I. PURPOSE:
To develop a systematic guide to ensure that the practice of Person Centered Planning (PCP) at Community Mental Health of Ottawa County (CMHOC) conforms to the PCP Best Practice Guidelines published by the Michigan Department of Health and Human Services.

II. APPLICATION:
To all CMHOC operated and contracted programs, if specified by contract.

III. DEFINITIONS:
Person Centered Planning (PCP) is a process for planning with and supporting the individual and/or family receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors by respectfully considering the individual’s preferences, choices, and abilities. The Person Centered Planning process involves family, friends and professionals as the individual desires and requires.

IV. POLICY:
It is the policy of CMHOC that all consumers shall have the opportunity to develop an individual plan of service using Person Centered Planning processes as described in the “Person Centered Planning: Best Practice Guidelines” published by the Department of Health and Human Services and attached to the contract with the Agency.

V. STANDARDS:
The IPOS shall be developed based on the consumer’s strengths, abilities, right to express preferences and to make personal choices. Person-centered planning maximizes independence, creates community connections, and promotes achievement of the individual’s personal dreams, goals and desires.

The IPOS shall reflect strength-based assessments, which are culturally relevant and address the health and safety needs of the consumers. OCCMH will ensure that an individual’s (family’s) cultural background is recognized and valued in the decision making process.

During the PCP meeting, the full array of supports and services which could assist in meeting the needs and goals of the individual are discussed. CMHOC will ensure consumers receive information about available treatment options and alternatives, which will be presented in a manner the consumer is able to understand.
The PCP process is ongoing and is completed whenever there is a change in the status of the individual receiving supports, which could impact the amount or duration of authorized services or at any time it is requested by the individual. Minimally, the PCP process and development of the IPOS is completed annually (within 365 days).

The PCP process shall identify resources in the individual’s network of family, friends, community, and the public mental health system to assist in achieving the individual’s desired outcomes. The individual will be able to choose from available resources, the supports and service to be delivered.

The development of natural supports shall be viewed as an equal responsibility of the staff and the individual/family. Staff, in partnership with the individual/family, is expected to develop, initiate, strengthen and maintain community connections and friendships through the person-centered process.

V. PROCEDURE:
The Person Centered Planning process includes the following:

1. Pre-Plan: The consumer/consumer’s representative and anyone the consumer invites will attend a meeting to prepare for the planning meeting. The Pre-Plan meeting includes decisions about when and where the planning meeting will take place, who will be invited, and what will and will not be discussed. The consumer/consumer’s representative will provide guidance in these areas.

2. Independent Facilitation: The consumer/consumer’s representative will be provided information about external facilitation. If desired by the consumer, a trained independent facilitator will be made available for the consumer’s planning meeting. The independent facilitator will be deemed competent in the principles of PCP prior to completing Plans with individual members. The areas of training will included:
   a. Values and Principles Underlying Person Centered Planning
   b. DCH Person-Centered Planning Best Practice Guidelines
   c. Assurances and Indicators of PCP Implementation
   d. Dispute Resolution/Appeal Mechanisms
   e. Definitions relative to PCP

3. Plan: The Individual Plan of Service (IPOS) is written at a Person Centered Planning meeting with the consumer/consumer’s representative and any others the consumer wishes to invite to this meeting. The plan will include all services and supports to be provided to the consumer, both internal and external. The IPOS shall establish meaningful and measurable goals with the individual and conform to the standards of integrated care. The needs identified in the Pre-Plan and in the Assessment are the main focus of this plan.

The completion of the outcomes of this plan is monitored by the consumer/consumer’s representative and the case manager/supports coordinator.

The Plan may be modified whenever there is a change in the assessed status of a consumer or as the needs/desired by the consumer or whenever he/she wants or needs to reconvene any or all of the planning process, including at the time of transition from one level of care or program to another or in preparation for discharge.
4. **Grievance and Appeals:** Individuals who have a dispute about the PCP process or the results of the IPOS have the right to grievance, appeals and recipient rights as set forth in detail in the Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid beneficiaries. As described in this Contract Attachment, some of the dispute resolution options are limited to Medicaid beneficiaries and limited in the scope of the grievance (such as a denial, reduction, suspension or termination of services). Other options are available to all recipients of Michigan mental health services and supports. Supports Coordinators, Case Managers and Customer Services at PIHP/CMHSPs must be prepared to help people understand and negotiate dispute resolution processes.

5. **Monitoring:** The Agency shall assure that Person Centered Planning is being appropriately implemented via the following activities:
   a. Episodic review of this policy to assure accuracy
   b. Member surveys
   c. Competency and performance review data for clinical providers
   d. Medical record reviews
   e. Satisfaction Surveys

6. **Training:** Staff shall complete initial and ongoing training in the PCP process. Specific to the Hab Support programs: Professional staff that are operating within their scope of practice are required to provide initial and ongoing training to all staff who work with an individual who receives services through the Habilitation Supports Waiver (HSW) and Children’s Waiver Program (CWP). Documentation of this training includes the following:
   a. The date the training occurred.
   b. The name and credentials of the individual who conducted the training
   c. The subject manner of the training.
   d. The names of the staff trained.

VI. **ATTACHMENT:**
None

VII. **REFERENCE:**
Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Person-Centered Planning Policy, 6/5/2017
Lakeshore Region Guide to Services
Lakeshore Regional Entity Policy, 5.1: Person-Centered Planning