

Policy 5.1

POLICY TITLE:	PERSON- CENTERED PLANNING	POLICY # 5.1		
Topic Area:	UTILIZATION MANAGEMENT	ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors	REVIEW DATES	
Applies to: LRE Staff and Operations, Member CMHSP’s and Contracted Providers			8/21/14	11/1/15
			9/21/2017	10/20/22
			5/8/2023	
Review Cycle: Annually				
Developed and Maintained by: CEO and Designee				
Supersedes: N/A		Effective Date: January 1, 2014	Revised Date: 10/20/22	

I. PURPOSE

To establish the standards that define, guide and detail how LRE and its provider network comply with the State laws and MDHHS Contractual requirements pertaining to the practice of Person-Centered Planning including the MDHHS Person-Centered Planning Policy and Practice Guideline. LRE and its Member CMHSPs shall have a consistent service philosophy across its network of care related to Person/Family Centered Planning. LRE promotes a Person/Family Centered approach to the development of the individual plan of service and the delivery of supports and services in accordance with established state and federal regulations

II. POLICY

Person-Centered Planning (PCP) is a process mandated through the Michigan Mental Health Code (MMHC) for all individuals/families receiving publicly funded mental health services. It shall be the policy of Lakeshore Regional Entity (LRE), Member Community Mental Health Service Programs (CMHSP) and contracted providers to adopt the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline on Person-Centered Planning.

Standards and Guidelines

All persons requesting services through LRE shall have their Individual Plan of Service (IPOS) developed through a person-centered planning process. Each Member CMHSP and its contracted providers shall establish procedures and provide supplemental information for carrying out the Person-Centered Planning Practice Guidelines.

The policy is intended to outline the required elements of Person/Family Centered Planning as required by LRE and informed by the Michigan Medicaid Provider Manual (MMPM), Section 2:

- a. A preliminary plan of service is developed within seven (7) days of the commencement of services that will include a treatment plan, a support plan, or both.
- b. Consumers are given information as needed on the array of mental health services, community resources and available providers.
- c. Ensure that for each Person/Family Centered Plan, a pre-planning meeting is completed that includes addressing the information below. Documentation should reflect that the process took place in a timely manner (Items below are not required for those who receive short term outpatient therapy only, medication only, or those who are incarcerated)
 - i. Who to invite;
 - ii. Where and when to have the meeting;
 - iii. What will be discussed, and not discussed, at the meeting;
 - iv. Any accommodations the consumer may need to meaningfully participate;
 - v. Who will facilitate the meeting;
 - vi. Who will record what is discussed at the meeting; and
 - vii. The pre-planning meeting is to be completed with sufficient time to take all necessary/ preferred actions.
- d. Provide information/education on what an Independent (or External) Facilitator (IF) is and how to request the use of one. Not required for consumers receiving short term outpatient therapy or medication only. Consumers must have a choice of at least two facilitators.
- e. Home and Community Based Settings must be addressed within the person-centered planning process and be documented in the person-centered plan. Any modifications of the conditions under 42 CFR §441.301 must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
 - a. Identify a specific and individualized assessed need.
 - b. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
 - c. Document less intrusive methods of meeting the need that have been tried but did not work.
 - d. Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - e. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - f. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - g. Include the informed consent of the member.

- h. Include an assurance that interventions and supports will cause no harm to the member.
- f.
- g. Each plan is individualized to meet the consumer's medically necessary identified needs and includes:
 - i. A description and documentation of the consumer's individually identified goals, preferences, strengths, abilities, and natural supports.
 - ii. Outcomes identified by the consumer and the steps to achieve the outcomes.
 - iii. Risk factors and measures in place to minimize them, including backup plans and strategies.
 - iv. Services and supports needed to achieve the outcomes (including community resources and other publicly funded programs such as Home Help).
 - v. Amount, scope, and duration of medically necessary services and supports authorized by and obtained through the CMHSP.
 - vi. Estimated/prospective cost of services and supports authorized by the community mental health system.
 - vii. Roles and responsibilities of the consumer, the CMHSP staff, allies, and providers in implementing the plan.
 - viii. The plan should be written in plain language that is easily understood by the individual and others supporting them. The language in the service plan must also be understandable by individuals with disabilities and those with limited English proficiency, in accordance with federal law.
 - ix. The plan should be finalized and include informed consent of the individual and their representative (if applicable).
 - x. Signatures on the plan should include the consumer, their representative (if applicable) and the providers responsible for the implementation of the plan (at a minimum, this includes the person or entity responsible for coordinating the individual's services and supports).
 - h. A plan of service shall be completed within 30 days of the initial psychosocial assessment absent extenuating circumstances. The plan of service shall be kept current and modified when needed (reflecting changes in the intensity of the consumer's needs, changes in the consumer's condition as determined through the PCP process or changes in the consumer's preferences for support). A review of the plan can be requested at any time by the consumer or his/her guardian. A formal review of the plan with the consumer and his/her guardian or authorized representative shall occur at least every 12 months or more frequently if the consumer requests it or there is a change in service needs. Reviews should work from the existing plan of service to amend or update it as circumstances, needs, preferences or goals change or to develop a completely new plan if so desired by the consumer.
 - i. The consumer is provided a copy of the plan within 15 business days of the conclusion of the PCP process.

- j. There is a process to identify and train staff at all levels on the philosophy of PCP. Staff who are directly involved in the implementation of the PCP are provided with additional training, including direct care level staff being trained on consumer specific plans of service.

III. APPLICABILITY AND RESPONSIBILITY

The policy applies to Lakeshore Regional Entity staff and operations, Member CMHSP's and any regional organization that develop an IPOS.

IV. LRE OVERSIGHT

The LRE will perform annual site reviews of member CMHSPs clinical charts to ensure service plans include all documentation required to meet both state and federal regulations.

V. MONITORING AND REVIEW

This policy will be monitored by the CEO or designee on an annual basis.

VI. DEFINITIONS

Independent Facilitator (IF): A person the individual chooses to facilitate and support him/her in the Person-Centered Planning process. An individual can be his/her own Independent Facilitator. An Independent Facilitator:

- Responds directly to one's dreams, desires and personal goals.
- Coordinates the planning process, assures that the IPOS is clear to all planning participants, and is ready for implementation.
- Is someone that the individual trusts or someone trained as an IF;
- Can be someone other than the person's existing Supports Coordinator/Case Manager, is not an employee of the agency serving the individual. The IF does not have any other role with the organization from which the individual receives his/her services.

Individual Plan of Service (IPOS): A written Individualized Plan of Service directed by the individual as required by the Michigan Mental Health Code. This may be referred to as a treatment plan or a support plan.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Self-Determination (SD): A set of principles that people with disabilities should have the support to be part of their communities, so they can live the lives they want. In arrangements that support Self-Direction, an individual controls an individual budget for his/her IPOS. The individual chooses who supports him/her and when and how that support is provided.

Home and Community-Based Setting (HCBS): A home and community-based services setting is where an individual lives or where an individual receives services, either in one's home or in the community.

VII. REFERENCES/LEGAL AUTHORITY

- [MDHHS Person-Centered Planning Policy and Practice Guidelines](#)
- Home and Community Based Settings 42 CFR §441.301(c)(4)(vi)(A) through (D)
- LRE Policy 5.0 Utilization Management Policy
- LRE Policy 5.9 Practice Guidelines Policy
- [Michigan Medicaid Provider Manual](#) (Section 17.2 - Criteria for Authorizing Behavioral Health 1915(l) State Plan Amendment (SPA) S Supports and Services)

VIII.CHANGE LOG

Date of Change	Description of Change	Responsible Party
8/21/2014	New Policy	Chief Clinical Officer
11/1/2015	Annual Review	Chief Clinical Officer
9/21/2017	Annual Review	Chief Clinical Officer
6/16/2022	Annual Review	CEO and Designee
10/20/22	Added 42 CFR §441.301	UM/Clinical Manager
5/8/2023	Updated language	UM/Clinical Manager