



1. What is the Self-Directed Community Benefit?

- The Self-Directed Community Benefit (SDCB) is Centennial Care's name for the home and community based services (HCBS) benefit package that allows eligible members to direct their own care and services.
 - SDCB members may choose who provides their services and how they are provided.
 - SDCB members may purchase goods that enable them to be more independent.
 - SDCB members authorize and submit timesheets and invoices for payment.
- Self-Directed Community Benefits are services and goods that allow eligible members to receive care in their home or community as an alternative to being placed in a long-term facility.
- Community Benefits are intended to supplement natural supports and are not intended to provide 24-hour care to the member.
- Centennial Care members must receive community benefits in the Agency Based Community Benefit (ABCB) for at least 120 calendar days before switching to the SDCB program.

2. As a Centennial Care SDCB member, you are responsible for directing your own care.

- Every SDCB member decides what type of services and goods best meet his or her individual needs.
- The SDCB member has an Employer of Record (EOR) who manages the payment of his or her providers. The EOR can be the SDCB member or another individual of the member's choosing. The EOR may not be paid to perform the EOR duties.
- The EOR hires and fires the employees and vendors who provide the type of care needed to maintain the SDCB member's health and safety.
- The EOR ensures that the employees' timesheets and invoices are accurate, signed and submitted to the FMA on time.

3. Many participants who were in the Mi Via waiver were automatically transitioned into the Centennial Care SDCB on January 1, 2014.

- Mi Via participants who receive services through the Developmental Disabilities (DD) or Medically Fragile (MF) COE continue to receive their self-directed waiver services through the Mi Via Program.
- Both populations receive their acute and ancillary services through a managed care organization in Centennial Care.

4. Mi Via waiver services that have been discontinued in Centennial Care SDCB.

- All of the Mi Via services were continued in SDCB except for four (4) services:
 - Assisted Living
 - Community Direct Support/Navigation
 - Customized In-Home Living Supports
 - Personal Plan Facilitation
- These services may be accessed by using other SDCB services, or in the case of Assisted Living, switching to the Agency-Based Community Benefit (ABCB).

5. Every Centennial Care SDCB member works with a care coordinator and a support broker.

- The SDCB member works with a support broker, similar to a Mi Via consultant. The support broker helps the member develop a SDCB care plan and assists the member with the SDCB program.
- MCOs contract with support brokers. All SDCB members must choose a support broker who is contracted with their selected MCO.
- SDCB members also have an MCO care coordinator who helps the support broker to manage the member's SDCB services.

6. Every Centennial Care SDCB member works with the Financial Management Agency (FMA) who credentials their employees and processes provider payroll.

- The FMA manages an online system to allow SDCB members to view their approved SDCB care plan and their budget expenditures.
- All SDCB members work with the same FMA to perform the financial tasks associated with hiring, firing and paying providers on time.

7. The SDCB budget is determined based on the SDCB member's needs.

- SDCB budgets are determined by the types of services a SDCB member is assessed to need. The care coordinator completes a Comprehensive Needs Assessment (CNA) when the member's level of care is determined or re-determined.
- The CNA identifies the services that will help the SDCB member stay safely in the community, and a dollar amount (budget) is assigned for these services. The SDCB care plan is developed using the approved SDCB budget. The support broker helps the member build the SDCB care plan that best serves the member's needs for a year.
- The MCO reviews the proposed SDCB care plan and makes the final approval and/or denial.

8. A SDCB member's family may be a provider if qualified and approved to work.

- A SDCB member may submit a written request to his/her MCO to hire a family member.
- The MCO will determine if the member meets the criteria to have a family member provide his or her care.

9. A SDCB member may transition to the ABCB model at any time.

- If a SDCB member no longer wishes to direct his or her own care, the member may request to leave the SDCB program and receive his or her services through the ABCB.
- There is not a break in service during this transition; however there are different services available in each Community Benefit model's benefit package. (Please refer to the ABCB Fact Sheet for more details on the ABCB benefit package.)
 - For example, related goods are not available in ABCB, and Assisted Living is not available in SDCB.
- The MCO may request that a SDCB member transition to the ABCB if the member is having difficulty managing the SDCB program. Extensive education and assistance is provided to the member to help him or her understand the SDCB program prior to transitioning to the ABCB.