

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 5	Person Centered Planning		
Topic: 1	Person/Family Centered Planning		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ensure that for all individuals served, a person-centered planning (PCP) process is used to develop a written individual plan of service (IPOS) in partnership with the individual. The PCP process is for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and honors the individual’s preferences, choices and abilities. MCL 330.1700(g).

Purpose

The BABHA Person Centered Planning (PCP) policy and procedure was developed to ensure compliance with the Michigan Department of Health and Human Services (MDHHS) and Mental Health and Substance Abuse Administration Person Centered Policy and Practice Guideline. The BABHA policy and procedure incorporates all requirements outlined in the Guidelines.

Education applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

Definitions

Primary Case Holder/ /Targeted 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. Responsible for the development, coordination, implementation and oversight of the Person-Centered Planning (PCP) process and the Individual Plan of Service (IPOS).

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

Emergency Situation: A situation when the individual can reasonably be expected, in the near future, to physically injure himself, herself, or another person; is unable to attend to food, clothing, shelter or basic physical activities that may lead to future harm, or the individual’s judgment is impaired leading to the inability to understand the need for treatment resulting in physical harm to self or others.

Family: The unit defined by the family and who they would like to participate in planning

Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a primary person served, or an individual upon whom a primary person served is dependent for at least 50 percent of his or 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/Family Plan of Service (IPOS): A written Individualized or Family Plan of Service directed by the individual/family as required by the Michigan Mental Health Code (MMHC).

Minor: An individual under the age of 18 years.

Child: A minor, birth to age 12.

Youth: A minor, age 13 through the age of 17 years.

Natural Support: A person who is involved in an individual’s life other than just for pay.

Person Centered Planning (PCP): 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 PCP process involves families, friends, and professionals as the individual desires or requires (MHC 330.1700).

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Family-Driven and Youth Guided Practice: A family-centered approach in developing the Person-Centered Plan in the case of a minor where the child or youth\family is the focus of service planning.

Urgent Situation: A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

Independent Facilitation: An Independent Facilitator is an individual who facilitates the Person-Centered Process in collaboration with the individual. Individuals receiving support through the community mental health system have the right to choose an independent or external facilitator for their PCP process. Independent and external mean that the individual has no financial interest in the outcome of the supports and services outlined in the person-centered plan.

Procedure

It is the procedure of BABHA that persons served through BABHA will be assured Person Centered Planning in accordance with the PCP Practice Guidelines issued by Michigan Department of Health and Human Services (MDHHS).

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PERSON CENTERED PLANNING PRACTICE GUIDELINE

I. Summary/Background

The purpose of community mental health is to support adults and children with developmental disabilities, adults with serious mental illnesses and co-occurring disorders and children with serious emotional disturbance to live successfully and have full access and be integrated in their communities-achieving community inclusion and participation, independence, and productivity. Person Centered Planning enables individuals to achieve their personally defined goals.

For children, the concepts of person-centered planning are incorporated into a family-driven and youth-guided approach and accommodates the entire family. 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 is the focus of service planning, and family members are integral to the planning process and its success. The wants and needs of the child/family are considered in the development of the IPOS. As the child ages, services and supports should become more youth guided especially during transition into adulthood. Person Centered Planning is a way for individuals to plan their lives with the support and input from those that care about them.

PCP is required by state law (the Michigan Mental Health Code (MMHC), and federal law (Home and Community Based Services (HCBS) Final Rule and the Medicaid Managed Care Rules). The individual’s goals, hopes, dreams, strengths and abilities, and preferences are incorporated in an IPOS that assists the individuals in attaining a life of meaning and increase each individual’s self-determination. The PCP process is used anytime an individual’s goals, desires, circumstances, preferences or needs change.

The Mental Health Code requires the use of the PCP process to develop the IPOS. Through the PCP process goals and outcomes are identified. Plans are developed for the individual to attain the goals. Services and supports are identified to assist the individual in meeting the identified outcomes and are not limited to only services and supports available through BABHA. An IPOS is developed that directs the services and supports to be provided by BABHA.

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The PCP process is highly supportive of choice and control. Not only does it focus on goals, interests, desires, preferences but also explores and addresses the individuals needs such as the need for food, shelter, clothing, health care, employment, education, legal services, transportation, and social and recreational activities. The Home and Community Based Services Final Rule requires that Medicaid-funded services and supports be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving such services and supports.

As appropriate for the individual, concepts of Self-Determination, Recovery, Culture of Gentleness, Positive Behavioral supports, treatment for Substance Use Disorders and transition planning may be included.

PCP focuses on services and supports necessary (including medically necessary services and supports funded by BABHA) for the individual to work toward and achieve their personal goals rather than being limited to authorizing the individual to receive existing programs.

II. Person Centered Planning Values and Principles: PCP is a highly individualized process designed to respond to the expressed needs/desires of the individual.

- A. Each individual is presumed competent to direct the planning process, achieve their goals and outcomes and build a meaningful life in the community. Individuals who have court-appointed legal guardians shall participate in their PCP and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.
- B. Each individual has strengths, can express preferences, and make choices. In order to be strengths based, the positive attributes of the individual will be documented and used as the foundation for building the individual’s goals and plans for community life as well as strategies or interventions used to support the individual’s success.
- C. The individual’s choices and preferences shall always be honored unless there is a documented health and safety reason preventing them from being implemented. In that situation, the PCP process should include strategies to support the person to implement their choices/preferences over time and include involvement of the Behavior Treatment Review Committee (BTRC):-

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- D. Each individual 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.
- E. PCP processes maximize independence, create community connections, and work towards achieving the individual’s dreams, goals and desires.
- F. A person’s cultural background shall be recognized and valued and accommodated in the person-centered planning process.

III. Essential Elements for Person Centered Planning

- A. **Person Directed:** The individual directs the planning process and decides when and where the meeting is held and who attends. The individual also determines what is discussed at the meeting.
- B. **Person Centered:** The planning process is focused on the individual, not the system or the individual’s family, friends and/or guardian. The PCP is a process in which the individual is provided with opportunities to reconvene any or all the planning processes whenever he/she wants or needs, not just an annual event.
- C. **Outcome Based:** Outcomes are developed based on the individual’s preferences and goals and are identified as well as the services and supports that enable the individual to achieve their identified goals. The way to measure outcomes is also identified through the PCP process.
- D. **Information, Support and Accommodations:** As needed, the individual receives comprehensive and unbiased information regarding mental health services, community resources and available providers. Supports and accommodations shall be provided as needed for the individual to participate in the PCP process. Accommodations for communication, with choices and options clearly explained, shall be made.
 - i. To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly critical for individuals who have limited life experiences in the community with respect to housing, work and other domains.
 - ii. An individual may obtain support and counsel to make decisions through a Supported Decision arrangement.
- E. **Independent Facilitation:** The individual is provided with the options of choosing external independent facilitation of his/her PCP meeting(s), unless the individual is receiving short-term outpatient therapy only, medication only, or is incarcerated. The

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Independent Facilitator is chosen by the individual and serves as the individual’s guide throughout the process. The Independent Facilitator helps the individual with pre-planning activities and co-leads/leads any PCP meetings. The Independent Facilitator will not have any role within BABHA. It is the expectation that the Independent Facilitator will spend adequate time to get to know the individual and their likes and dislikes, preferences and desires. They will make sure the individual is heard and understood, focuses on the individual and keep participants on track. The Independent Facilitator develops the pre-plan and IPOS in partnership with the individual that expresses the individual’s goals in language understandable by the individual and provides for services and supports that help the individual achieve their goals. All completed documentation by the Independent Facilitator is to be provided to the case holder.

- F. **Preplanning:** Before a PCP meeting is initiated, a pre-planning meeting occurs. In pre-planning, the individual chooses:
- i. Dreams, goals, desires and any topics about which he/she would like to talk about and what topics will not be discussed
 - ii. Who to invite, including whether the individual has allies who can provide desired meaningful support or if this an area that needs to be addressed.
 - iii. Identification of any potential conflicts of interest or potential disagreements that may arise during the planning process and how to deal with them.
 - iv. Identification of any topics the individual does not want discussed
 - v. The format or tool chosen by the individual to be used.
 - vi. Where and when the meeting will be held
 - vii. Who will facilitate
 - viii. Who will take notes
 - ix. Any accommodations needed for meaningful participation
- G. **Wellness and Well-being:** Issues of wellness, well-being, health, safety and primary care coordination or integration and supports needed for an individual to live as independently as possible are identified and addressed. Concerns specific to the individual’s health goals and support needs are discussed and plans to address them are developed. Individuals are allowed the dignity of risk to make health choices just like everyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating foods they choose). If the individual chooses to not discuss these

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issues at the PCP meeting, they can be addressed outside of the PCP Meeting. The plan must identify risks and risk factors and measures in place to minimize them, while considering the individual’s right to assume some degree of personal risk. The plan must assure the health and safety of the individual. When necessary, an emergency plan or Crisis Plan must be documented and encompass a range of circumstances and how they will be addressed.

- H. **Participation of Allies:** Through the PCP process, the individual chooses friends, family, and other community members to support them. Exploration and development of desired relationships and natural supports shall be viewed as an equal responsibility of BABHA and the individual. BABHA, in partnership with the person, is expected to develop, initiate, strengthen and maintain community connections and friendships through the PCP process. An ally may also serve as an unpaid Independent Facilitator.

IV. Family Driven and Youth Guided Practice and Principles:

1. Partnerships developed with parents, children and youth
2. Mutual respect and honesty between partners
3. Planning and services are individualized
4. Family strengths and individual strengths are recognized and built upon
5. Family culture is acknowledged and respected
6. Parenting competence and confidence are strengths

Parents and family members of minors shall participate in the PCP process unless:

1. The minor is 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 MMHC.
2. The minor is emancipated
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 PCP process, as stated in the MMHC. Justification of the exclusion of parents will be documented in the clinical record.

V. Implementation of Person-Centered Planning:

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- a) The PCP process is used to develop an IPOS.
- b) Assessments may be used to inform the PCP process but is not a substitute for the process. Functional Assessments must be undertaken using a person- centered approach. The Assessments and the PCP process together should be used as a basis for identifying goals, risks, and needs, authorizing services, utilization management and review. No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process.
- c) The PCP process is for the individual to define a meaningful life as they see it
- d) BABHA services may be a large or small role in supporting the individuals’ life
- e) When an individual is in a crisis, the situation should be stabilized before the PCP process is used to plan the life they desire.
- f) The PCP process is individualized
- g) Once the initial work is completed, it does not need to be redone unless so desired by the individual
- h) Once an IPOS is developed, subsequent use of the planning process, discussions, meetings, and reviews will work from the existing IPOS to amend or update it as circumstances and preferences change, ensuring no gaps in care occur particularly when transitioning in or out of services.
- i) The extent that the IPOS is updated will be determined by the needs and desires of the individual. If necessary, the IPOS can be completely redeveloped the Primary Case Holder/Targeted Case Manager/Supports Coordinator is responsible to ensure that the implementation, monitoring and oversight of the effectiveness of the IPOS, including those of other professionals and paraprofessionals are supporting the plan.

VI. Assurances and Indicators of PCP Implementation

It is the responsibility of BABHA to assure that the IPOS is developed utilizing a PCP process. Below are examples of systemic and individual level indicators that would demonstrate that PCP has occurred. The methods of gathering information or evidence may vary, and include the review of administrative documents, clinical policy and guidelines, case record review, satisfaction surveys and interviews/focus groups with individuals and their families.

A. Systemic indicators could include, but not be limited to:

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1. **Person Centered Culture.** BABHA has an MDHHS -approved policy or practice guideline that delineates how PCP will be implemented at all levels of the organization. Organizational language, values, allocation of resources and behavior reflect a person-centered orientation.
2. **Individual Awareness and Knowledge.** Evidence that BABHA provides easily understood information, support, and when necessary, training to individuals using services and supports, and those who assist them, so they understand their right to and the benefits of PCP, know the essential elements and the support available to help them succeed.
3. **System Wide Monitoring.** Evidence that BABHA’s quality improvement system actively seeks feedback from individuals receiving services, support and/or treatment regarding their satisfaction, providing opportunities to express needs and preferences and the ability to make choices. Information is collected and changes are made in response to the individual’s feedback. The Quality Assurance/Quality Management System includes a systematic approach for measuring the effectiveness of PCP and identifying barriers to successful use of the PCP process. Organizational expectations and standards are in place to assure that the individual directs the PCP process and ensures the PCP is consistently followed. BABHA collects information and makes changes, when necessary, on processes to develop natural supports. Information collected examines the development, initiation, and maintenance of community connections and friendships through the person-centered process
4. **Conflict of Interest.** The organization ensures that the conflict-of-interest requirements of the HCBS Final Rule are met and the individual responsible for the PCP process is separate from the eligibility determination, assessment and service provision responsibilities. BABHA has the initial eligibility for services determined by the Access Department. A full assessment for medical necessity and eligibility for services is conducted by a master’s prepared clinician in each service department. The Primary Case Holder/Supports Coordinator/Targeted Case Manager is responsible for coordinating, linking, monitoring and ensuring service delivery identified in the IPOS.
5. **Training.** BABHA’s staff development plan includes efforts to ensure that executive team, professional employees, direct care staff, board members, persons served, families and other stakeholders are trained in the philosophy, methods, and implementation activities of the person-centered process.

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6. BABHA has developed and implemented, in partnership with individuals with disabilities, a plan for independent facilitation including, but not limited to, training requirements, performance expectations, satisfaction surveys, retention of skilled facilitators, and ongoing training with support.

B. Individual indicators could include, but not be limited to:

1. **Individual Awareness and Knowledge.** Evidence the individual was provided with information of his/her right to PCP.
2. Evidence that the individual chose topics he/she would like to talk about in the meeting, topics he/she does not want discussed at the meeting, whether - other persons should be involved, and those identified were involved in the planning process and in the implementation of the IPOS.
3. Evidence that the individual chose the places and times to meet, convenient to the individual and to the persons he/she wanted present.
4. Evidence that the individual had choice in the selection of who will facilitate the plan, and treatment or support services provided including staff that will assist in carrying out the activities in the plan.
5. Evidence that the individual's preferences and choices were considered or a description of the dispute/appeal process and the resulting outcome.
6. Evidence that the progress made toward the valued outcomes identified by the individual was reviewed and discussed -for modifying the strategies and techniques employed to achieve these outcomes.
7. **Roles and Responsibilities.** Evidence that roles and responsibilities for facilitation, pre-planning and developing the IPOS are identified. The IPOS identifies who is responsible for implementing and monitoring each component of the IPOS. 8. Evidence that all persons working with the person served and implementing the IPOS are trained on the IPOS initially, annually and when any major changes are made to the plan. The supports coordinator/case manager or qualified staff responsible for monitoring the IPOS and each specialized professional within the scope of their practice will ensure that staff/providers implementing the IPOS are trained in the IPOS.

VII... Dispute Resolution/Appeal Mechanisms

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Individuals who have a dispute about the PCP process or the IPOS that results from the process have the rights to appeals, grievances, and recipient rights set forth in detail in the Appeal and Grievance Resolution Processes Technical Requirement. Some of the dispute resolution options are limited to Medicaid beneficiaries and limited in scope of the grievance. When an individual is receiving services and no agreement on IPOS can be made through the PCP process during the annual review, services shall continue until a notice of denial, reduction, suspension, or termination is given, in which case the rights and procedures for appeals and grievances take over. Other options are available to all recipients of community mental health services and supports.

Supports Coordinators, Case Managers and Customer Services must help people to understand and negotiate the dispute resolution processes.

Attachments

Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Person Centered Planning Practice Guideline, July29, 2020

Related Forms

Assessment/Pre-Planning Document (EHR)
 Individual Plan of Service (EHR)
 IPOS Addendum (EHR)
 IPOS Training Verification form (Intranet)

Related Materials

Person Centered Planning-Brochure
 Independent Facilitation-Brochure
 Choosing a Person-Centered Planning Tool-Brochure
 Person Centered Recovery Toolkit
 Employee Education materials
 Policy C04-S05-T04 PCP Meeting Scheduling
 Policy C04-S07-T02 Treatment Plan
 Policy C04-S07-T03 Treatment Plan Monitoring and Review
 Policy C04-S07-T04 Treatment Plan Modification

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Page: 13 of 14	Supersedes Date: Pol: 7-19-12, 10-18-01, 12-19-91 Proc: 7-18-23, 6-17-21, 11-27-19, 8-14-18, 3-14-17, 9-10-07, 9-20-02, 1-6-00, 6-4-99, 7-28-98	Approval Date: Pol: 7-20-17 Proc: 12-2-2024	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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Policy C04-S07-T05 Transition, Transfer and Discharge
 Policy C04-S07-T07 Treatment Plan Reactivation

References/Legal Authority

Mental Health Code Act, 258 MI. §§ 409-1-7 (1974 & Supp. 1996).
 Mental Health Code Act, 258 MI. §§ 700-g (1974 & Supp. 1996).
 Mental Health Code Act, 258 MI. §§ 707-1-5 (1974 & Supp. 1996).
 Mental Health Code Act, 258 MI. §§ 712-1-3 (1974 & Supp. 1996).
 Michigan Department of Community Health/Mental Health and Substance Abuse Administration
 Person Centered Planning Policy and Practice Guideline Last revision: July 29, 2020
 MDCH/CMHSP Managed Specialty Supports and Services Contract FY12 Attachment C3.4.1.1
 Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program
 FY12: Attachment P3.4.1.1.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 5	Person Centered Planning		
Topic: 1	Person/Family Centered Planning		
Page: 14 of 14	Supersedes Date: Pol: 7-19-12, 10-18-01, 12-19-91 Proc: 7-18-23, 6-17-21, 11-27-19, 8-14-18, 3-14-17, 9-10-07, 9-20-02, 1-6-00, 6-4-99, 7-28-98	Approval Date: Pol: 7-20-17 Proc: 12-2-2024	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
G. Lesley	G. Lesley	07/02/10	No changes	Reviewed only. The word "Family" was added to topic name, no changes in policy intent or procedure.
M. Swank	M. Swank	05/23/12	Revision	Updated policy to include language specific to recovery, community inclusion, independence and quality of life
K. Withrow E. Albrecht	PNLT	10/24/13	Revision	Triennial review: Updated with First Person Language, promoting recovery
E. Albrecht	SLT	09/24/15	Revision	Added that all persons working with the person served is trained in the IPOS
K. Amon	SLT	03/14/17 07/20/17	Revision	completely revised and updated based on the PCP Technical Requirement and PCP Workgroup recommendations.
K. Amon	SLT	8/14/18	Revision	Update for the Triennial Review and to incorporate more updated HCBS Rule Requirements.
K. Amon	SLT	11/27/19	Revision	Triennial Review-Early to start a new Review cycle. Additional language added.
K. Amon	SLT C. Pinter	5/11/21 6/17/21	Revision Revision	Updated to comply with Technical Requirement. Clarify oversight and training of the IPOS.
H. Beson	C. Pinter	7/18/23	Revision	Formatting changes and clarification of case holder name.
<u>H.Beson</u>	<u>C. Pinter</u>	<u>12/2/24</u>	<u>Revision</u>	Triennial Review- <u>Included BTRC in certain circumstances and that when independent facilitation documentation to be expected.</u>