

OK To Use

 AUDIT NAME
 2024 Standard XV Person Centered Planning and Documentation Standards (Utilization Management)

 PASSING %
 100

 Consumer linked to this audit

 Staff Audit

SECTIONS

Section

NUMBERTITLE

1 XV. Person Centered Planning and Documentation Standards (Utilization Management)

SECTION QUESTIONS

Questions

Questions			
1	15.1 PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT) The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients.	Met/Partially Met/Not Met	N/A
2	15.2 Implement person-centered planning in accordance with the MDHHS Person Centered Practice Guideline.	Met/Partially Met/Not Met	N/A
3	15.3 PCP standards are incorporated throughout the CMHSP (values, behaviors, processes).	Met/Partially Met/Not Met	N/A
4	15.4 What processes and quality measures are used to assure person-centered planning is used in the development of the IPOS within CMHSP services and throughout the provider panel.	Met/Partially Met/Not Met	N/A
5	15.5 The CMHSP provides easily understood information, support and training to people using services and supports (rights to and benefits of PCP, essential elements of PCP, and support available to help them succeed). This includes pre-planning and Independent Facilitation.	Met/Partially Met/Not Met	N/A
6	15.6 The beneficiary's cultural background is recognized and valued in the PCP process. Linguistic needs are recognized, valued, and accommodated. How are cultural considerations taken into account during the PCP process?	Met/Partially Met/Not Met	N/A

7	15.7 PCP focuses on the person's goals, while still meeting the person's basic needs for food, clothing, shelter etc.	Met/Partially Met/Not Met	N/A
8	15.8 For minor children, the concept of the PCP is incorporated into a family-driven, youth-guided approach OR there is an accepted/justified reason to exclude family recorded in consumer chart.	Met/Partially Met/Not Met	N/A
8	15.9 The child and family are the focus of service planning and family members are integral to a successful planning process. The wants and needs of the child and his/her family are considered in the development of the IPOS.	Met/Partially Met/Not Met	N/A
9	15.10 Services and supports become more youth guided as the child matures toward transition age. Youth are given increased decision making and choice in their care as they mature.	Met/Partially Met/Not Met	N/A
10	15.11 Pre-Planning There is a pre-planning meeting prior to the Person-Centered Plan meeting. If pre-planning is the same day as the development of the IPOS, it is documented that the beneficiary chose this arrangement.	Met/Partially Met/Not Met	N/A
11	15.12a Pre-planning elements must include: When and where the meeting will be held.	Met/Partially Met/Not Met	N/A
12	15.12b Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).	Met/Partially Met/Not Met	N/A
13	15.12c Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and planning for how to deal with them. (What will be discussed and not discussed.)	Met/Partially Met/Not Met	N/A
14	15.12d The specific PCP format or tool chosen by the person to be used for PCP.	Met/Partially Met/Not Met	N/A
15	15.12e What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).	Met/Partially Met/Not Met	N/A
16	15.12f Who will facilitate the meeting?	Met/Partially Met/Not Met	

17	15.12g Who will take notes about what is discussed at the meeting.	Met/Partially Met/Not Met	N/A
18	15.13 How is independent facilitation presented to beneficiaries? Have beneficiaries used independent facilitation in the past year?	Met/Partially Met/Not Met	N/A
19	15.14 PCP and Development of the IPOS A description of the individual's strengths, abilities, plans hopes, interests, preferences and natural supports.	Met/Partially Met/Not Met	N/A
20	15.15 The individual plan of service adequately identifies the individual's chosen or preferred outcomes and the methods used to measure progress.	Met/Partially Met/Not Met	N/A
21	15.16 The IPOS goals and objectives are individualized.	Met/Partially Met/Not Met	N/A
22	15.17 IPOS goals and objectives are written using SMART criteria.	Met/Partially Met/Not Met	N/A
23	15.18 Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals.	Met/Partially Met/Not Met	N/A
24	15.19 Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/ or treatment they are receiving, and their progress towards attaining valued outcomes.	Met/Partially Met/Not Met	N/A
25	15.20 The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual's preferences or needs or at any time the consumer chooses.	Met/Partially Met/Not Met	N/A
26	15.21 The Person-Centered Planning process builds upon the individual's capacity to engage in activities that promote community life.	Met/Partially Met/Not Met	N/A
27	15.22 Person-centered planning addressed natural and external supports.	Met/Partially Met/Not Met	N/A
28	15.23 Person-centered planning addressed health and safety. *Must include primary care coordination support & recognize people are allowed the dignity of risk.	Met/Partially Met/Not Met	N/A
29	15.24 The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan.	Met/Partially Met/Not Met	N/A

30	15.25 Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service	Met/Partially Met/Not Met	N/A
31	15.26 Individual receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS.	Met/Partially Met/Not Met	N/A
32	15.27a Information must include consumer's option to develop any or all of the following: a. Psychiatric Advance Directive	Met/Partially Met/Not Met	N/A
34	15.27b Crisis Plan	Met/Partially Met/Not Met	N/A
35	15.27c Self-Direction	Met/Partially Met/Not Met	N/A
36	15.27d Must include available: • Conflict Resolution processes	Met/Partially Met/Not Met	N/A
37	15.28 Services and treatment identified in the IPOS are provided as specified in the plan.	Met/Partially Met/Not Met	N/A
38	15.29 The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary's health and welfare is identified in the plan.	Met/Partially Met/Not Met	N/A
39	15.30 Consumers have been provided a copy of his/her plan within 15 business days of the PCP meeting	Met/Partially Met/Not Met	N/A
40	15.31 IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.	Met/Partially Met/Not Met	N/A
41	15.32 Assessments may be used to inform the PCP process but is not a substitute for the process. • Functional assessments undertake a person-centered approach • Functional assessments & PCP process are used together as a basis for identifying goals, risks, and needs; authorizing services, utilization management & review No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process	Met/Partially Met/Not Met	N/A
42	15.33 The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community to the same degree of access as	Met/Partially Met/Not Met	N/A

	individuals not receiving supports and services from the mental health system.		
43	15.34 Individual choice is inherent in the development and participation in community integration and productivity activities.	Met/Partially Met/Not Met	N/A
44	15.35 The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the CMHSP.	Met/Partially Met/Not Met	N/A
45	15.36 Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports.	Met/Partially Met/Not Met	N/A
46	15.37 Restrictions of rights and freedoms listed in the HCBS Final Rule must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS.	Met/Partially Met/Not Met	N/A
48	15.38a There is documentation of any restriction or modification of additional conditions & documentation includes: The specific & individualized assessed health or safety need.	Met/Partially Met/Not Met	N/A
49	15.38b The specific & individualized assessed health or safety need.	Met/Partially Met/Not Met	N/A
50	15.38c The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.	Met/Partially Met/Not Met	N/A
51	15.38d Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.	Met/Partially Met/Not Met	N/A
52	15.38e A clear description of the condition that is directly proportionate to the specific assessed health or safety need.	Met/Partially Met/Not Met	N/A
53	15.38f A regular collection and review of data to measure the ongoing effectiveness of the modification.	Met/Partially Met/Not Met	N/A
54	15.38g Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Met/Partially Met/Not Met	N/A
55	15.38h Informed consent of the person to the proposed modification.	Met/Partially Met/Not Met	N/A

56	15.38i An assurance that the modification itself will not cause harm to the person.	Met/Partially Met/Not Met	N/A
57	15.39 IPOS includes the services which the person chooses to obtain through arrangements that support self-determination.	Met/Partially Met/Not Met	N/A
58	15.40 IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system.	Met/Partially Met/Not Met	N/A
59	15.41 The CMHSP assures that the conflict of interest requirements of the HCBS Final Rule are met. The person responsible for the PCP process is separate from the eligibility determination, assessment, and the service provision responsibilities. How is this standard met at the CMHSP?	Met/Partially Met/Not Met	N/A
60	15.42 IPOS includes signatures of the person and/or representative, case manager/ support coordinator, and the support broker/agent (if one is involved).	Met/Partially Met/Not Met	N/A
61	15.43 Plans to share the IPOS with family/friends/caregivers are documented.	Met/Partially Met/Not Met	N/A
62	15.44 The supports coordinator or case manager trains caregivers and providers in the IPOS goals, objectives, and outcomes. This is documented on a standard form.	Met/Partially Met/Not Met	N/A
63	15.45 HCBS services documentation include: • The specific person or persons, and/or provider agency or other entity providing services & supports Non-paid supports, chosen by the person and agreed to by the unpaid provider.	Met/Partially Met/Not Met	N/A
64	15.46 Staff training and monitoring of PCP implementation. The CMHSP has a process in place for monitoring PCPs & ensuring compliance.	Met/Partially Met/Not Met	N/A
65	15.47 CMHSP staff receive competency-based training in PCP to assure there is consistent understanding of the process. How is this accomplished?	Text Field	N/A
66	15.48 What kind of specific training do CMHSP staff who write the IPOS receive?	Text Field	N/A
67	15.49 How are CMHSP staff trained to right SMART goals and objectives?	Text Field	N/A

68	15.50 What type of regular supervision and oversight is provided to CMHSP staff who write the IPOS?	Met/Partially Met/Not Met	N/A
69	15.51 How do you assist staff and providers who are not meeting expectations for person-centered planning and/or writing SMART goals and objectives?	Text Field	N/A

SECTION QUESTIONS

Questions

SECTIONS

Section