits.

**Individuals Involved in Your Care**:

With your permission UPCAP may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. We may advise family members or friends of your conditions and that you are involved with UPCAP programs.

|  | GoverGovernment Entities Providing Benefits: **UPCAP may use or disclose your PHIto public entities, such as the Michigan DEPARTMENT OF HUMAN SERVICES, as necessary for you to receive additional benefits and services.** |  |
| --- | --- | --- |

**Health Oversight Activities:**UPCAP may disclose your PHI to governmental entities for activities to monitor the health care system, government programs, and compliance with civil rights laws, including, for example, audits, investigations, inspections, and licensures.

**When Required by Law:** UPCAP will use and disclose your PHI if required to do so by law, for example, as directed by subpoenas and court orders. We may also provide PHI to law enforcement personnel investigating a crime or suspected crime, but only if such disclosure complies with Michigan law.

**Public Health:**UPCAP may disclose PHI to governmental entities for public health activities such as disease control and prevention, problems with medical products or medications, and reporting adult abuse, exploitation, neglect, or domestic violence.

**Natural Disaster or Other Serious Threat to Health or Safety:** UPCAP may disclose PHI to prevent a serious threat to the health and safety of an individual or the public, including in preparation to respond to a natural disaster or other emergency situations which may result in a loss of essential services or home evacuation.

|  | Speci Specialized Government Functions**: UPCAP may disclose PHI for national security, intelligence and/or protective services for the President and, if you are or have been a member of the armed services, to the appropriate military authorities.** |  |
| --- | --- | --- |

**Research:** Under certain circumstances, and only after a special approval process, UPCAP may use and disclose your PHI to help conduct research.

| Section 3: YOUR RIGHTS TO PRIVACY |
| --- |

*Right to Review and Copy Your PHI:* with ***a few exceptions, you have the right to look at and/or receive a copy of your PHI contained in the group of records used by or for UPCAP to make decisions about your care, including care management and billing records. In order to request to review and/or copy PHI, you may request this information from your Care Manager. We reserve the right to charge* a reasonable cost-based fee for copying and postage. You do not have the right to review or copy PHI compiled in reasonable anticipation of, or for use in, judicial or administrative proceedings. For certain limited reasons, UPCAP may deny your request to review or obtain a copy of your PHI. *If you are denied the right to review or* copy, you may be entitled to limited review of that denial. If you wish to have a denial reviewed, please contact your Care Manager. Your Care Manager will refer your request to an agency supervisor or director (not involved in the original denial) to review your request. UPCAP will abide by the decision of the reviewing party.**

**Right to an Accounting of your PHI Disclosures**: You have the right to ask for a list of certain disclosures of your PHI, such as disclosures required by law. This accounting applies to disclosures we make beginning and after April 14, 2003. The list of disclosures will not include disclosures made to you, or disclosures for purposes of treatment, payment, health care operations, national security, law enforcement, corrections, and certain health oversight activities. To obtain an accounting of disclosures, please contact your Care Manager.

**Right to Request to an Amendment to your PHI:**  You have the right to request that we amend your PHI in the group of records we described above in “Right to Review and Copy”. To request an amendment of your PHI, please contact your Care Manager.

We may deny your request if:

* UPCAP did not create the health information that you believe is incorrect
* The information is not part of the group of records kept by UPCAP
* The information is not available for your inspection
* The information is accurate and complete

While we may agree to make corrections or additions to the information in the record set, under no circumstances will UPCAP make a change in the original of the documents in that record set.

***Note: Except as described in this Notice of Privacy Practices, your PHI will not be used or disclosed without your permissions or as required by law.***

**Right to Request Restrictions**: You have the right to request that UPCAP place restrictions on the way we use or disclosure your PHI for treatment, payment, or health care operations. You also have the right to request that UPCAP restrict the PHI disclosed to specified family members or other persons involved in your treatment or in payment for your treatment. To request restrictions on disclosure, you must contact your care manager/supports coordinator.

**NOTE**: UPCAP is not required by law to agree to any restrictions whatsoever. You will be notified in writing if your request for restrictions has been denied or granted in whole or in part.

***Right to Request Alternate Means of Confidential Communications: You have the right to request that UPCAP communicate with you about your PHI in a certain way or at a certain location. For example, you may want us to contact you only by mail, or at a post office box.***

*Right to Authorize Other Disclosures****: You may authorize UPCAP to disclose your PHI to another party for any purpose.***

**Right to Revoke your Authorization**: You have the right to revoke or “take back” your authorization at any time, except to the extent that UPCAP has already used or disclosed your PHI under your authorization.

**Right to Complain**: If you believe your privacy rights have been violated, you may submit your complaint in writing to UPCAP's Long Term Care Program Director at P.O. Box 606, Escanaba MI, 49829. You may also file a complaint with the federal Department of Health and Human Services. The contact Information for DHHS is:

|  | Secretary of Health and Human ServicesOffice of Civil Rights200 Independence Ave.SW, Washington D.C. 20201Phone: (877) 696-6775 | We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Dept. of Health and Human Services**.** |  |
| --- | --- | --- | --- |

**Participant Responsibilities**

The participant agrees to the following:

1. The participant voluntarily chooses to participate in the Self Determination Program in order to directly manage a portion or all of his or her services and supports. The participant may choose to end participation in the Self Determination Program for any reason.
2. The participant will direct the person-centered planning process and the development of a service plan and an individual budget. The plan of services and supports will outline the types, frequency and on-going review of support the participant may receive. The plan will include a backup plan for essential services in case of worker absences, emergencies or unforeseen circumstances. This plan will be reviewed at least annually with the Supports Coordinator or more often, if requested by the participant.
3. The participant will use services and supports consistent with the goals and outcomes in the service plan. **The participant will notify UPCAP when they will be out of town or become hospitalized, and agrees that services can not be performed or paid for if the participant is not at home to receive them.**
4. The participant may initiate a change to the service plan or individual budget by convening a person-centered planning meeting.
5. In directing his or her own services and supports, the participant agrees to manage the use of funds so that expenditures in the aggregate do not exceed the amounts identified in the individual budget. The participant will notify their Supports Coordinator of changes in circumstances or an emergency that may affect their services.
6. The participant will make arrangements, *as necessary*, for obtaining formal and informal providers of services and supports sufficient to accomplish the goals and outcomes of the his or her service plan.
7. The AWC or FI will provide employer agent services and handle paperwork associated with employment and payroll of workers including withholding and paying federal, state and local income taxes and unemployment taxes.
8. The participant will assure that each provider of services and supports retained by the participant meets provider requirements identified by UPCAP. And agrees to secure or have secured appropriate background checks on any potential employee to assure they meet minimum requirements.
9. The participant will provide UPCAP and/or the FI and AWC with necessary documentation supporting expenditures of funds. Supporting documentation may include, but is not limited to, contracts and agreements with providers of services and supports, payroll checks, receipts for furnishings and transportation, invoices and time sheets.

10. The participant agrees to provide UPCAP and the FI or AWC with all necessary information regarding all providers of services and supports including executed copies of employment and purchase of services agreements. **No employee can be paid for services provided to the participant until all necessary paperwork is completed.**

11. The participant agrees to attempt to resolve any dispute over this agreement, the person-centered planning process, the service plan, or the budget through their Care Manager.

12. When requested to do so, the participant agrees to provide feedback to UPCAP to enable it to improve its service delivery system.

Acknowledgement

I have received the Program Explanation for the Veterans Directed Home and Community Based Program and have been informed of my rights and responsibilities as a participant in the program. I have also been informed of my Privacy Rights.

|   |   |   |
| --- | --- | --- |
| Participant Signature |   | Date |
|   |   |   |
| Please Print Full Name |   |   |
|  |   |   |
|   |   |   |
| Witness UPCAP Staff  |   | Date |
|   |   |   |
|   |   |   |
| Please Print Full Name |   |   |