

PROCEDURE # 5.1a	EFFECTIVE DATE	REVISED DATE
TITLE: PERSON CENTERED PLANNING	6/16/2022	
ATTACHMENT TO	REVIEW DATES	
POLICY #: 5.1		
POLICY TITLE: PERSON CENTERED PLANNING		
CHAPTER: UTILIZATION MANAGEMENT		

I. PURPOSE

The Lakeshore Regional Entity (LRE) and Member CMHSPs shall use the Person-Centered Planning (PCP) Process to ensure state and federal guidelines are followed.

II. PROCEDURES

The PCP process is intended to place individuals (and families with minor children) who receive supports in control of their outcomes, with assistance from advocates and allies, as well as providers of service. PCP is an open-ended process that is a continual discussion between the Case Manager/Supports Coordinator and the individual served on an ongoing basis. Any assessment tools, either specified in the LRE contract with MDHHS or created internally through the LRE Practice Guidelines policy requirements, will be used to inform the PCP process. The PCP process leads to the development of the IPOS.

A. The following PCP values and principles are applied:

1. All individuals/families have strengths and the ability to express preferences and make choices.
2. Individual/family choices and preferences are always honored and considered, if not always granted.
3. Individuals/families are informed of their right to choose among qualified Providers.
4. Individuals/families are informed of their right to choose among various waiver services.
5. The IPOS reflects that the setting where the person resides was chosen by the individual. The setting is integrated in and provides full access to the greater community, including options to seek employment and work in competitive integrated settings, engage in life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving services.
6. Options are made available to individuals in order that they are able to choose their roommates(s).

7. All individuals/families have skills and abilities to offer to the community, and the ability to choose how supports and services may help in making contributions to their community.
8. Supports and services maximize independence and community connections, while working to achieve the dreams and goals identified by the person/family.
9. Cultural backgrounds and preferences are recognized and valued in the planning process.
10. Everyone involved in the planning process is heard with respect and without judgment.
11. The Mental Health Code mandates that “a PCP process is used to develop a written plan of service with the recipient. A preliminary plan shall be developed with seven (7) days of commencement of services, or if an individual is hospitalized for less than seven (7) days, before discharge or release.”
12. An IPOS consists of a treatment plan, a support plan, or both. “A treatment plan shall establish meaningful and measurable goals with the recipient. The plan (IPOS) shall be kept current and modified when indicated; the individual in charge of implementing the plan shall be designated in the plan.”
13. Functional assessments are related to the PCP process and are undertaken using a person-centered approach. The functional assessment and the PCP are a basis for service authorization, utilization review, budgeting, measuring goals and improving outcomes and other purposes. (*Affordable Care Act (ACA) Section 2402(a) of the Affordable Care Act Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs (June 6, 2014).*)
14. PCP focused on the goals, interests, desires and preferences of the individual/family, while still exploring and addressing the individual's/family's needs with an established array of life domains, including, but not limited to, those listed in the Michigan Mental Health Code, the need for food, housing/shelter, in integrated settings, clothing, health care, employment opportunities, legal services, transportation and recreation.
15. Staff complete initial and ongoing training in the PCP process.
16. Specific to Waiver Programs and Behavioral Health Treatment Services/Applied Behavioral Analysis: Professional staff, operating within their scope of practice, are required to provide training on the Individual Plan of Service to all staff who work with the individual receiving services.
17. Prior to working with the individual, all staff are required to be trained by professional staff operating within their scope of practice in implementation of the individual's IPOS. Staff must also be trained on the individual's IPOS whenever changes occur. Documentation of this training includes the following:
 - a. The name and credentials of the individual who conducted the training.
 - b. The date the initial training occurred.
 - c. The name and credentials of the individual who is responsible for training the staff who were not present during the initial training.

- d. Identified consumer and date of the IPOS (new or changed)
- e. The subject matter of the training.
- f. The names of the staff that were trained.
 - i. Printed names and signatures for each training occurrence.
 - ii. The date of each training occurrence.

B. Independent Facilitation:

- 1. Individual/families receiving support through the LRE system have the right to choose an independent facilitator of the Person-Centered Planning process.
- 2. The Facilitator is chosen by the individual/family and serve as the individual's/family's guide (and for some individuals, their voice) throughout the process, making sure that his or her hopes, interests, desires, preferences, and concerns are heard and addressed. The Facilitator helps with the pre-planning activities and co-leads the PCP meeting(s) with the individual/family.
- 3. The Independent Facilitator does not have any other role within the organization from which the individual/family receives his/her services and supports.

C. Pre-Planning Meeting:

- 1. Prior to a PCP meeting, a pre-planning meeting occurs in the person/minor child/family chooses:
 - a. Dreams, goals, desires, preferences, strengths, and any other topics to be discussed during the PCP meeting.
 - b. Topics the individual/minor child/family does not want discussed during the meeting.
 - c. Who to invite and who is responsible for inviting the persons identified (including whether the individual/family has meaningful support, or if actions need to be taken to cultivate such support).
 - d. Where and when the meeting takes place.
 - e. Who facilitates the meeting.
 - f. Who records what is discussed during the meeting
 - g. What accommodations the individual/family may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).
 - h. Individuals/families served are offered information on the full range of services available to support achievement of personally identified goals. The individual/family/legal representative is central in determining what available medically necessary services are appropriate and will be used.
 - i. The individual/minor child/family is given information about Self-Direction principles and processes, and is offered the choice of participating in a Self-Direction arrangement.

D. Person-Centered Planning Meeting:

1. During the PCP meeting, support and service options, including the full array of mental health services of mental health which could assist in meeting the needs and goals of the individual/minor child/family, are discussed. In addition:
 - a. Health and safety needs are discussed and identified.
 - b. At a minimum, housing and employment in integrated settings are explored and planning is consistent with the individual's/family's goals and preferences, including where the individual resides and who they live with.
 - c. Transportation, health care, and education goals are discussed and identified.
 - d. The individual/family is provided with the opportunity to develop a Crisis Plan.
 - e. The individual/family is provided with the opportunity and support to develop an Advanced Directive.
 - f. The individual/minor child/family is given opportunities to express needs, desires, and preferences, including but not limited to accommodations for communication (i.e. Limited English Proficiency (LEP), low literacy materials and interpreters) and, to the extent possible, the opportunity to experience options prior to making a choice.
 - g. Natural and/or community supports that are equally beneficial, but more cost effective, are identified.
 - h. Use of already existing community resources is identified.
 - i. Exploration of long-term options and plans to support individuals/minor child/family when current natural supports no longer exist must occur.
 - j. Services and supports are identified, considered, and authorized during the PCP process.
2. The PCP process is completed whenever there is a change in the status of the individual/minor child/family receiving supports, which could impact the amount, scope, or duration of authorized services or at any time it is requested by the individual/minor child/family. Minimally, the PCP process and development of the IPOS is completed annually (within 365 days).
3. Individuals with legal guardians are expected to participate in the PCP process and are supported in making decisions that have not been delegated to the legal guardian in the Guardianship Letters of Authority.
4. In the case of a minor child, service delivery focuses on the child as a member of the family, with the wants and needs of the child and family. Parents and family members of the minor child participate in the PCP process unless:
 - a. The minor is 14 years of age or older and has requested services without the knowledge or consent of the parents, guardian, or person in loco parentis within the restrictions outlined in the Michigan Mental Health Code.
 - b. The minor is emancipated; or
 - c. The inclusions of the parent(s) or significant family members would constitute a substantial risk of the physical or emotional harm to the individual or substantial disruption of the planning process as outlined in the

Michigan Mental Health Code. Justification for the exclusion of parents must be documented in the record.

5. Individuals/minor child/family are provided with ongoing opportunities to provide feedback on how they feel about the services and supports they are receiving, and their progress toward reaching their identified goals. Changes in the IPOS are made in response to the individual's minor child/family feedback.
6. Each individual, minor child/family is provided with a copy of their IPOS within fifteen (15) business days after the PCP meeting.
7. Each individual/minor child/family/legal representative is offered and provided (if requested) a copy of a Service Handbook which includes a description of their legal rights. This is documented and signed as part of the individual's/family's or legal representative's consent to the plan of service.
8. The individual/minor child/family is notified in writing of the right to grieve any part of the PCP process or IPOS if there is disagreement or dissatisfaction. The individual/ minor/family is notified of their right to appeal any denial, termination, suspension of services.
9. The PCP process includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
10. If the individual/family/legal representative is dissatisfied with the PCP process or the IPOS developed through that process, they have the right to reconvene the PCP process or request a review of the IPOS to the designated individual in charge of implementing the IPOS.
11. The Supports Coordinator/Case Manager (or any other identified staff) will include documentation in the pre-planning and/or IPOS document to demonstrate that all essential elements of the PCP process were included.

III. APPLICABILITY AND RESPONSIBILITY

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

IV. MONITORING AND REVIEW

This policy will be monitored by the LRE Clinical/UM Manager designee on an annual basis.

V. DEFINITIONS

Independent Facilitator: 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: 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-Direction: 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.

VI. RELATED POLICIES/PROCEDURES

- A. 5.1 Person Centered Planning Policy

VII. REFERENCES/LEGAL AUTHORITY

- A. Michigan Department of Health and Human Services, Person-Centered Planning Policy and Practice Guidelines (Attachment P.4.4.1.1)
- B. LRE Policy #5.0 Utilization Management Policy
- C. LRE Policy #5.15 Adopting Clinical Practice Guidelines and Evidence Based Practices
- D. Medicaid Provider Manual (Section 17.2 - Criteria for Authorizing B3 Supports and Services)

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
6/16/2022	New Procedure	Clinical/UM Manager