

Self-Determination and Person-Centered Planning						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
5.1	<u>Person-centered planning should be the basis for all publicly funded specialty supports and services</u> provided to persons with a developmental disability, a mental illness and/or a substance use disorder...	MDHHS has a person-centered planning policy in place and included in CMHSP and PIHP contracts as amended on June 5, 2017 Monitoring of integrity and policy compliance is included as part of BHDDA, PIHP, and CMHSP compliance reviews	Primary Care practitioner availability to participate in planning meetings	1) Connection should be made with "Building Options for Long-term Support in Decision Making" (BOLD - Council);	Complete	In Process
5.2	The person-centered planning <u>process should be faithful to the process elements</u> as listed in the first recommendation and as detailed in MDHHS policy and guidance.			2) MDHHS will evaluate current policy requirements and determine need for improvements to more specifically address 298 policy recommendations;	12.31.18	
5.3	Decisions about the <u>elements of person-centered planning should be made by the person at a meeting prior</u> to the person-centered planning meeting with their facilitator.			3) MDHHS will recommend and plan for implementation of indicated policy changes (include specific tasks, assigned responsibility and timeline);	12.31.18	
5.4	The <u>person-centered planning process involving the person's allies and supporters should be used to develop a plan for the supports and services that the person needs</u> to achieve the life that he or she desires as a participating member of the community. This process should also determine how, where and by whom the supports and services are provided.			4) As indicated, MDHHS will review, recommend and plan improvements to current person-centered planning monitoring and results reporting processes (include specific tasks, assigned responsibility and timeline).	12.31.18	
5.9	<u>For children, youth and families, the Person-Centered Planning Policy Guideline states:</u> "The Michigan Department of Health and Human Services (MDHHS) has advocated and supported a family-driven and youth-guided approach to service delivery for children and their families. A family-driven and youth-guided approach recognizes that services and supports impact the entire family; not just the identified youth receiving mental health services. In the case of minors, the child and family is the focus of service planning, and family members are integral to a successful planning process. The wants and needs of the child and his/her family are considered in the development of the Individual Plan of Service." <u>As the child matures toward transition age, services and supports should become more youth-guided.</u>					
5.10	MDHHS should <u>expand the person-centered planning process to (1) incorporate education for individuals on the availability of physical health services and (2) include physical health providers</u> in the person-centered planning process as desired by the individual. This expansion should include the option to share the person-centered plan with physical health providers as desired by the individual.					
5.5	<u>The person-centered planning process should not be subject to prior utilization management</u> or other techniques or processes that would limit or reduce the supports and services determined as needed and/or desired through a person-centered planning process. Proposed changes regardless of origin should reactivate the person-centered planning process.	Current PCP policy requires that changes to the plan are subject to additional pre-planning policy requirements. In addition to the PCP, managed care plans are required to use evidence based criteria to establish level of care criteria for determination of medical necessity and the scope, duration and intensity of services and supports.		1) Policy recommendations 5.5-5.6 should be taken into consideration with other person-centered planning policy edits (5.1-5.4, 5.9 and 5.10). 2) Policy clarification and education should take into consideration the implications of person-centered planning in a managed care environment.	12.31.18 12.31.18	In Process

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5.6	No assessment scale or other methodologies should be utilized to set a dollar figure or otherwise limit the person-centered planning process.	In addition to the person-centered plan (PCP), managed care plans are required to use evidence based criteria and validated assessments to establish level of care criteria for determination of medical necessity and the scope, duration and intensity of services and supports.				
5.7	Arrangements that support self-determination should be available, no matter where people live in Michigan.	Self-determination is a current PIHP/CMHSP contract requirement. Access to services should be included in annual assessment of need. There is no current monitoring of persons waiting for a self-determination arrangement.		1) MDHHS will consider assessment of self-determination efforts, including use of fiscal intermediaries.	12.31.18	In Process
5.8	The person-centered planning process should include an opportunity for the person to use a fiscal intermediary and manage a portion of the person's budget.	The self determination policy/technical requirements are inclusive of fiscal intermediaries.		2) If assessment is indicated and gaps in use of self-determination are identified, MDHHS will work with CMHSPs/PIHPs to initiate planned improvements. (including specific tasks, assigned responsibility and target completion dates).	12.31.18	