


LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 03/11/2010****Date Revised 03/16/12; 08/16/12; 05/21/14; 07/14/15; 09/22/15, 12/12/17; 03/02/20;
07/22/21; 09/21/21**

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 15
SECTION Treatment		DESCRIPTION Person-Centered Planning	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Network Provider	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) embraces a recovery-oriented system of care using Person Centered Planning (PCP) as the process for developing Individual Plans of Service (IPOS).

STANDARDS:

- A. The Michigan Mental Health Code (MCL 330.1700(g)) requires use of PCP for development of the IPOS. PCP is defined as a process for planning and supporting the individual receiving services building on the individual's capacity to engage in activities promoting community life and honoring the individual's preferences, choices, and abilities.
- B. The Home and Community Based Services (HCBS) Final Rule requires Medicaid-funded services and supports be integrated in and support full access to the greater community, including opportunities to seek employment and work

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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. (42 CFR 441.700 et. seq.) The HCBS Final Rule also requires PCP be used to identify and reflect choice of services and supports funded by the mental health system.

- C. The purpose of Michigan's public mental health system is to support adults and children with developmental disabilities, adults with serious mental illness and substance use disorders and children with serious emotional disturbance to live successfully in their communities – achieving community inclusion and participation, independence, and productivity. PCP enables individuals to achieve their personally defined outcomes.
- D. PCP for minors is inclusive of the entire family. A family driven, youth guided approach recognizes the importance of family in the lives of children and supports and services impacting the entire family. In the case of minor children, the child and family are the focus of planning and family members are integral to success of the planning process.

PROCEDURES:

- A. PCP processes begin when an individual makes a request to the Region 10 PIHP Access Center. The first step is to determine eligibility and to find out from the individual the reason for their request for assistance. During the Access Screening and Intake Appointment, individual needs and valued outcomes are identified rather than requests for a specific type of service (Policy 02.003.30 Intake Procedures).
 - 1. If a person served is experiencing an urgent or emergency situation, the goal is to stabilize the crisis and therefore the opportunity for the person served to make choices may be limited at that time. Following stabilization, the person served and the primary case holder will explore further needs for assistance and if required, proceed to a more in-depth planning process.
 - 2. When a person expresses a need or makes a request for supports and services in life domains, the PCP process is used to establish the goals

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and objectives the person wants to achieve and prioritize the services needed. A life domain is any of the following:

- Activities of daily living
- Social relationships
- Finances
- Work
- School
- Legal and safety
- Health
- Family relationships, etc.

B. Essential Elements

1. PCP is a process. The person served may reconvene any or all of the planning components whenever needed.
2. The PCP process encourages strengthening and developing natural supports by inviting family, friends and allies to participate in the planning meeting(s) to assist the person served with their dreams, goals and desires. The development of natural supports is viewed as an equal responsibility of the person served and the primary case holder.
3. At the Pre-Plan Meeting, the person served is given the option of choosing external independent facilitation for the PCP Meeting. Independent facilitation is not available if the person served is receiving short-term outpatient therapy only, medication only, or is incarcerated.
4. The Biopsychosocial Assessment (BPS) is completed with input from the person served and identifies life domain areas, needs, desires, and concerns that can be addressed in the IPOS.
5. A state-approved assessment tool is completed at intake and at intervals throughout treatment to determine the appropriate level of care to support the individual's needs.
 - Devereux Early Childhood Assessment (DECA) for children ages 0 – 5 years old.

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- Preschool and Early Childhood Functional Assessment Scale (PECFAS) for children ages 4 – 6 years old.
 - Child and Adolescent Functional Assessment Scale (CAFAS) for children ages 7 – 17 years old.
 - Level of Care Utilization Systems (LOCUS) Assessment for adults with mental illness.
 - Supports Intensity Scale (SIS) for adults with intellectual/developmental disabilities.
6. The person served and primary case holder meet for a pre-planning meeting. During the pre-planning meeting, the following topics are discussed and the person served chooses:
- Dreams, goals, desires and topics to be talked about at the meeting
 - Topics that will not be discussed at the meeting
 - Who to invite to the meeting
 - Where and when the meeting will be held
 - Who will facilitate the meeting
 - Who will record or take notes at the meeting
7. At the PCP Meeting, all potential support and/or treatment options to meet the expressed needs and desires of the person served are identified and discussed with the person served. This includes:
- a. Health and safety needs are identified in partnership with the person served. The plan coordinates and integrates services with primary health care.
 - b. The person served is provided with the opportunity to develop an individualized crisis plan. The crisis plan will include person-centered interventions to protect the person served and personnel.
 - c. Each IPOS must contain the date the service is to begin, the specified amount, scope, duration, intensity and who will provide each authorized service.
8. The person served has ongoing opportunities to express their needs, desires, preferences, and to make choices. An IPOS will be reviewed on a periodic basis, minimally every 6 months. Annually, a new BPS

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Assessment, state-approved assessment and IPOS will be completed.

This includes:

- a. Accommodations for communication, with choices and options clearly explained.
- b. To the extent possible, the person served will be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly critical for persons served who have limited life experiences in the community with respect to housing, work and other domains.
- c. Persons served who have court-appointed legal guardians will participate in PCP and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.
- d. Service delivery will concentrate on the child as a member of a family, with the wants and needs of the child and family integral to the plan developed. Parents and family members of minors will participate in the PCP process unless:
 - i. 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;
 - ii. The minor is emancipated; or
 - iii. 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 will be documented in the clinical record.
9. The primary case holder will assist the person served to identify: Specific, Measurable, Attainable, Realistic and Timely (SMART) goals and develop objectives and interventions with the person served to meet the goals.

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10. Persons served are provided with ongoing opportunities to provide feedback on how they feel about the service, support and/or treatment they are receiving, and their progress toward attaining valued outcomes. Information is collected and changes are made in response to the feedback of the person served.
11. Each person served is provided with a copy of their IPOS within 15 business days after their meeting.

C. Assurances of PCP implementation

1. The primary case holder will assure the IPOS is developed utilizing a PCP process.
2. The primary case holder will assume responsibility for implementing the IPOS. This includes providing training to all direct services staff, or coordinating the provision of training by an appropriate professional, documenting the training and ensuring the training documentation is part of the case record.

D. Dispute Resolution/Appeal Mechanisms

1. If a person served requests inpatient treatment, or a specific support or service for which appropriate alternatives exist that are of equal or greater effectiveness and equal or lower costs, the primary case holder will:
 - a. Identify and discuss the underlying reasons for the request or preference;
 - b. Identify and discuss the available alternatives with the person served;
 - c. Negotiate toward a mutually acceptable alternative; and
 - d. If a requested service is denied, the Adverse Benefit Determination, as described in the Grievance and Appeals and Second Opinion Process Policy #04.001.10 will be provided.

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- e. In the event a mutually acceptable alternative cannot be reached, the primary case holder will:
 - i. Document the preference of the person served, the support or service the agency is offering, and the reason the person served is not accepting what is being offered;
 - ii. Inform the person served of their right to request a second opinion to have the IPOS reviewed by the supervisor. The review will be completed within 30 days; and
 - iii. Inform the person served of their right to contact the Recipient Rights Officer for consultation, mediation or intervention in response to the request for a specific mental health service or support.
2. If in the judgment of the primary case holder, the choice of the person served for the inclusion or exclusion of a participant, meeting location, or specific provider poses a health or safety issue or exceeds reasonable expectations of resource consumption, the primary case holder will discuss and identify the underlying reasons for the specific choice and negotiate toward a mutually acceptable alternative to meet the intended outcomes.
3. If the person served believes the opportunity for PCP is not provided, it is the responsibility of the primary case holder or other staff who have knowledge of the situation to inform the person served and their guardian they can file a complaint with the Recipient Rights Officer.

DEFINITIONS:

Activities of Daily Living: the activities usually performed in the course of a normal day in a person's life, such as eating, toileting, dressing, bathing, or brushing the teeth.

Child and Adolescent Functional Assessment Scale (CAFAS): The CAFAS is an assessment tool used as part of the determination of functional impairment of the child (age 7-17) with Serious Emotional Disturbance (SED). The tool is used to document the extent to which the child's mental health condition substantially interferes with, limits their role, or results in impaired functioning in family, school, or community activities.

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Devereux Early Childhood Assessment (DECA): DECA is a standardized strength based assessment used to assess protective factors and screen for social and emotional risks in very young children (aged 0 – 5 years).

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 an order entered by a circuit court.

Emergency Situation: A situation when the person served is demonstrating signs and symptoms and is at risk of physically injuring themselves or another person; is unable to attend to food, clothing, shelter or basic activities of daily living that may lead to future harm, or the judgment of the person served is impaired leading to the inability to understand the need for treatment resulting in physical harm to self or others.

Family Member: A parent, step-parent, 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 their financial support.

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

Individual Plan of Service (IPOS): A document detailing the supports, activities, and resources required for the individual to achieve personal goals. The IPOS document includes assessment results, decisions and agreements made during the person-centered process, and specific goals and objectives the person served will work toward. The development of an IPOS is required by the Mental Health Code. An IPOS may also be referred to as a treatment plan or a support plan.

Level of Care Utilization System (LOCUS): An assessment and placement instrument developed by American Association of Community Psychiatrists (AACCP) created to guide assessments, level of care placement decisions, continued stay criteria and clinical outcomes.

Minor: A person served under the age of 18 years.

Person-Centered Planning (PCP): A process for planning and supporting the person served receiving services building upon the capacity of the person served to engage in activities promoting community life and honoring the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the person served desires or requires.

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Preschool and Early Childhood Functional Assessment Scale (PECFAS): The PECFAS is an assessment tool used as part of the determination of functional impairment of the child (age 4-6_ with Serious Emotional Disturbance (SED). The tool is used to document the extent to which the child's mental health condition substantially interferes with or limits their role, or results in impairing functioning in the family, childcare/school or community activities.

Primary Case Holder: The staff person who works with the person served to gain access to and coordinate the services, supports and/or treatment the person served wants or needs.

Supports Intensity Scale (SIS): The SIS is a strength-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires.

Specific, Measurable, Attainable, Realistic, Timely (SMART) Goals: The criteria used to guide the setting of goals and objectives with the person served.

Urgent Situation: A situation in which a person served is determined to be at risk of experiencing an emergency situation in the near future if they do not receive care, treatment or support services.

REFERENCES:

Michigan Mental Health Code - Act 258 of 1974
Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration – Person Centered Planning Policy - June 5, 2017

BS:lr

This policy supersedes
#/03/10004 dated 03/11/2010.
