


CHAPTER: 3	SECTION: 10	SUBJECT: ASSESSMENT
TITLE: Person-Centered Planning		
EFFECTIVE DATE: 04/18/00	REVISED/REVIEWED DATE: 1/02/02, 8/06/04, 5/03/05, 2/5/08, 12/11/09, 2/28/11, 7/5/12, 11/30/12, 10/24/13, 1/20/14, 5/26/15, 9/15/15, 9/28/15, 5/7/17, 7/12/17, 9/20/18, 5/16/19, 3/30/20, 5/7/2021, 10/27/22	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To develop a systemic guide to ensure the practice of Person Centered Planning (PCP) at Community Mental Health of Ottawa County (CMHOC) conforms to the PCP Best Practice Guidelines and Family-Driven and Youth Guided Policy and Practice Guidelines published by the Michigan Department of Health and Human Services (MDHHS.)

II. APPLICATION:

To all Community Mental Health of Ottawa County (CMHOC) operated and contracted programs, if specified by contract.

III. DEFINITIONS:

Person Centered Planning (PCP): a process for planning with and supporting the individual and/or family receiving services that builds upon the individual’s capacity to engage in activities promoting community life and honors the individual by respectfully considering their preferences, choices, and abilities. The PCP process involves family, friends and professionals as the individual desires and requires, is completed annually or sooner as needs arise or the consumer/guardian requests.

IV. POLICY:

It is the policy of CMHOC that all consumers shall have the opportunity to develop an individual plan of service using Person Centered Planning process as described in the “Person Centered Planning: Best Practices Guidelines” published by the Department of Health and Human Services, the “Family-Driven and Youth-Guided Policy and Practice Guidelines” published by the Behavioral Health and Developmental Disabilities Administration—MDHHS, and attached to the contract with the Agency.

V. STANDARDS:

The IPOS shall be developed based on the consumer’s strengths, abilities, right to express preferences, and to make personal choices and in coordination of completion of a psychosocial assessment, which is also updated annually or as needed. Person-Centered Planning maximizes independence, creates community connections, and promotes achievement of the individual’s personal dreams, goals, and desires.

The IPOS shall reflect strength-based assessments, which are culturally relevant and address the health and safety needs of the consumer. CMHOC will ensure an individual's (family's) cultural background is recognized and valued in the decision-making process.

During the PCP meeting, the full array of supports and services, which could assist in meeting the needs and goals of the individual, are discussed. CMHOC will ensure consumers receive information about available treatment options and alternatives, which will be presented in a manner the consumer is able to understand.

The PCP process is ongoing and is completed whenever there is a change in the status of the individual receiving supports, which could impact the amount or duration of authorized services, or at any time it is requested by the individual. Minimally, the PCP process and development of the IPOS is completed annually (within 365 days.)

The PCP process shall identify resources in the individual's network of family, friends, community, and the public mental health system to assist in achieving the individual's desired outcomes. The individual will be able to choose from available resources, supports, and services to be delivered.

The development of natural supports shall be viewed as an equal responsibility of the staff and the individual/family. Staff, in partnership with the individual/family, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered process.

VI. PROCEDURE:

The Person-Centered Planning process includes the following:

1. **Psychosocial Assessment:** A comprehensive assessment completed prior to the person-centered plan which identifies a consumer's strengths, weaknesses, need for services including but not limited to types of programs, services, supports, and frequency of face-to-face contacts from supports coordinator aide or case manager.
2. **Pre-Plan:** The consumer/consumer's representative and anyone the consumer invites will attend a meeting to prepare for the planning meeting. The Pre-Plan meeting includes decisions about when and where the planning meeting will take place, who will be invited, and what will and will not be discussed. The consumer/consumer's representative will provide guidance in these areas.
3. **Independent Facilitation:** The consumer/ Consumer's representative will be provided information about external facilitation. If desired by the consumer, a trained independent facilitator will be made available for the consumer's planning meeting. The independent facilitator will be deemed competent in the principles of person-centered planning prior to completing plans with individual consumers. The areas of training will include:
 - a. Values and principles Underlying Person-Centered Planning
 - b. DCH Person-Centered Planning Best Practice Guidelines
 - c. Assurances and Indicators of PCP Implementation
 - d. Dispute Resolution/ Appeal Mechanisms
 - e. Definitions relative to PCP

4. **Plan:** The Individual Plan of Service (IPOS) is written at a Person-Centered Planning meeting with the consumer/consumer's representative, and any others the consumer wishes to invite to this meeting. The plan will include all services and supports to be provided to the consumer, both internal and external. The IPOS shall establish meaningful and measurable goals with the individual and conform to the standards of integrated care. The needs identified in the Pre-Plan and in the Assessment are the main focus of this plan.

The completion of the outcomes of this plan is monitored by the consumer/consumer's representative and the case manager/supports coordinator/therapist.

The Plan may be modified whenever there is a change in the assessed status of a consumer, as the needs/desires of the consumer change, or whenever the consumer/consumer's representative wants or needs to review any or all of the planning process, including at the time of transition from one level of care/program to another, or in preparation for discharge.

5. **Grievance and Appeals:** Individuals who have a dispute about the PCP process or the results of the IPOS have the right to grievance, appeals, and recipient rights as set for the in detail in the Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid Beneficiaries. As described in this contract attachment, some of the dispute resolution options are limited to Medicaid beneficiaries and limited in the scope of the grievance (such as a denial, reduction, suspension, or termination of services.) Other options are available to all recipients of Michigan mental health services and supports. Supports Coordinators, Therapists, Case Managers, and Customer Services at PIHP/CMHSPs must be prepared to help people understand and negotiate dispute resolution processes.
6. **Monitoring:** The Agency shall assure Person-Centered Planning is being appropriately implemented via the following activities:
 - a. Consumer case notes from case manager documenting the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the consumer, including whether the contacts were face-to-face.
 - b. Episodic review of this policy to assure accuracy
 - c. Member surveys
 - d. Competency and performance review data for clinical providers
 - e. Medical record reviews
 - f. Satisfaction surveys
7. **Training:** Staff shall complete initial and ongoing training in the PCP process. Specific to the HAB Support programs: Professional staff that are operating within their scope of practice are required to provide initial and ongoing training to all staff who work with an individual who receives services through the Habilitation Supports Waiver (HSW) and Children's Waiver Program (CWP.) Documentation of this training includes the following:
 - a. The date the training occurred
 - b. The name and credentials of the individual who conducted the training
 - c. The subject matter of the training
 - d. The names and signatures of the staff trained

VII. ATTACHMENT:
None

VIII. REFERENCE:

Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Person-Centered Planning Policy, 06/05/2017;

Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Family-Driven and Youth-Guided Policy and Practice Guideline, P 7.10.2.5

Lakeshore Region Guide to Services

Lakeshore Regional Entity Policy, 5.0: Person-Centered Planning