

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Person/Family Centered Plan of Service		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 4	Review Cycle: Biennial Author: Clinical Leadership Committee/Chief Clinical Officer	Adopted Date: 01.05.2016 Review Date: 07.01.2025	Related Policies: Service Philosophy

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Purpose

To ensure that Mid-State Health Network (MSHN) and its Community Mental Health Service Program (CMHSP) Participants have a consistent service philosophy across its network of care related to Person/Family Centered Planning (PCP). MSHN 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 (reference Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program attachment P4.4.1.1).

Policy

The policy is intended to outline the required elements of Person/Family Centered Planning as required by MSHN and informed by the Medicaid Provider Manual, 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).
 1. Who to invite;
 2. Where and when to have the meeting;
 3. What will be discussed, and not discussed, at the meeting;
 4. Any accommodations the consumer may need to meaningfully participate;
 5. Who will facilitate the meeting;
 6. Who will record what is discussed at the meeting; and
 7. The pre-planning meeting is to be completed with sufficient time to take all necessary/ preferred actions
- D. The person-centered planning process must:
 1. Occur in a timely manner and at times and locations of the individual's choosing.
 2. Provide information and support to the individual to ensure maximum direction from the individual and to enable informed choice.

3. Provide an informed choice of supports and identify who provide them.
 4. Include a mechanism to request updates in the plan.
 5. Document alternative(s) considered but not chosen.
 6. Include strategies for resolving disputes and identifying conflicts of interest.
 7. Be free from conflict of interest, meaning those persons who have an interest in or are employed by a provider of home and community-based services (HCBS) for the individual must not be involved in case management or development of the person centered service plan, except when the state demonstrates that the entity is the only willing and qualified entity available to complete these functions and also provide HCBS.
 8. Completed in written format and signed by the individual and their representative, as applicable, and providers responsible for the implementation of the plan.
- E. Provide information/education on what an Independent or External Facilitator 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.
- F. Each plan is individualized to meet the consumer's medically necessary identified needs and includes:
1. A description and documentation of the consumer's individually identified goals, preferences, strengths, abilities, and natural supports.
 2. Outcomes identified by the consumer and the steps to achieve the outcomes.
 3. Risk factors and measures in place to minimize them, including backup plans and strategies.
 4. Services and supports needed to achieve the outcomes (including community resources and other publicly funded programs such as Home Help).
 5. Amount, scope and duration of medically necessary services and supports authorized by and obtained through the CMHSP.
 6. Estimated/prospective cost of services and supports authorized by the community mental health system.
 7. Roles and responsibilities of the consumer, the CMHSP staff, allies, and providers in implementing the plan.
 8. The plan should be written in plain language that is easily understood by the individual and others supporting him/her. 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.
 9. The plan should be finalized and include informed consent of the individual and his/her representative (if applicable).
 10. Signatures on the plan should include the consumer, his/her 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).
 11. In accordance with 42 Code of Federal Regulations (CFR) 438.208(b)(2)(i), coordination of services between settings of care, which includes appropriate discharge planning for short and long-term hospitalizations.
 12. Any effort to restrict the certain 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 Individual Plan of Service (IPOS). Any modifications of the HCB settings requirements are based upon a specific health and safety need and justified in the person-centered service plan:

- i. Identify the specific assessed need(s).
 - ii. Document the positive interventions and supports used previously.
 - iii. Document less intrusive methods that were tried and did not work, including how and why they did not work.
 - iv. Include a clear description of the condition that is directly proportionate to the assessed need.
 - v. Include regular collection and review of data to measure the effectiveness of the modification.
 - vi. Include established time limits for periodic review and modification.
 - vii. Include informed consent of the individual.
 - viii. Include assurances that the modifications will cause no harm to the individual.
- G. 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.
- H. The consumer is provided a copy of the plan within 15 business days of the conclusion of the PCP process.
- I. 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 in consumer specific plans of service.

Applies to

☒ All Mid-State Health Network Staff

☐ Selected MSHN Staff, as follows:

☒ MSHN's CMHSP Participants: ☒ Policy Only ☐ Policy and Procedure

☒ Other: Sub-contract Providers

Definitions

CFR: Code of Federal Regulations

CMHSP: Community Mental Health Service Program

Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably.

HCBS: Home and Community Based Services

IPOS: Individual Plan of Service

Independent Facilitator: An individual chosen by the consumer to serve as the consumer's guide throughout the PCP process, assisting with pre-planning activities and co-leads any PCP meeting(s) with the consumer.

MSHN: Mid-State Health Network

PCP: Person-Centered Planning

References/Legal Authority

- Michigan Department of Health and Human Services Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY15, including the "Person Centered Planning Policy and Practice Guideline".
- Michigan Medicaid Provider Manual, Home and Community Based Services Chapter
- Mental Health Code, Section 330.1700(g).
- 42 CFR 438.208(b)(2)(i) Coordination and Continuity of Care

Change Log:

Date of Change	Description of Change	Responsible Party
10.2015	New policy	Chief Clinical Officer
02.2017	Annual Review	Chief Clinical Officer
02.2018	Annual Review	Chief Clinical Officer
01.2019	Annual Review	Chief Behavioral Health Officer
07.2020	Annual Review	Chief Behavioral Health Officer
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer