MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF SPECIALTY BEHAVIORAL HEALTH SERVICES

PERSON-CENTERED PLANNING POLICY

"Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities." **MCL 330. 1700(g)**

I. Purpose of this Policy

The purpose of this policy is to establish the requirements for the implementation of uniform and authentic person-centered planning processes and practices.

II. Person-Centered Planning is the Standard for Discovering, Developing, and Delivering Specialty Mental Health Services

Person-Centered Planning is a highly individualized process designed to identify and respond to the expressed needs and desires of an individual receiving services. Person-Centered Planning is an umbrella term for the activities of discovery, developing, and planning an individual's supports while aiming to achieve the individual's ideal life goals. In federal and state policy the term Person-Centered Planning process covers both the periods of active planning for a meeting and discovery, and the implementation and monitoring of the plan.

In order to clarify terminology, a Person-Centered Planning Process includes pre-planning and all planning activities leading up to development of the Individual Plan of Service (IPOS). An IPOS is named the "Person-Centered Service Plan" in federal language[1]. Michigan law describes a Person-Centered Service Plan[2], but identifies it as an Individualized Plan of Service, therefore, it is understood that the IPOS must be a Person-Centered Plan, even though it is not titled as such. The IPOS is focused on plans to support individuals to increase their own self-determination through independence, productivity, and integrated community inclusion[3].

All Behavioral Health services and coordination with community resources are done through the continuous Person-Centered Process (also known as Person-Centered Practice). The Person-Centered Process is organic and changes as the individual desires and as need for improvement is identified. The process must honor the changes and growth an individual wants to make in their life. The person-centered process is not just an annual plan or meeting, but an ongoing process.

[1] 42 CFR § 441.725 (b)
[2] MCL 330.1712(1)
[3] 42 CFR § 441.301(c)(4)(iv), MPM Behavioral Health Ch 17. 1

All Person-Centered Planning must be driven by the individual. The process spans the entire time an individual receives behavioral health services and promotes quality of life, autonomy, presumption of competence, dignity of risk, opportunities to seek employment and work in individual competitive integrated settings, engage in community life, control personal resources, and engage in the community to the same degree of access as individuals not receiving such services and supports. Person-Centered Planning enables individuals to identify and achieve their personal goals. As described below, the process for minors (Family-Driven and Youth-Guided Planning) involves the whole family.

III. The Person-Centered Process

A Person-Centered Process is a continuous collaborative approach designed to assist an individual receiving services to plan the life they want to live. This is the model for all interactions with individuals served. The process includes information and education; a continuous feedback loop with the individual served; evidence-based assessment; pre-planning; collaborative meetings; implementation and monitoring. The role of any assessment in Person-Centered Planning, is to inform the planning process, propose service possibilities and medical necessity, but cannot be used to pre-determine the amount and/or type of service.

The Person-Centered Process spans the time people receive services and is a deliberate partnership between an individual, a support circle of their choosing, and those who are paid to support that individual. The person-centered process balances an individual's life goals and wants while also addressing the individual's basic needs [food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation as identified in the Mental Health Code]. Person-Centered Practice starts with providing necessary information and support to ensure that the individual directs the process to the maximum extent possible and is empowered to make informed choices and decisions to co-produce a flexible plan.

For minor children, the concept of Person-Centered Planning is a family-driven, youth-guided approach (see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline). The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family. As the child ages, services and supports should become more youth-driven, especially during transition into adulthood. When the individual reaches adulthood, their needs and goals become primary.

There are a few circumstances where the involvement of a minor's family may be not appropriate[4]:

a. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or primary caregiver within the restrictions stated in the Code.

[4] MCL 330.1707 Sec.707(1), MCL 330.1712 Sec.712(3)

b. The minor is emancipated.
c. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the minor or substantial disruption of the planning process. Justification of the exclusion of parents shall be documented in the clinical record.

IV. Person-Centered Planning Process

Individuals identify their life goals and the services and supports (within or outside of the behavioral health system) they need in order to achieve those goals through the Person-Centered Planning Process. This planning process is part of the person-centered process under the umbrella of Person-Centered Planning. Person-Centered Planning is required by state and federal law. Planning is used to design a future life that an individual aspires to have, considering various options and must account for the individual's goals, hopes, strengths, and preferences. The Person-Centered Planning Process should be used any time an individual's goals, desires, circumstances, choices, or needs change significantly.

The Home and Community Based Services (HCBS) Final Rule[5] requires that Medicaid-funded services and supports be integrated in and support full access to the greater community. The HCBS Final Rule also requires that person-centered planning be used to identify and reflect choice of services and supports funded by the mental health system. This includes opportunities to seek employment and work in individual 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.

Robust pre-planning is integral to creating a meaningful plan. Most or all the decisions in the planning stage can be made during pre-planning. A capable facilitator should guide the planning process. The facilitator can be the individual, an independent facilitator, or an experienced facilitator who works in the behavioral health system. Having an experienced facilitator is key to the achieving the outcomes of Person-Centered Planning as well as the co-designed service plan. All individuals (except for those individuals who receive short-term outpatient therapy only, medication only, or those who are incarcerated) are entitled to use pre-planning to ensure successful person-centered planning.

a. The PIHP, through its network, must:
    1. Follow the MDHHS-approved policy and implementation guide that delineates how person-centered planning must be implemented.
    2. Inform individuals of their right to Person-Centered Planning as well as the right to appeal, request mediation and/or file a grievance.
    3. Ensure the leadership and employees of the PIHP/CMHSP, individuals receiving services, family members, and community partners are trained in the philosophy,

[5] 42 CFR 441.700 et. Seq.

methods, and implementation activities of person-centered processes, planning, and practices.

4. Gather and assess information on the development, initiation, and maintenance of community connections and friendships through the person-centered process.
5. Ensure availability and choice of Independent Facilitators to meet the region's needs.
6. Promote and support the use of independent facilitation in Person-Centered Planning.
7. Presume every individual is competent to direct the planning process, achieve their goals and outcomes, and build a meaningful integrated life in the community. Person-Centered Planning should not be constrained by any preconceived limits on the individual's ability to make choices.
8. Ensure plans are strength-based. The positive attributes of the individual must be documented and used as the foundation for identifying their goals and plans, as well as the basis for strategies or interventions needed to support their success.
9. Ensure the preferences and choices expressed during planning were honored in the development and implementation of the IPOS. If health and safety concerns may impede individual choice, the IPOS must include strategies to support the individual in exercising their choices and preferences over time.
10. Uphold each individual's right to choose how their supports and services enable them to meaningfully participate and contribute to their community and document how the individual made choices to that extent.
11. Use a person-centered process to verify each individual exercises self-determination; increases autonomy, creates or maintains connections and relationships, can identify their strengths, and are working towards achieving their chosen outcomes.
12. Ensure an individual's cultural preferences are recognized, respected, and incorporated in the planning process and documented in the IPOS, including but not limited to language access, race, gender identity, sexual orientation, religion, dietary preferences, etc.

b. The PIHP, through its network, must show evidence that:
    1. The individual chose:
        - Topics they would like to talk about in the meeting(s),
        - Topics they do not want discussed at the meeting(s),
        - Who should be present or involved in their planning meetings,
        - Those identified to be most important to be invited to attend and participate in meetings,
        - The meeting location and time that was convenient for the individual and chosen attendees,
        - who facilitated the planning process,
        - The services provided, including who will assist in carrying out the activities in the IPOS, through self-directed services if desired.
    2. The individual's preferences and choices were honored. If those choices cannot be fulfilled, a plan to address health and safety concerns impacting those choices is developed.

3. A review of progress was carried out and discussed for the purpose of modifying the current strategies, objectives, services and/or supports to enable the individual to meet their goals.
4. A reduction or termination of service(s) in the IPOS due to a reduced need must be determined through the person-centered planning process and based on medical necessity. If the individual served does not agree with the reduction of service(s) or termination they must be provided an Advance Notice of Adverse Benefit Determination as described in the Appeal and Grievance Resolution Process and Technical Requirements

c. An IPOS must be prepared in person-first language and be understandable to the individual with minimal use of clinical language. The individual must agree to the IPOS in writing. The IPOS must include each component described below:
   1. A narrative description of what was discussed including the individual's strengths, abilities, plans, hopes, interests, preferences, and natural supports during the Person-Centered Planning meeting(s).
   2. The goals and outcomes identified by the individual and how progress toward achieving those outcomes will be measured.
   3. The supports available through other publicly funded programs, community resources, and/or natural supports with the services and supports authorized by and obtained through the behavioral health system in specific amount, scope (including frequency), and duration needed to work toward or achieve their desired outcomes.[6]
   4. The setting in which the individual lives; including evidence the location was chosen by the individual and what alternative living settings were considered by the individual.
   5. IPOS documentation sufficiently informed by annual assessments of need and documented pre-planning, providing evidence of medical necessity for supports/services recommended, which will demonstrate the prevention of authorization and provision of services that are not medically necessary[7].
   6. Documentation of any restriction, modification, or additional conditions must meet the standards identified in the HCBS rule[8].
   7. The services the individual will obtain through an arrangement that supports self-determination, including if the individual will directly hire workers and control the individual budget.
      i. What support is chosen by the individual to help them direct their services; if no support is needed or desired, they must have the following training[9]:
         - How the self-directed option works
         - Employer of record duties
         - How to act as a supports broker, including information on how to access the community and other resources

[6] CFR 42 § 441.725(b)(5)
[7] Golden Thread, CFR 42 § 441. 725 (a)(12)
[8] CFR 42 § 441. 725 (b)(13)(i-viii) and HCBS Chapter in the Medicaid Provider Manual
[9] Self-Directed Services Technical Requirements Req 15, 7, 3. See sections III. B, V. 3, and VI. of the SELF-DIRECTION TECHNICAL REQUIREMENT IMPLEMENTATION GUIDE for more information.

ii. The employer's chosen method for documentation of services provided must be included within the IPOS.
iii. The Financial Management Services Provider (FMS) (formally known as a Fiscal Intermediary Provider) is chosen by the individual.
iv. A written copy of the IPOS and individual budget is provided to the Community Mental Health Service Program (CMHSP) and other necessary people.

8. An accurate Estimated Cost of Service and support authorized by the community mental health system pursuant to Contract Attachment Estimated Cost of Services Technical Advisory.
9. The roles and responsibilities of the individual, the supports coordinator or case manager, allies, and providers in implementing the IPOS.
10. The individual or entity responsible for monitoring the plan.
11. The signatures of the individual and/or representative and all individuals and providers responsible for its implementation[10].
12. A plan for sharing the IPOS with family/friends/caregivers with the permission of the individual.
13. A timeline for review.
14. Any other documentation required by Section R 330. 7199 written plan of services of the Michigan Administrative Code.

Once an IPOS has been developed, it shall be kept current and modified when needed. The existing IPOS will be used to review progress on goals, assess personal satisfaction and to amend or update the IPOS as circumstances, needs, preferences, or goals change. It will also be used as the starting point to develop a completely new IPOS if the individual desires to do so.

The IPOS must be reviewed and revised upon reassessment of functional need as required in § 441. 720, at least every 12 months[11]. This can be initiated at the request of the individual or when the individual's circumstances or needs change significantly. The individual and their case manager or support coordinator should discuss and review the IPOS routinely as part of their regular conversations. An individual, their guardian or authorized representative may request and review the IPOS at any time. The frequency of formal periodic review is determined by the individual as part of a person-centered planning process. Formal periodic reviews, for those with guardians, must include both the individual and guardian.

The individual must be provided with a written copy of their IPOS within 15 business days of the conclusion of the person-centered planning meeting which develops or amends the IPOS.

[10] CFR 42 sec 441. 301(c)(2)(ix)
[11] CFR 42 sec 441. 725 (c)

V. Dispute Resolution

If there is a dispute with the IPOS that has been developed using the Person-Centered Planning Process, individuals have the right to the Grievance and Appeal Process, as outlined in the MDHHS Policy (Appeal and Grievance Resolution). Individuals also have rights to mediation as defined in the "Mediation in Mental Health Dispute Technical Requirement". It is the responsibility of the CMHSP to ensure all individuals receiving services are aware of their rights under this policy and have the knowledge and support needed to access this process. The CMHSP must ensure the individual is effectively supported during the process of grieving or appealing a service decision.

VI. Definitions of Terms

Community Inclusion

Community Inclusion is the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else. Community is built through people working together for a purpose. Central to inclusion is building relationships: being important to others and knowing other people are important to one's own life.

Independence

For the purposes of the Behavioral Health system, independence is about functioning with autonomy. People who use services are interdependent. Focus on an individual doing something on their own should come directly from a desire of the adult or family of a minor, not system driven.

Independent Facilitator

An Independent Facilitator is an independent service provider (not an employee of a CMHSP/PIHP) who is trained in Person-Centered Planning and is responsible for facilitation of the Person-Centered Planning process in collaboration with the individual.

Individual Plan of Service

The Individual Plan of Service (IPOS) is an outcome of the Person-Centered Planning process. It must be person-centered and outlines the paid and unpaid services and supports an individual needs to achieve their desired quality of life. An IPOS must include documentation of a Person-Centered Planning process that is flexible and adapts to an individual's changing life and need for support.

Person-Centered Planning

Is the umbrella term for the process of planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330. 1700(g) Person-Centered Planning is directed by the individual with helpers they choose. It is a way to learn about the choices and interests of the individual that make up a good life and identify the supports (paid and unpaid) needed to achieve it.

Person-Centered Planning is a collaborative, person-directed process designed to promote an individual's fundamental right to self-determination while making informed choices about the life they want to live. This leads to a documented plan that guides those who implement it toward realization of the individual's needs and desires.

Person-Centered Planning Process

A specific part of Person-Centered Planning aimed at providing necessary information and support to ensure that the individual directs the process to the maximum extent possible and is empowered to make informed choices and decisions. This process involves preparing to meet, planning, and documenting the person-centered process in an IPOS. This process is mandated by Michigan's Mental Health Code, the Affordable Care Act, and the HCBS Final Rule.

Person-Centered Practices

Person-Centered Practices are present when people have the full benefit of community living and supports designed to assist people as they work on their desired life goals. Person-centered practices support people to live and thrive in their communities.

Person-Centered Process

The part of Person-Centered Planning not specifically aimed at the planning of meetings and developing a written plan; all the rest of Person-Centered Planning where a collaborative approach assists individuals to drive decision making, assists and informs the individual about options and opportunities available to them, implementation, as well as continuous review and enhancement of the vision and direction of supports and services.

Person-First

Defining someone as a person first (e. g. a person with mental illness) in conversation and writing, not by the disability or diagnosis. Person-first language must be the default in all circumstances, otherwise the individual's preferences of how they want to be addressed will be honored.

Productivity

For the purposes of the Behavioral Health system, productivity is the ability to do something successfully or efficiently. An individual receiving services should know what they are good at doing.

Self-Determination

Self-Determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. The goals of SD, on an individual basis, are to promote full inclusion in community life, to feel important and increase belonging while reducing the isolation and segregation of people who receive services. The human needs of self-determination are autonomy, competence and relatedness which are building blocks of psychological wellbeing.

Self-Directed Services/Arrangements that Support Self-Determination

Self-Direction is an alternative method for obtaining supports and services. It is the act of selecting, directing, and managing one's services and supports. Those services are planned and purchased under the direction and control of the individual or their authorized representative, including the amount, duration, scope, provider, and location of such services[12]. Individuals who self-direct their services can decide how to spend their CMH services budget with support, as desired.

The methods of Self-Direction are crafted with the principles of Self-Determination.

Principles of Self-Determination	Self-Directed Outcome
Freedom	Deciding how to live a good life
Authority	Controlling a targeted amount of dollars
Support	Organizing resources in life enhancing and meaningful ways
Responsibility	Using public funds wisely
Confirmation	Having a role in redesigning the service system

Treatment Plan

Treatment plans are included under the umbrella of the Individual Plan of Service to direct delivery of a specific service but must be guided and defined by the person-centered plan. It is a specialized medical document that prescribes medically necessary support for an individual to achieve desired life goals.

[12] 42 USC 1396n (i)(G)(iii)(II)