



Section: Clinical Practices	Policy Name: Person Centered Planning	Policy Number: 12.16
Owner: Director of Quality Management and Clinical Outcomes	Reviewed By: Alena Lacey, MA, LPC	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify):	Final Approval By: <i>Alena Lacey</i>	Date Approved: Jul 2, 2024
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify):	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid	Effective Date: 5/10/2019

Policy:

It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) and its provider network to adopt the Michigan Department of Health and Human Services (MDHHS) policy and practice guideline on Person-Centered Planning.

Purpose:

To establish the standards that define, guide and detail how SWMBH and its provider network comply with the State laws and MDHHS Contractual requirements pertaining to the practice of Person-Centered Planning including the MDHHS Person-Centered Planning Policy and Practice Guideline.

Scope:

SWMBH and its provider network involved in service and supports provision to customers utilizing Medicaid Funds.

Responsibilities:

Please reference the attached document for an overview of responsible parties and their responsibilities in regard to Person Centered Planning.

Definitions:

- A. **Customer/Member:** A person with a developmental disability and/or mental illness who receives services from the SWMBH provider network.



- B. **Integration:** Means enabling mental health service recipients to become, or continue to be, participants and integral members of their community.
- C. **Person-Centered Planning (PCP):** A process for planning and supporting the customer receiving services that builds upon the customer's capacity to engage in activities that promote community life and honors the customer's preferences, choices and abilities. The process involves friends, family and professionals, as the customer desires.
- D. **Provider Network:** The Community Mental Health Service Providers (CMHSP) under contract with SWMBH and subcontracted providers of the CMHSPs.

Standards and Guidelines:

- A. All customers requesting services through SWMBH, and its provider network shall have their Individual Plan of Service (IPOS) developed through a person-centered planning process that aligns with MDHHS Policy and recommendations made through various MDHHS and HSAG audit processes.
- B. Each Community Mental Health Service Provider (CMHSP) and its provider network shall establish procedures and provide supplemental information for carrying out the Person-Centered Planning Practice Guidelines.
- C. Each Community Mental Health Service Provider (CMHSP) and its provider network ensures that the conflict of interest requirements of the HCBS Final Rule are met according to approved MDHHS guidance, policy, and procedure.
- D. All staff receive competency-based training in PCP and all staff who are directly involved in IPOS services or supports are provided with specific training.
- E. Members must lead the PCP process where possible. The member's representative should have a participatory role, as needed and as defined by the member, unless State law confers decision-making authority to the legal representative.
- F. The PCP process must be used to identify and reflect customer choice of services and supports funded by the community mental health system.
- G. Using the PCP process, the IPOS must be reviewed and revised upon reassessment of functional need, when there is a change in need or circumstance, at the member's request, and at least annually.
- H. The IPOS must reflect all identified services, needs and supports that are identified by the member and the treatment team through the assessment of functional need.
- I. The IPOS must reflect that the setting in which the member resides is chosen by the member. The setting chosen by the member is integrated in and supports full access of member receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work 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 Medicaid HCBS.

Effectiveness Criteria:

SWMBH quality department will perform audits on a yearly basis, utilizing a rotating target population. This will involve evaluation of clinical files to review the Person Centered Service Plans and Planning Process to ensure the requirements and guidance provided by MDHHS are consistently. The clinical audits will identify barriers to successful use of the PCP process and best practices.

References:



- A. Michigan Mental Health Code (supplemented through Act 152 of 1996: Sec. 712)
- B. Michigan Department of Health and Human Services PIHP Medicaid Managed Specialty Supports and Services contract
- C. Person-Centered Planning Policy and Practice Guideline
- D. HCBS Final Rule 42 CFR 441.301 (c)

Attachments:

- 12.16A Person-Centered Planning Policy and Practice Guideline
- 12.16B Conflict of Interest Requirements and Safeguards
- 12.16C IPOS documentation for any Restriction of an Individual's Rights and Freedoms
- 12.16D HCBS IPOS Monitoring Grid
- 12.16E SWMBH Clinical Quality Review Tool



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	01/01/2014	N/A: New Template	N/A: New Template	
1	01/08/2015		Annual Review	
2	03/31/2016		Annual Review	
3	05/08/2019	Reformatted Person/Family Centered Planning to new Template	Annual Review	Jeremy Franklin, MA, LPC
4	05/06/2020	Moved from the Category of Utilization Management to Clinical Practices; added content to Definitions; updated Waiver Program Contract to read FY 20	Annual Review	Brian Walters
5	3/24/23	Standards/Guidelines, attachments, and references	Combined 04.05 with 12.16 as they were duplicates. Updated standards and guidelines, updated policy attachments to include guidance regarding conflict of interest/safeguards and HCBS requirements	Alena Lacey
6	3/31/24		Annual review, updated attachments	Ellie DeLeon

