Title: Person-Centered Planning (PCP) Policy

Prepared By: Clinical Director

Purpose:

To define the philosophies and practice guidelines of Person-Centered Planning (PCP) process.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract clinical providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served.

Information:

1. The Michigan Mental Health Code, the Home and Community Based Services (HCBS) Final Rule, and the Medicaid Managed Care Rules require person-centered planning and establish the right for all persons to plan how those supports are going to enable them to achieve their life goals. Through the person-centered planning process, a person is engaged in the decision-making, problem solving, progress monitoring, and making needed adjustments to goals and supports and services provided in a timely manner. Person-centered planning is a process that involves support and input from the people who care about the person doing the planning. While the Individual Plan of Service (IPOS) is the required planning approach for Mental Health and Intellectual/Developmental Disability (I/DD) services required by the Community Mental Health Services Program (CMHSP) system, the IPOS can include planning for other public supports and privately-funded services chosen by the person. The IPOS needs to address (as either desired or required by the recipient), the need for food, shelter, clothing, healthcare, employment opportunities, educational opportunities, legal services, transportation, and recreation.
2. The HCBS Final Rule does not specifically define person-centered planning, but does require that the person-centered planning process be used to plan for Medicaid-funded services and supports (42 CFR 441.725) and also requires that Medicaid-funded services and supports be integrated in and support full access to the community, including opportunities to seek employment and work in a competitive integrated setting, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals who are not receiving such services and supports. The HCBS Final Rule also requires that person-centered planning be used to identify and reflect choice of services and supports funded by the mental health system.
3. The purpose of the person-centered planning process is for the individual to identify life goals and decide what medically necessary services and supports need to be in place for the person to have, work towards, or achieve those life goals. Individuals have the right to have their IPOS developed and implemented through a person-centered/family-centered planning process regardless of age, disability, or residential setting. Person-centered planning is a way for individuals to plan their lives with the support and input from those who care about them. The process takes the individual's goals, hopes, strengths, and choices and weaves them into a plan for a life with meaning. Health and safety needs are addressed in the IPOS with supports listed to accommodate those needs according to the wants and needs of the individual. When a person is in crisis, that situation should be stabilized before the person-centered planning process is used to plan the life that he/she desires to have.
4. If desired, persons with intellectual and developmental disabilities can receive support and education regarding sexuality and relationships that have been tailored to their assessed needs, capacity, and learning style, including sexual health and development, family planning, and prevention of STD's, HIV/AIDS and sexual abuse and exploitation including giving and receiving sexual consent.
5. For children, the concept of person-centered planning is incorporated into a family-driven, youth-guided approach which recognizes the importance of family in the child's life and that services impact the entire family. In the case of minor children, the child and family are the focus of planning and family members are integral to the success of the planning process. As the child ages, the services and supports should become more youth-

guided especially during the transition into adulthood. As the child reaches adulthood, his or her needs and goals should then become primary (see also "Family-Driven Youth-Guided Services Policy" SD.1.41).

6. The Michigan Department of Health and Human Services (MDHHS) advocates and supports a family-driven and youth-guided approach to service delivery for children and their families. This approach recognizes the importance of the family and the fact that supports and services impact the entire family. Therefore, in the case of minors, the child/family will be the focus of service planning and family members are integral to the planning process and its success. The wants and needs of the child and family are considered in the planning and evaluation of supports, services, and/or treatment.

7. Family support services and information are available to:
   - strengthen the family's ability to provide care;
   - prevent unwanted and inappropriate out-of-home placements;
   - help resolve conflicts between the consumer and his/her family, advocates, or others involved in establishing and implementing the consumer's IPOS; and
   - help to maintain family unity.

8. Managed care strategies play an important role in the planning and delivery of supports, services, and/or treatment. Person-centered planning fits well with these strategies. Both strategies intend to ensure that individuals are provided with the most appropriate services necessary to achieve their desired outcomes. When an individual expresses a choice or preference for a support, service, and/or treatment for which an appropriate alternative of lesser cost exists, and compromise fails, a process for dispute resolution and appeal may be needed (see section D below).

9. HBH clinical staff collects health and safety information as part of the person-centered planning process. If the worker suspects there are safety concerns related to abuse, neglect, or mistreatment, the worker is required to report this per HBH's "Recipient Rights - Abuse and Neglect Procedure" (RR.2.01).

Policy

A. Values and Principles Underlying the Person-Centered Planning Process:

1. Person-centered planning is a highly individualized process designed to respond to the unique needs and desires of the individual with regards to the following. Every individual:
   - is presumed competent to direct the person-centered planning process, achieve his or her goals and outcomes, and to build a meaningful life in the community. Person-centered planning should not be constrained by any preconceived limits on the person's ability to make choices.
   - has strengths, and the ability to express preferences and to make choices. The person-centered planning process identifies the person's strengths, goals, choices, medical and support needs, and desired outcomes. The positive attributes of the person are documented and used as the foundation for building the person's goals and plans for community life as well as strategies or interventions used to support the person's success.
   - has choices/preferences which are honored. Choices may include family and friends involved in his/her life, housing, employment, culture, social activities, recreation, vocational training, relationships/friendships, and transportation. Individual choice must be used to develop goals and meet the individual's needs and preferences for supports and services and how they are provided.
   - has choices that are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the person-centered planning process should include strategies to support the person to implement their choices and preferences over time.
   - has gifts and contributions to offer to the community, and has the ability to choose how supports, services and/or treatment may help them utilize their gifts and make contributions to community life
   - through the person-centered planning process maximizes his/her independence, creates community connections, and works towards achieving desires his/her chosen outcomes.
   - has a cultural background that shall be recognized and valued in the decision-making process. Cultural background may include language, religion, values, beliefs, customs, dietary choices, and other things

chosen by the person. Linguistic needs, including American Sign Language (ASL) interpretation, are also recognized, valued, and accommodated (see also "Limited English Proficiency (LEP) Accommodations Policy" RR.1.02). If the case involves an Indian child/family, resources will be considered through the tribe or local Indian organization, in developing the IPOS (see also "Services to American Indian Children Procedure" SD.2.04).

B. Essential Elements of Person-Centered Planning:

1. Essential elements of the person-centered planning process include:
   - **Person-directed** *(the person directs the planning process with any necessary supports, assistance, and accommodations)*
   - **Person-centered** *(the planning process focuses on the person, not the system)*
   - **Outcome based** *(the person identifies outcomes to achieve in pursuing his/her goals)*
   - **Information, supports, and accommodations** *(As needed, the person receives complete unbiased information on services and supports available, community resources, options for providers in an easy-to-understand format)*
   - **Independent Facilitation** *(the person is provided with information and support to choose an independent facilitator if they want one)*
   - **IPOS Pre-planning** (the person is given the opportunity to make choices in the following:
     - dreams, goals, desires, choices preferences, and any topics about which he/she would like to talk about
     - what will be discussed and what he/she does not want discussed at the meeting, including any conflicts of interest or potential disagreements that may arise during the person-centered planning process for participants in the planning process and how to deal with them
     - who will be invited to the meeting
     - where and when the meeting will be held
     - who will facilitate the meeting
     - who will be the recorder at the meeting
     - What accommodations the individual may need in order to meaningfully participate in the meeting *(including any Limited English Proficiency/LEP needs and/or assistance for persons who use behavior as communication)*
   - **Wellness and Well-being** *(Issues of wellness and well-being are discussed and plans to address them are developed including personal responsibility for taking risks. The IPOS should identify risks and risk factors, and include measures to minimize them, while considering the person's right to assume some degree of personal risk. The plan must address the health and safety of the person.)*
   - **Participation of Natural Supports/Allies** *(the person has the right to choose friends, family members, and others to support him/her through the person-centered planning process)*

2. The IPOS must be written in first-person singular language and be understandable by the person for whom the plan is written and others supporting him/her, including those with Limited English Proficiency (LEP), utilizing a minimal amount of clinical jargon/language. The individual must agree to the IPOS in writing. The IPOS must include the following components:
   - A description of the person's strengths, abilities, plans, hopes, interests, preferences, and natural supports
   - The goals and outcomes identified by the person and how progress toward those goals will be measured
   - The services and supports needed to achieve those goals/outcomes
   - The setting in which the person lives was chosen by the person and what alternative living settings were considered in order to achieve the person's integration into the community, employment opportunities, engage in community life, control personal resources, receive services in the community to the same degree of access as persons not receiving services and supports from the mental health system
   - Amount, scope, and duration of medically necessary services and supports authorized by and obtained through the Community Mental Health Services Program (CMHSP)

- Documentation that the IPOS prevents provision of unnecessary supports or inappropriate services and supports
- Services that the person chose to obtain through arrangements that support self-determination and self-directed services
- The estimated cost of services and supports
- The roles and responsibilities of all involved in implementing the IPOS
- The person responsible for monitoring the plan
- Signatures of the person (or his/her guardian/parent), worker, etc.
- Who will receive copies of the IPOS (with consent from the person)
- The frequency that the plan will be reviewed (periodic reviews must occur at least every ninety days)

3. Person-centered planning is a process in which the individual is provided with opportunities to reconvene any or all of the planning processes whenever he/she wants or needs, but at a minimum must be conducted at least annually. The process encourages strengthening and developing of natural supports by inviting family, friends and allies to participate in planning meeting(s) to assist the individual with his/her dreams, goals, and desires.

4. The development of natural supports/allies shall be viewed as an equal responsibility of the CMHSP and the individual. The CMHSP, in partnership with the person, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered planning process (see also "Individual Plan of Service (IPOS) Procedure" QI.2.18).

5. The individual is provided with a choice of at least two (2) independent facilitators for his/her meeting who has no other role within the CMHSP. (See also "Independent Facilitation Procedure" QI.2.15.)

6. During the planning process, potential support and/or treatment options to meet the expressed needs and desires of the individual are identified and discussed with the individual.

7. Health and safety needs are identified in partnership with the individual. The IPOS coordinates and integrates services with the individual's primary health care provider. This should be documented in a goal and/or objective in the IPOS and coordination efforts are to be documented on an ongoing basis in the case record.

8. The individual has ongoing opportunities to express his/her needs and desires, choices, and to make choices which include:

   - Providing the individual with the opportunity of experiencing options available prior to making a choice. This is particularly critical for individuals who have limited life experiences in the community with respect to housing, employment, volunteerism, etc.
   - Individuals who have court-appointed legal guardians shall participate in person-centered planning and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.
   - Service delivery shall concentrate on the child as a member of a family, with the wants and needs of the child and family integral to the plan which is developed. Parents and family members of minors shall participate in the person-centered planning process unless:

     1) The minor is fourteen (14) years of age or older and has requested services without the knowledge or consent of parents, guardian, or person in loco parentis within the restrictions stated in the Mental Health Code (see also "Services to Minors Policy" SD.1.01);

     2) The minor is emancipated; or

     3) The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process as stated in the Mental Health Code. Justification of the exclusion of parents must be documented in the case record.

9. Individuals are provided with ongoing opportunities to provide feedback on how they feel about the services, supports and/or treatment they are receiving, and their progress toward attaining desired outcomes. Information is collected and changes are made in response to the individual's feedback.

10. Oversight of the IPOS includes supporting the individual's dreams, goals, and desires for optimizing independence, promoting recovery, and assisting in developing and maintaining natural supports.

11. Each consumer is provided with a copy of their IPOS within fifteen (15) business days of the IPOS meeting.

12. The person-centered planning process begins when the individual makes a request to HBH for services. An initial assessment of needs is conducted (See "Intake Assessment Procedure" ISP.2.02). During this process, individual needs and outcomes are identified. Since person-centered planning is a highly individualized process, how HBH proceeds will depend on the needs of the individual. Assessments may be used to inform the person-centered planning process, but is not a substitute for the person-centered planning process. Functional assessments:

    - always utilize a person-centered approach
    - are used in conjunction with the person-centered planning process as a basis for identifying goals, risks, needs, authorization of services, as well as utilization management and review

    Note: Assessment tools should never be utilized to set a dollar figure or budget which limits the person-centered planning process.

C. Assurance and Indicators of Person-Centered Planning Implementation:

1. It is the responsibility of HBH to assure that the Individual Plan of Service is developed utilizing a person-centered planning process. This is achieved by:

    - Defining in policy and procedure how person-centered planning will be conducted
    - Evidence that HBH informs individuals of their right to person-centered planning and associated appeal mechanisms, complaint investigations, and documented outcomes
    - Evidence that HBH's Quality Improvement system actively seeks feedback from individuals receiving services regarding their satisfaction with services and by providing opportunities to express needs, concerns, and preferences with regards to their ability to make choices
    - Evidence that staff development plans include efforts to ensure that they are involved in managing, planning and delivering support and/or treatment services are trained in the philosophy and methods of person-centered planning through internal and external audits and reviews

2. Individual indicators could include, but are not limited to:

    - Evidence the individual was provided with information of his/her right to IPOS
    - Evidence that the individual chose whether or not other people should be involved, and those identified were involved in the planning process and in the implementation of the Individual Plan of Service
    - Evidence that the individual chose the place and time to meet for their IPOS meeting which is convenient to the individual and to the people he/she wants present
    - Evidence that the individual had a choice in the selection of treatment or support services and staff
    - Evidence that the individual's preferences and choices were considered, or if they were not, a description of the dispute/appeal process and the resulting outcome, if applicable
    - Evidence that the progress made toward the outcomes identified by the individual was reviewed and discussed, and when necessary, strategies and techniques were modified to achieve these outcomes

D. Dispute Resolution/Appeal Mechanisms:

1. Individuals who have a dispute about the person-centered planning process or their individual plan of service have the right to grievance, appeal, and recipient rights consultation (see also "Grievance and Appeals Procedure" RR.2.36).

2. In the event that a mutually acceptable alternative cannot be reached, HBH staff should:

    - Document the individual's preference, the support, service and/or treatment offered by HBH, and the reason for not accepting that preference

- Inform the individual of their right to appeal the decision as permitted in the Grievance and Appeal Technical Requirement attachment to the MDHHS/CMHSP Managed Specialty Supports and Services Contract. This includes:

  i. The individual's right to contact the Recipient Rights Office for consultation, mediation, or intervention in response to their request for a specific mental health support or service;

  ii. The individual's right to request a second opinion as referenced in the Mental Health Code, if requesting inpatient treatment (see also "Second Opinion Procedure" RR.2.47);

  iii. The individual's right to a Fair Hearing (for Medicaid recipients)

ii. If an individual's choice or preference for the inclusion or exclusion of a planning participant, meeting location or specific provider poses an issue of health or safety, or exceeds reasonable expectations of resource consumption, the HBH staff should discuss and identify the individual's underlying reason for that specific choice or preference and negotiate toward a mutually acceptable alternative that meets the intended outcome.

iii. If an individual is not satisfied with his/her Individual Plan of Service, the Michigan Mental Health Code allows the individual to make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within thirty (30) days and shall be carried out in a manner approved by the appropriate governing body. In addition, the individual has access to the appeal processes as defined in the Grievance and Appeal Technical Requirement of the MDHHS/CMHSP Managed Specialty Supports and Services Contract (see also "Appeals and Grievances Procedure" RR.2.36).

iv. If the individual believes that the opportunity for person-centered planning is not provided as specified in the manner above, it is the responsibility of HBH staff to inform the individual of his/her right to consult with the Recipient Rights Office.

v. When there is a disagreement between an individual and the legal guardian or responsible parent, HBH staff should assist the individual with negotiating the dispute resolution process.

Definitions/Acronyms:

Definitions:

Case Manager/Supports Coordinator - The staff person who works with the individual to gain access to and coordinate the services, supports and/or treatment that the individual wants or needs.

Emancipated Minor - The termination of the rights of the parents to the custody, control, services and earnings or a minor, which occurs by operation of law or pursuant to a petition filed by a minor with the probate court.

Family Member - A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his/her financial support.

Guardian - A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated, or has developmental disabilities.

Individual Written Plan of Service - A written individual Plan of Service directed by the individual as required by the Mental Health Code. This may also be referred to as a treatment plan or a support plan. The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within seven (7) days of the commencement of services or, if an individual is hospitalized for less than seven (7) days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan. (*MCL 330.1712)*

Minor - An individual under the age of 18 years.

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 that honor the individual's preferences,

choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Acronyms:

ASL – American Sign Language
CMHSP – Community Mental Health Service Provider
CFR – Code of Federal Regulations
COA – Council on Accreditation
EMR – Electronic Medical Record
HBH – Huron Behavioral Health
HCBS – Home and Community Based Services
I/DD – Intellectual/Development Disability
IPOS – Individual Plan of Service
LEP – Limited English Proficiency
MDHHS – Michigan Department of Health and Human Services
PCP – Person Centered Planning

Forms:

Clinical Assessment Form (in EMR)
Individual Plan of Service (IPOS) Form (in EMR)
IPOS Pre-Plan (in EMR)

Records:

Records of Individual Plans of Service are retained in the consumer's case record in accordance with the "HBH Record Storage and Retention Policy" (QI.1.23).

Reference(s) and/or Legal Authority

Mental Health Code Act, 258 MI. – MCL 330.1700(g), MCL 330.1712
MDHHS Managed Specialty Supports and Services Contract Attachment C.3.3.1
ISP.2.02 Intake Assessment Procedure
QI.1.23 HBH Record Retention & Storage Policy
QI.2.15 Independent Facilitation Procedure
QI.2.18 Individual Plan of Service (IPOS) Procedure
QI.2.34 Pre-Plan for the Individual Plan of Service (IPOS) Procedure
RR.1.02 Limited English Proficiency (LEP) Accommodations Policy
RR.2.01 Abuse and Neglect Procedure
RR.2.36 Grievance and Appeal Procedure
RR.2.47 Second Opinion Procedure
SD.1.01 Services to Minors Policy
SD.1.32 Home and Community Based Services (HCBS) Policy
SD.1.41 Family-Driven Youth-Guided Care Policy
SD.2.04 Services to American Indian Children Procedure

Change History:

Change Letter	Date of Change(s)	Changes
A	09/17/02	Brought Policy into new Policy form (90-055), changed "the CMHSP" terminology to "HBH" an "HBH staff member" terminology, re-numbered & bulletized the text. All content remained unchanged from issue/released version.
B	09/11/07	Revised to include new regional Intake Form (90-1002), PCP form (90-1003) and Pre-Plan Form (90-1004), removed 90-028, 90-029, 30-003, and 30-007, removed references to instructions (QI.3.01 and QI.3.02), added acronyms (MDCH, EMR), made minor clarification and wording changes through-out the document without changing the intent of the information, added references (ISP.2.02, QI.1.23, RR.2.36, & SD.1.01), added, consolidated MHC references, added Record Retention information and EMR.
C	07/07/08	Added #10 in "Policy" section to clarify existing practices and comply with latest state guidelines for PCP
D	02/04/09	Added parenthetical statement in last bullet in A.1, minor reformatting & numbering, added hyperlinks,
E	01/12/11	Added reference to "Pre-Planning Procedure" (QI.2.34) in B.5 and "References" section of Policy
F	02/24/15	Added last sentence in B.7, in "Forms" section removed 3 form numbers and references to "Gallery", in "Records"

		section removed note about EMR implementation in 2007, in 1st paragraph "Information" section added "/Family Centered" and "in the creation, development, and implementation of all consumer services",
G	01/03/17	Changed "Michigan Department of Community Health/MDCH" to "Michigan Department of Health and Human Services/MDHHS" (7 places), removed references to "regional forms" (3 places), removed table/grid on page 4 that followed previous MDHHS best practice guidelines, in "Information" section reworded first paragraph to match MDHHS best practice guidelines, added new second paragraph, in B.4 added "at least two (2) independent facilitators….", in B.5 added last bullet, removed form numbers for forms now in EMR, in D.1 reworded from "In the judgment of the HBH staff member, an individual requests inpatient treatment, …..", made several additional minor wording/grammatical changes/corrections throughout document without changing sentence content.
H	08/30/17	In "Information" added first 2 paragraphs, in "Policy" section A.1 added or modified all six bullets, added B.1 & B.2, in B.12 removed reference to chart which was removed in previous rev level, in "Acronyms" section added "ASL", "CFR", "HCBS", "I/DD" & "IPOS", to comply with new MDHHS PCP Policy dated June 5, 2017, made several additional wording/grammatical changes/corrections throughout document without changing sentence content.
I	10/12/17	In "Information" section added last paragraph ("HBH staff collects health and safety information from the consumer as part of…"), in B.2 added parenthetical statement in last bullet to address POC from MSHN Delegated Managed Care Audit, in B.2 added reference to LEP, in "Acronym" section added "LEP".
J	03/26/19	Changed "Person Centered Plan" & "PCP" to "Individual Plan of Service" & "IPOS" throughout document (4 places) to better align with recent MDHHS language changes, changed PCP definition from "Person-Centered Plan" to "Person-Centered Planning process" throughout document (12 places), in "References" section added SD.1.32, in "Acronyms" section added "LEP", in "Definitions" section added "Individual Written Plan of Service", changed "natural Supports" to "natural Supports/allies" throughout document (3 places), in 3RD paragraph in "Information" section added first sentence, made numerous minor wording/grammatical changes/corrections throughout document without changing sentence content. See Controlled Documentation Manager for a complete list of changes and/or previous versions.
K	09/11/19	In "Policy" section B.12 added last sentence, bullets, & "Note".
L	06/05/21	In "Information" section added #4 and #7, in "Acronyms" section added "COA" to define current practices and better align with COA standards, added references to SD.1.41, RR.1.02, SD.2.04& RR.2.47 (2 places each), made numerous minor wording/grammatical changes/corrections throughout policy without changing sentence content.
M	04/23/23	Made numerous minor wording/grammatical changes/corrections throughout policy without changing sentence content
N	05/17/23	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content