

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY & PROCEDURE 33.01

Subject: Person/Family-Centered Planning Process	Section: Consumer Planning
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers	Page: 1 of 7
Approved: ----- (Jeff Patton, Chief Executive Officer)	
Revised: 01/18/2019	Supersedes: 08/28/2018
First Effective: 03/05/2002	

PURPOSE

To communicate the Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) policy and process on Person/Family-Centered Planning.

DEFINITIONS

Person(s) Served

A single individual or a family unit, in the case of minors, receiving mental health services by and/or through KCMHSAS.

Person/Family-Centered

Person served directed with the focus on his/her/their desired future and identified needs.

Primary Clinician

The person responsible for assuring that a person-centered process is utilized and the desired and/or needed services identified through the process are provided. The Primary Clinician is typically the staff who is responsible for providing the most intensive service received by the individual and/or is responsible for monitoring the individual's service array. This is typically a Case Manager or Supports Coordinator.

Services

Any support, accommodation, service, treatment and/or intervention including Evidence Based Practices consideration for each diagnosis as applicable, that can be used by the beneficiary to achieve his/her/their identified outcome. Interventions are to be considered during the development of the Individual Plan of Service with the intention to reduce/manage symptoms, improve functioning of the individual served, and to prevent relapse or recurrences or episodes of illness. Services are to be provided in a manner that

meets the cultural needs of special populations, such as but not limited to all minority groups, LBGTQ, Veterans, Alaskan Natives and American Indians.

Personal Relationship Network

Those individuals important to the beneficiary (including family, friends, spiritual advisor, significant other and other allies).

I. POLICY

KCMHSAS has adopted as its policy the [Michigan Department of Health and Human Services \(MDHHS\) policy and guideline on Person-Centered Planning](#). This shall be the primary document in guiding Person-Centered Planning.

When medically, clinically necessary all individuals and families shall be offered choice of a through the array of KCMHSAS direct operated programs and contract provider network.

The treatment team includes the person served, the family/caregiver of youth receiving services, the adult consumer's family to the extent the individual does not object, and anyone else the individual chooses. Families/caregivers of children receiving services, and adults receiving services are encouraged to invite other friends, allies, advocates and/or Peers to participate in the person-centered process. The inclusion of family and allies are invaluable participants, supporting the individual, the process and the outcome of Person-Centered Planning.

KCMHSAS shall design programs, supports and services to support the inclusion of all recipients of public mental health services. Individuals served will be empowered to access resources available in the community, including safe and affordable housing, employment, the support of family and friends, and meaningful daily activities that promote independence and inclusion.

PROCEDURE

I. REQUEST FOR SERVICES

Persons requesting service/supports are given the opportunity to express preference of service providers, if available, and of Primary Clinician. Those preferences will be given consideration at the time of referral to a service provider and assignment of a Primary Clinician. At any time while receiving services, an individual or family can request a change in service providers and/or Primary Clinician.

Information regarding choices available and assistance in choosing a new provider is made immediately available to individuals and families. The individual/family may be offered a new service-provider and/or a new Primary Clinician based on the individual/family wishes, clinical need and program, or clinician capacity.

For making requests for KCMHSAS funded services, refer to policy [32.01 \(Intake and Clinical Assessment\)](#).

II. EXPLANATION OF PERSON-SERVED PROCESSES

At intake, individuals requesting services will be given written materials to keep as a reference that identify the foundation for the person-centered processes, beneficiary rights and responsibilities, and the responsibilities and duties of providers regarding person-centered processes.

III. PROFESSIONAL ASSESSMENTS

Refer to KCMHSAS policy [32.01 \(Intake and Clinical Assessment\)](#) for duties and responsibilities of professional staff in preparing for a Planning meeting.

Information gathered through the clinical assessment process shall be incorporated into the Individual Plan of Service as applicable. This includes, but is not limited to:

- A. Individual's strengths, needs, abilities and preferences within an array of established life domains (including, but not limited to, those listed in the Michigan Mental Health Code [the Code]: the need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation).
- B. Individual's diagnosis and concerns regarding symptoms, level of functioning and needs for coordination of care.
- C. Implementation of a crisis and safety plan, including a suicide risk assessment and plan as applicable

IV. CONTINUING PERSON-CENTERED PROCESSES

The beneficiary will continue to direct the process throughout the life of the Plan.

- A. The Person-Centered Planning process shall begin within 7 days of the commencement of services and shall be completed within 30 calendar days of the initiation of ongoing services. Examples of initiation of the process include:
 - 1. Initial Assessment started or completed
 - 2. Preliminary plan of service developed
 - 3. Individual Pre-planning completed
 - 4. Progress note indicating preliminary focus areas, topics of discussion and goals
- B. The beneficiary will be provided a means to express and document, for the record, feedback to service providers regarding his/her/their:
 - 1. Strengths, values, needs and desires, abilities, preferences and choices
 - 2. Progress toward goal achievement

3. Satisfaction with the services they receive and the service providers
 4. Satisfaction with the Plan as a whole and each of the goals
- C. If the beneficiary is not satisfied with his/her/their Plan, the beneficiary may make a request for review to the primary clinician.
- D. The beneficiary may reconvene any part or all of the process whenever he/she/they desire/need, including:
1. Amending the Plan
 2. Updating the Plan
 3. Writing a new Plan
- E. The Plan shall be updated based on changes such as the beneficiary's status, changes in level of care or service intensity, responses to treatment, or goal achievement. Changes to the plan may be triggered during the assessment update, or through the periodic review process, consumer input or provider input.

V. PROVIDER ASSURANCES

The Primary Clinician will:

- A. Assure the beneficiary receives information on:
1. The Grievance and Appeals process
 2. Recipient Rights
 3. Recovery and/or Self-Determination
- B. Provide an opportunity to express and offer a means to document the beneficiary's requests regarding treatment to be followed in case of a medical and/or psychiatric emergency.
- C. Provide the beneficiary with the analysis and recommendations of any professional service/treatment, including referrals to address additional service needs, during the pre-planning meeting. Primary Clinician shall follow-up with the individual when a referral is made to monitor if individual followed through with recommendation.
- D. Seek consultation during the Person-Centered Planning process to address specialty areas of concern and incorporate results of consultation into the Individual Plan of Service.
- E. Act to assure the beneficiary's planning framework is honored as stated.
- F. Ensure all KCMHSAS authorized service providers and/or community-based supports (e.g. medical providers) are involved in the Person-Centered Planning process and are invited to the PCP meeting as desired by the individual served. The Individual Plan of Service is to be coordinated with staff members and programs necessary to carry out the plan of service.

- G. Coordinate with ancillary providers to ensure that staff are trained in any applicable Support Plan for individuals served related to their care before the provision of direct service (Behavior Treatment Plan, PT, OT, Nursing, etc.).
- H. Ensure that a signed cost of service estimate is provided to the beneficiary at the time of the Individual Plan of Service development and with any updates or addendums to the Plan where there is a change in overall cost of services. Documentation of the provision of the estimated cost of service report may be demonstrated through either the KCMHSAS Person Centered Planning signature form when appropriately designated on the form, or through other methods to demonstrate that the person served received this information.
- I. All staff implementing the Individual Plan of Service (IPOS) shall have documented training on relevant goals, objectives, and interventions for that provider/staff prior to the provision of service. Training is to be completed and documented for the current IPOS and on any changes to the plan. Documentation of training is to include who was trained, who the trainer was, and when the staff was trained. The Primary Clinician is not required to demonstrate additional training as he/she is the responsible person for the development, facilitation, and oversight of the Individual Plan of Service.
- J. When there are clinical protocols in the plan, a method to ensure staff competence in implementing those protocols must be in place.
- K. Work in partnership with the beneficiary to develop, initiate, strengthen and maintain community connections and friendships throughout the person-centered process.
- L. Provide information regarding available community-based services not currently utilized by the beneficiary to meet an expressed desire/need.
- M. To the extent possible, provide the beneficiary with an opportunity to experience available service/resource options prior to making a choice or decision.
- N. Arrange to discuss, privately with the beneficiary, any current significant physical health and/or personal safety needs not addressed during the Planning Meeting toward a mutually acceptable solution and assure that services are coordinated and integrated with the beneficiary's primary health care according to the beneficiary's desires.
- O. Ensure that Periodic Reviews are documented in the record, at the frequency in accordance with the individual's choice and in congruence with the provided level of care, at a minimum of 12 month. Periodic Reviews shall be completed at 90 day intervals based on program standards (i.e., CCBHC, Wraparound, ACT, Homebased). The Periodic Review shall include:
 - 1. The beneficiary's progress toward goal achievement, including therapeutic

- benefits and adverse effects, towards desired outcomes within the Individual Plan of Service goals and objectives
2. Communication (orally or in writing) with the beneficiary of his/her clinical status/progress toward goal achievement at reasonable intervals as established in the Individual Plan of Service
 3. The efficacy of services; each service and intervention is to be discussed and assessed for efficacy to reduce/manage symptoms and improve functioning
 4. Any changes in the beneficiary's preferences, choices and/or needs
 5. The beneficiary's level of satisfaction with the Plan, services and providers
- M. Respond to a beneficiary's dissatisfaction with his/her/their Plan or facilitate any beneficiary request for amending or updating the Plan or writing a new Plan within 30 days.
- N. Act to assure a new Plan is written at least annually and is inclusive of all KCMHSAS authorized services, within 365 days of the previous plan effective date. Each Provider is expected to have internal procedures to ensure that person-centered planning is completed within expected timeframes.
- O. Provide each individual, parent of child and legal guardian of person served a copy of the Person-Centered Plan within 15 days of the plan meeting.
- P. Document the Person-Centered Plan either on the approved KCMHSAS clinical template for the Individual Plan of Service (see [exhibit B](#)) or through an approved version through an adopted Electronic Health Record (EHR).
- Q. Inform the individual of his/her/their right to consult with the Office of Recipient Rights if the beneficiary believes that the opportunity for person-centered planning is not provided as specified in this procedure.

Primary clinician is encouraged to submit the Individual Plan of Service to KCMHSAS Access Center for review and determination for authorization based on medical necessity at least 14 calendar days prior to the expiration of the current authorization for services, within 365 days of the prior Individual Plan of Service effective date.

REFERENCES

- [Michigan Mental Health Code](#) (supplemented through Act 152 of 1996: Sec. 712)
- [Southwest Michigan Behavioral Health Policy](#)
 - Person Family Centered Planning Policy
 - Community Living
- [Michigan Department of Health and Human Services/CMHSP Contract Attachment P.4.4.1.1: Person-Centered Planning Practice Guideline*](#)

- [Michigan Department of Health and Human Services/PIHP Contract Attachment P 7.10.2.1: Inclusion Practice Guideline*](#) and [P.6.3.2.1.B.i: Technical Requirement for Explanation of Benefits*](#)

*type the attachment number in the search window (i.e., 4.4.1.1)

EXHIBITS

- A. [*Person-Centered Planning Practice Guideline \(contract attachment P.4.4.1.1\)](#)
- B. [Person-Centered Plan of Service - Treatment/Service Goal](#)
- C. [Person-Centered Plan - Periodic Review](#)
- D. Pre-Planning Worksheet ([English](#) / [Spanish](#))
- E. Safety Plan ([English](#) / [Spanish](#))
- F. [Individual Plan of Service Proof of Training](#)
- G. [Continuing Services When a Customer Requests a Change in Primary Provider](#)