PERSON CENTERED PLANNING POLICY

PURPOSE

To establish Person-Centered Planning (PCP) guidelines used to assist people in planning their lives in their communities, set the goals they want to achieve, and develop a plan for how to accomplish those goals. State law, the Michigan Mental Health Code, Federal law, Home and Community Based Services (HCBS) Final Rule, and the Medicaid Managed Care Rules require PCP. While PCP is the required planning approach for mental health and IDD services provided by the Community Mental Health Service Provider system, PCP can include planning for other public supports (Insurance Company) and privately funded services chosen by the person.

The PCP process assists the person in planning the life they aspire to have, considering various options such as, taking the individual's goals, hopes, strengths, and preferences and weaving them into plans for the future. Through PCP, a person leads the process to the extent possible and is engaged in decision-making, problem-solving, monitoring progress, and making needed adjustments to goals and supports. Decision-making, problem-solving, and monitoring progress are supported, and adjustments needed to goals, supports, and services are made in a timely manner. PCP is a process that involves support and input from those people who care about the person doing the planning. The person will choose who will participate in the meeting and the extent of that participation. The PCP process is used any time an individual's goals, desires, circumstances, choices, or needs change.

SCOPE

This policy applies to all people who receive services from LADD. Employees of LADD will provide support as needed to assist in the implementation of the plan.

POLICY

It is the policy of LADD that each individual we serve will have an assessment of their needs (Personal Profile-All About Me) completed and a plan of service developed to address those needs within thirty days, either prior/or after admission. The PCP shall be current and updated as needed (reflecting changes in the intensity of needs, condition, or personal preferences for support). The person and/or legal guardian may request a formal review at any time; however, PCP should occur not less than annually.

All Specialized Residential Licensed Facilities are required to have a preliminary plan developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.

People are often at different stages in achieving their life goals. The PCP process is individualized to meet each person's needs, e.g., meeting a person where he or she is. Some people may be just beginning to define the life they want, and initially, the PCP process may be lengthy as the person's goals, hopes, strengths, and preferences are defined and documented, and a plan for achieving those goals is developed. Once an IPOS is developed, subsequent use of the PCP process, discussions, meetings, and reviews will work from the existing IPOS to amend or update it as circumstances and preferences change. The extent to which updates occur will be determined by the person. If and when necessary, the PCP can be completely redeveloped. The emphasis in using PCP should be on meeting the person's needs as they arise.

Management is responsible for being aware of the services that are being offered to the person at the planning meeting and for helping the person through the Person-Centered Pre-Planning process.

The responsibilities of the people receiving services, their family members, legal guardian if applicable, staff members, funders, and others, as appropriate, are communicated through the Service Information Packet at the time of admission and informally when assisting people to identify the correct service for them. If someone is asking for a service that has not been offered, approved, or provided by LADD, they are referred to Administration or the responsible contract agency for assistance and/or approval.

The PCP process results in a written Individual Plan of Service (IPOS) that is prepared in person first language and is understandable by the person with a minimum of clinical language. A written copy of the plan must be provided to the person within 15 business days of the conclusion of the PCP process. This timeframe gives the case manager/supports coordinator a sufficient amount of time to complete the documentation.

The case manager/supports coordinator are required to provide Management training on the PCP before the PCP can be implemented.

STANDARDS AND DEFINITIONS
All employees of LADD must be committed to promoting the person-centered planning process.

PCP- "Person-centered planning" is a process for planning and supporting the person receiving services that builds upon his or her capacity to engage in activities that promote community life and that honors the person's choices, and abilities. The PCP process involves families, friends, and professionals as the person desires or requires. MCL 330.1700(g).

IPOS- Individual Plan of Service resulting from the person-centered planning process.

PROCEDURES

1. Before receiving support services from LADD. The Service Information Pack is completed, including the Personal Profile- All About Me, which is an important part of the planning process and covers the level of support needed and other relevant information for providing services. All information is then integrated into each person's pre-planning process and reviewed at the time of the planning meeting. Input and signatures from the person, legal guardian if applicable, Management, and from the contract agency are necessary. As life, needs, and choices change, it is important to keep information current and correct; therefore, the Personal Profile- All About Me is to be updated ongoing, as needed, and annually at a minimum.
    a. The Personal Profile- All About Me includes relevant: medical history; psychological information; social information, personal choice; and other relevant assessments.

   The profile helps the person to identify priorities, skills, strengths, abilities, likes, and dislikes, and is a contributing factor in determining the person's life goals, interests, desires, and preferences, as well as possible modifications that may be needed in the plan based on an assessed need.
2. Management uses and follows the LADD My Person-Centered Planning Pack for all Person-Centered Planning, which includes the following:
    a. LADD PCP Instructions
    b. My Person-Centered Pre-Planning
    c. My Quality-of-Life Survey
    d. Accessibility Checklist- Barrier Removal & Modification Review
    e. My Personal Profile- All About Me
    f. My Life Story
    g. Person Centered Plan Satisfaction Checklist
    h. Training Session
    i. PCP Review & EHR Set Up
    j. My PCP Information & Documentation Sheet
3. Management will begin the steps to the My Person-Centered Planning Pack 60 days before the date of the PCP.
4. Management will ensure services are provided as specified in the Individual Plan of Service/Person-Centered Plan (IPOS/PCP).
5. Management will advocate for the person supported at all times during the PCP process to ensure informed choice of supports.
6. Management will ensure that services are medically necessary and, if unsure, will contact Administration.
7. All employees will receive training on individual plans of service before implementing the plan.

8. People supported will receive information/assistance on Person Centered Planning to ensure they are taking an active role in the process.
9. If invited by the person, the staff who knows the person well will be encouraged to attend the PCP.
10. The Personal Profile-All About Me, and any needed authorizations will be updated and signed by the person and legal guardian at the PCP meeting.
11. After entering the PCP into the electronic health record system (EHR), Supervisors will complete a PCP Review & EHR Set Up. This form must be completed for all Person-Centered Plans.
12. Management will review the My Quality-of-Life survey results.
13. Staff will be trained in the Person-Centered Planning Process, which may include:
    a. Training at the work site.
    b. Attendance at a scheduled training or in-service.
    c. Online training.
    d. Training will occur within 60 days of hire (or sooner, dependent upon contracts) and annually thereafter.
14. The Quality Assurance Department will track/monitor the following:
    a. Person Centered Plan Satisfaction Checklist
    b. PCP Review & EHR Set Up
    c. Accessibility Checklist- Barrier Removal & Modification Review
    d. My Quality-of-Life Surveys