Person-Centered Planning

Michigan Specifics

Reviewed 09/2020

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Person Centered Planning in Michigan

In 1995, the Michigan Mental Health Code established the right for all individuals to have an individual plan of service developed through the person centered planning process.

Michigan defines Person Centered Planning (PCP) as:

> *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)

The PCP process is required by:

- state law (the Michigan Mental Health Code)
- federal law (the Home and Community Based Services (HCBS) Final Rule)
- Medicaid Managed Care Rules

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Purpose of the Michigan Mental Health System

To support people living successfully in their communities—achieving community inclusion and participation, independence, and productivity.

The Michigan Mental Health System supports:

- adults and children with intellectual and developmental disabilities (IDD),
- adults with serious and persistent mental illness (SPMI) and co-occurring disorders (including co-occurring substance use disorders), and
- children with serious emotional disturbance (SED)

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Core Principles of the PCP Process

- All people are capable of making choices.
- Give people information about options in order to make informed choices.
- Involve the person's circle of support.
- Identify possible health and safety concerns regarding choices.
- Honor the person's choices!

"Without choice, you have no control.
Without control, you have no dream."
Southern Collaborative of Self Advocates

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Essential Elements of the PCP Process

Person-Directed

- The individual directs his/her own PCP process.

Person-Centered

- The process focuses on the individual and his/her wants, needs, or desires (*not* those of the individual's guardian, family members, friends, etc.).

Outcome-Based

- The individual chooses outcomes that will indicate progress is made toward his/her identified goals.

Information, Support, and Accommodations

- The individual receives support and accommodations as needed, and gets complete and unbiased information about the services and supports that are available.

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Essential Elements of the PCP Process

Wellness and Well-Being

- Identify and make a plan to address issues of wellness, well-being, health, and primary care coordination that are needed for the individual to live the way he/she wants to live.
- All individuals are allowed the *dignity of risk* to make health choices such as smoking, drinking soda pop, eating candy or other sweets, etc.
- Issues of wellness and well-being can be addressed outside of the PCP meeting if the individual desires.

Participation of Allies

- Through the pre-planning process, the individual may choose allies (friends, family members, etc.) to support him/her through the PCP process.

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Essential Elements of the PCP Process: *Independent Facilitation*

An independent facilitator is an *external* facilitator that is chosen by the individual and serves as a guide to the PCP process. Roles of an independent facilitator include:

1. Personally know or get to know the individual who is the focus of the planning, including **what** he or she likes and dislikes, personal preferences, goals/hopes/dreams, methods of communication, and who supports and/or is important to the person.

2. Help the person with all pre-planning activities and assist in inviting participants chosen by the person to the meeting(s).

3. Assist the person to choose planning tool(s) to use in the PCP process.

4. Facilitate the PCP meeting(s) or support the individual to facilitate his/her own PCP meeting(s).

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Essential Elements of the PCP Process: *Independent Facilitation*

5. Provide needed information and support to ensure that the person directs the process.

6. Make sure the person is heard and understood.

7. Keep the focus on the person.

8. Keep all planning participants on track.

9. Develop a PCP document, in partnership with the person, that expresses the person's goals/hopes/dreams.

10. Ensure the PCP document is written in plain language, understandable by the person, and provides for services and supports to help the person achieve their goals/hopes/dreams.

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Essential Elements of the PCP Process: *Pre-Planning*

The purpose of **pre-planning** is to gather the information and resources necessary for effective person-centered planning and set the agenda for the person-centered planning process. Pre-planning meetings take place prior to the PCP meeting.

The following items are addressed through pre-planning:

1. When and where the meeting will be held.

2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).

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Essential Elements of the PCP Process: *Pre-Planning*

4. Identify any potential conflicts of interest or potential disagreements that may arise during the person-centered planning process for participants involved, and making a plan for how to deal with them (i.e. what will be discussed and not discussed).

5. The specific PCP format or tool chosen by the person to be used for PCP process.

6. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).

7. Who will facilitate the meeting.

8. Who will take notes about what is discussed at the meeting.

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Person-Centered Planning is a PROCESS

- The PCP process is a framework for ongoing practice
- The PCP document is a *living document*

If the duration of the PCP document is one year, but…

1. the individual's needs, wants, or desires change, or
2. the individual requests a PCP meeting

…PCP meeting(s) should occur and the PCP document should be updated as necessary.

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The PCP Document

- A PCP document must be prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.

  Note: If the consumer prefers gender-neutral pronouns, the singular form of "they/them" can be used.

- The person must agree to the contents of his/her PCP document in writing.

- Questions about the PCP document or process should first be discussed with the case manager, therapist, or supports coordinator.

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Contents of the PCP Document

The PCP document must include all of the following components:

1. A description of the individual's strengths, abilities, plans, dreams, hopes, interests, preferences and natural supports.
2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured.
3. Identification of the services and supports needed by the consumer to work toward or achieve his/her desired outcomes, including those available through CMHA-CEI, other publicly funded programs, community resources, and natural supports.

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Contents of the PCP Document

4. The setting in which the consumer lives was chosen by the person and what alternative living settings were considered by the consumer.
5. The amount, scope, and duration of medically necessary services and supports authorized by and obtained through CMHA-CEI.
6. Documentation that the PCP process prevents the provision of unnecessary or inappropriate services and supports.
7. Documentation of any restriction or modification.
8. The services which the consumer chooses to obtain through arrangements that support self-determination.
9. The estimated/prospective cost of services and supports authorized by CMHA-CEI.

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Contents of the PCP Document

10. The roles and responsibilities of the consumer, the case manager, the allies, and providers in implementing the contents of the PCP document.
11. The person responsible for monitoring the PCP document.
12. The signatures of the consumer and/or guardian, case manager, and the support broker/agent (if one is involved).
13. The plan for sharing the PCP document with family, friends, and caregivers with the permission of the consumer.
14. A timeline for review of the PCP document.

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PCP Specifics: Minor Children

- The PCP process for minor children utilizes a family-driven and youth-guided approach*.
- 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-guided, especially during transition into adulthood.
- When the person reaches adulthood, his/her needs and goals become primary.

*see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline

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PCP Specifics: Minor Children

Circumstances when involving a minor's family **may not** be appropriate:

1. The minor is 14 years of age or older, and has requested services without the knowledge or consent of his/her parent(s), guardian, or person in loco parentis within the restrictions stated in the Code.
2. The minor is emancipated.
3. 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 parent(s) shall be documented in the clinical record.

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Restrictions

The following requirements must be documented when a specific health or safety need warrants a restriction:

1. The specific and individualized assessed health or safety need.
2. The positive interventions and supports used prior to any modifications or additions to the PCP document regarding health or safety needs.
3. Documentation of less intrusive methods of meeting the needs that have been tried but were not successful.
4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.

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Restrictions

5. A regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Informed consent of the person to the proposed modification.
8. An assurance that the modification itself will not cause harm to the person.

Note: Any restriction MUST be documented in the individual's PCP document.

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Home and Community Based Services

- Individuals receiving Medicaid based supports and services may not be discriminated against in any way via that provision of service.
- HCBS rules could apply in settings such as group homes, day programs, workshops and pre-vocational settings.
- Individuals served via Medicaid dollars must be integrated fully within their community and have access to the same conveniences, rights, and choices as people who are not receiving Medicaid services.
- HCBS rules ensure the following:
  - Integration in, and full access to, the community
  - Rights of privacy, dignity and respect, and freedom from coercion and restraint
  - Autonomy and independence in making choices
  - Facilitate choice regarding services, activities/schedule, food, visitors, etc.
  - Not limiting choice via “house rules” or “program rules”

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Dispute Resolution Options

- All individuals receiving services at CMHA-CEI have the right to file a grievance, appeal, or recipient rights complaint.
- When an individual is already receiving services, and there is a disagreement about the service authorizations, services shall continue until a notice detailing the change in services is received by the individual.
- Adverse Benefit Determination Notice must be provided for any **reduction, suspension, termination, delay, or denial** of services. Once this notice is received, the individual may begin the grievance and appeals process.
- An individual can file a recipient rights complaint at any time.
- Staff at CMHA-CEI must be prepared to help people understand and negotiate dispute resolution processes.

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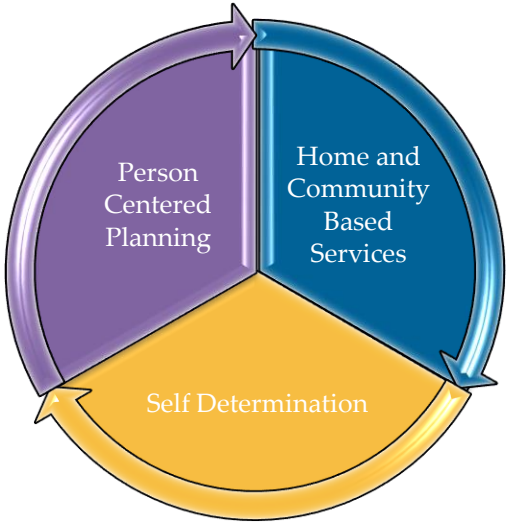
What is Self Determination?

- Self determination gives people the ability and freedom to obtain needed supports outside of traditional programs and services.
- Individual budgets are developed based on services and supports outlined and agreed upon with the PCP document.
- The PCP process is a central element of self determination. It is a tool, a method, to define personal needs/wants and supports and services needed for an individual to achieve the life they want to live.
- All services/supports provided must be outlined and agreed upon within PCP document.



Principles of Self Determination:

1. Freedom
2. Authority
3. Support
4. Responsibility
5. Confirmation

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