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Clinical	C		320.1
Subject Title **Person Centered Planning**	Adopted 8/10/01	Last Revised 11/22/17	Reviewed: 3/15/05; 4/5/10; 1/30/14; 1/9/15; 11/2/15; 12/22/16; 11/22/17

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness .

1.0 Summary/Background

The Michigan Mental Health Code establishes the right for all individuals to have their Individual Plan of Service (IPOS) developed through a person-centered planning process regardless of age, disability, or residential setting. The IPOS may include a treatment plan, support plan, or both. In the past, Medicaid or other regulatory standards have governed the process of treatment or support plan development. These standards drove the planning process through requirements on the types of assessments to be completed and the professionals to be involved. Person-centered planning departs from this approach in that the individual will direct the planning process with a focus on what the individual wants and needs. Professionally trained staff will still play a role in the planning and delivery of treatment and may play a role in the planning and delivery of supports. However, the development of the treatment or support plan, including the identification of possible services and professionals, is based upon the expressed needs and desires of the individual. As part of the planning process, available resources and any legal limitations should be considered.

2.0 Values and Principles underlying Person-Centered Planning

Person-centered planning is a highly individualized process designed to respond to the expressed needs/desires of the individual:

2.1 Every individual is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community.

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2.2 Every individual has strengths, can express preferences and can make choices.

2.3 The individual's choices and preferences are honored and considered, if not always implemented.

2.4 Every individual contributes to their community, and has the ability to choose how supports and services enable them to meaningfully participate and contribute.

2.5 Through the person-centered planning process, an individual maximizes independence, creates community connections, and works towards achieving their chosen outcomes.

2.6 An individual's cultural background is recognized and valued in the person-centered planning process.

3.0 Essential Elements for Person-Centered Planning

These elements are essential for Person-Centered Planning (PCP):

3.1 **Person-Directed.** The individual directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.

3.1.1 **Pre-planning.** An individual will complete a pre-plan before the person-centered planning process that does not occur on the same day as the Individual Plan of Service (IPOS) is being created. The purpose of pre-planning is to gather all of the information and resources necessary for effective planning and set the agenda for the process. It is used any time the PCP process is used and includes (except for those individuals who receive short-

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term outpatient therapy only, medication only, or those who are incarcerated):

3.1.1.1 When and where the meeting will be held,

3.1.1.2 Who will be invited,

3.1.1.3 What will be discussed and not discussed,

3.1.1.4 What accommodations the individual may need to meaningfully participate in the meeting,

3.1.1.5 Who will facilitate the meeting,

3.1.1.5.1 **Independent facilitation**. An individual may choose an independent facilitator to assist them in the planning process. The Right Door for Hope, Recovery and Wellness staff should provide assistance, support, and coordination to the individual to assure a positive person-centered planning experience. The Right Door for Hope, Recovery and Wellness staff should assist the external or independent facilitator in receiving adequate training in person centered philosophy and processes to facilitate a planning meeting.

3.1.1.6. Who will record what is discussed at the meeting.

3.2 **Person-Centered**. The planning process focuses on the individual, not the system or the individual's family, guardian, or friends. The IPOS is developed with active participation of the person served and family/legal guardian of the person served, when applicable and permitted. A

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consumer may decide to write up their own person-centered plan, however, it is the primary staff person who is responsible to assure the paper work is completed.

3.2.1 Choices shall be communicated to the individual in a manner that is understandable.

3.2.2 The individual's strengths, needs, abilities, preferences, and goals, are identified with an optimistic view of the future and plans for satisfying life.

3.2.3 To the extent possible, the individual shall be given the opportunity for experiencing the services, interventions, or modalities available prior to making a choice/decision.

3.2.4 A legal guardianship does not preclude a person's right to participate in person-centered planning.

3.2.5 For children, the concepts of person-centered planning are incorporated into a family-driven, youth-guided approach (see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline). A family-driven, youth-guided approach recognizes the importance of family in the lives of children and that supports and services impact the entire family. In the case of minor children, the child/family is the focus of planning and family members are integral to success of the planning process. As the child ages, services and supports should become more youth-guided especially during transition into adulthood. When the individual reaches adulthood, his or her needs and goals become primary. There are a few circumstances where the involvement of a minor's family may be not appropriate:

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3.2.5.1 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 Mental Health Code;

3.2.5.2 The minor is legally emancipated; or

3.2.5.3 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 Code. Justification of the exclusion of parents shall be documented in the clinical record.

3.2.5.3.1 Justification of the exclusion shall be documented in the clinical record.

3.2.6 Whenever possible, it is encouraged that primary care physicians/providers are involved in treatment planning and/or linking and referral follow up. This is ultimately up to the consumer.

3.3 **Outcomes-Based.** The needs and desires of the person served are identified through goals that are expressed in the words of the person served, goals that are reflective of the informed choice of the person served or parent/guardian, and when necessary, clinical goals that are understandable to the person served. Services and supports are identified that enable the individual to achieve his or her goals and desires and any training needed for the providers of those services and supports. Goals are measurable, achievable and time specific.

3.3.1. Specific service/treatment objectives:

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3.3.1.1. Are reflective of the person's age, development, culture and ethnicity.

3.3.1.2. Are responsive to the person's disabilities/disorders or concerns.

3.3.1.3. Are understandable to the person served.

3.3.1.4. Are measurable, achievable and time specific.

3.3.1.5. Are appropriate to the service/treatment setting.

3.3.1.6. Are encouraging and promoting inclusion of consumers in the community. Consumers are encouraged to utilize their natural support systems. Staff shall promote that individuals use community services and participate in community activities.

3.3.2. Specific interventions, modalities, or services are identified in plan as well as their frequency.

3.3.2.1. The estimated/prospective cost of services and supports authorized must be in the plan.

3.3.2.2. The roles and responsibilities of the individual, the supports coordinator or case manager, the allies and providers in implementing the IPOS are defined.

3.4. **Wellness and Well-Being.** The IPOS is prepared using the information from the assessment process. Concurrent disorders or disabilities and/or co-morbidities are specifically addressed in an integrated manner, if applicable. The IPOS is focused on integration and inclusion of the

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individual into the community, the family (when appropriate), natural support systems, and other needed services.

3.4.1 Every consumer must have a wellness goal in their IPOS as defined by board outcomes unless the consumer declines.

3.5 **Reviewed.** Individuals are provided with opportunities to provide feedback on how they feel about the support and/or services they are receiving and their progress toward attaining their goals. The planning process is used whenever the individual wants or needs it. Accommodations for varied communication needs will be made to maximize ability for expression.

3.5.1 The IPOS is reviewed periodically with the individual (and their guardian if applicable) to reflect current issues, maintain relevance, and modify goals, objectives, and interventions when necessary; and to maintain visitation plans and/or court orders, when applicable.

3.5.2. Review occurs annually at the very least to review progress toward goals and objectives and to assess the satisfaction of the individual.

3.6 **Information, Support and Accommodations.** A provider listing will be given to each individual at time of request for service and whenever requested after the initial request. Support and accommodations to assist the individual in participating in the planning process will be provided.

4.0 Indicators of Person-Centered Planning implementation

Individual indicators must include but not be limited to:

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4.1 Evidence the individual was provided with information of his/her right to person-centered planning.

4.2 Evidence that the individual chose whether or not other persons should be involved and those identified were given the opportunity to be involved in the planning process/implementation of the IPOS.

4.3 Evidence that the individual chose the facilitator, places and times to meet, convenient to the individual and to the people he/she wanted present.

4.4 Evidence that the individual was informed of their right of choice in the selection of treatment or support services and staff/providers.

4.5 Evidence that the individual's preferences and choices were honored or a description of the dispute/appeal process including outcome.

4.6 Evidence of the progress made toward the valued outcomes identified by the individual are reviewed and discussed for the purpose of modifying the strategies and techniques employed to achieve these outcomes.

4.7 Evidence of the specific services and supports to be provided, including the type, amount, scope, duration, frequency and cost.

4.7.1 For Children's Waiver Services, all recipients are required to be seen by the 15th of each month to ensure that services and support are being provided according to the individual plan of service.

4.8 Evidence of timely Adequate Notice consistent with MDHHS guidelines.

4.9 Evidence that the individual has been provided the opportunity to develop a crisis plan.

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4.10 Evidence that individuals are provided a copy of their IPOS within 15 business days after the planning meeting.

4.11 Evidence that the IPOS is formally reviewed at least annually and that the review includes evidence of the satisfaction of services and/or treatment and progress made towards achieving desired outcomes.

4.12. Evidence that the individual chooses who will participate in the planning process.

4.13. Evidence of the use of pre-planning and request for facilitator forms.

4.14 Evidence that external facilitators of the person centered planning process have been offered to each individual.

5.0 Educating Consumers on the Person Centered Planning process

5.1 Every consumer will receive the Mid-State Health Network "Guide to Services" booklet upon completing a financial review and agency orientation process.

5.2 The Right Door for Hope, Recovery and Wellness staff completing the financial review shall go over the "Guide to Services" with the individual and explain the contents.

5.3 If any further explanation is required, the The Right Door for Hope, Recovery and Wellness staff person shall direct the individual to the appropriate person/organization for assistance.

5.4 The Right Door for Hope, Recovery and Wellness can provide additional information and support on the process through the primary clinician, customer services or peer support specialists.

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6.0 Dispute Resolution

6.1 Individuals who have a dispute about the person centered planning process or the IPOS that results from the process have rights to grievance, appeals and/or a recipient rights complaint.

6.1.1 The Right Door for Hope, Recovery and Wellness trains all staff at orientation on consumer grievance and appeals rights and provides trainings at various intervals as determined by agency need.

6.1.2 The Right Door for Hope, Recovery and Wellness trains all staff in Recipient Rights prior to working with consumers and annually as required by the Mental Health Code.

6.2 Staff and contractors with The Right Door for Hope, Recovery and Wellness should be educated and prepared to help individuals understand and navigate the dispute resolution process(es).

7.0 Educating Staff on Person Centered Planning process

7.1 All Clinical staff, including contractual staff, shall receive trainings related to person centered planning annually. New employees shall complete person centered planning training within 90 days of hire, unless they are able to demonstrate person centered planning training within the past year either at the State or at another Community Mental Health Service Provider agency.

7.2 All administrative/non-clinical staff shall receive training related to person centered planning annually.

7.3 All contracted providers and direct care staff must be trained on the IPOS by the appropriate professional at the start of care. When changes to the IPOS occur, all appropriate providers must be informed by the appropriate professional.

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7.3.1 Training will be documented utilizing a sign in sheet, progress note, or other hard copy format to prove compliance

Reference

MDHHSContract Policy and Practice on Person-Centered Planning
CARF Standards Manual
Michigan Mental Health Code

Robert S. Lathers, Chief Executive Officer	Date		