

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 9
CATEGORY – CLINICAL SERVICES	CHAPTER 11	SUBJECT CC
PERSON-CENTERED PLANNING	REVISED 01/10/00 04/29/10 09/12/01 11/03/10 07/15/02 12/09/11 01/05/04 11/14/14 05/10/05 11/17/15 01/05/06 08/25/16 02/12/08 08/20/18 05/12/09 11/20/18 11/19/19	EFFECTIVE 07/08/98

I. PURPOSE

To provide guidance and expectations to staff in the provision of services at Barry County Community Mental Health Authority (BCCMHA) via person-centered planning processes.

The state and federal regulations and laws establish the right for all individuals to have their plan of service developed through a person-centered planning process regardless of age, disability or residential setting. The treatment plan/plan of service may include a service plan, support plan or both. Professionally trained staff will play a role in the planning and delivery of treatment and may play a role in the planning and delivery of supports. However, the development of the treatment or support plan, including the identification of possible services and professionals is based upon the expressed needs, dreams, and desires of the individual.

II. APPLICATION

The provisions of this policy apply to all staff and service programs of BCCMHA.

III. POLICY

BCCMHA staff shall institute person-centered planning in the development and implementation of treatment and/or service plans for all clients according to established Person Centered Planning Practice Guidelines by the Michigan Department of Health and Human Services. All individuals receiving services from BCCMHA will have their treatment plan developed through a person-centered planning process regardless of age, disability or residential setting. BCCMHA will ensure that individuals are provided with the most appropriate services necessary to achieve the client's desired outcomes.

PERSON-CENTERED PLANNING

BCCMHA will use Michigan Department of Health and Human Service's Person-Centered Practice Guideline and adopted Southwest Michigan Behavioral Health's (SWMBH) Person-Centered Planning Policy as its guide.

Services and outreach will be targeted to veterans and active duty military personnel with special consideration given to servicing their needs from their unique perspective.

IV. DEFINITIONS

Case Manager/Supports Coordinator - The staff person who works with the individual to link and coordinate the services, supports and/or treatment that the individual wants or needs.

Emancipated Minor - The termination of the rights of the parents to the custody, control, services and earnings of a minor that occurs by operation of law or pursuant to a petition filed by a minor with the probate court.

Emergency Situation - A situation when the individual can be expected, in the near future, to physically injure himself/herself or another person; is unable to attend to food, clothing, shelter or basic physical activities that may lead to future harm; or the individual's judgment is impaired, leading to the inability to understand the need for treatment resulting in physical harm to self or others.

Family Member - A parent, stepparent, spouse, sibling, child, or grandparent of a primary member, or an individual upon whom a primary member is dependent for at least 50 percent of his/her financial support.

Guardian - A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated or has developmental disabilities.

Independent Facilitator - A person not directly employed by BCCMHA (other than contractual employment relationship for providing Independent Facilitation Services) requested by the individual to facilitate (or assist the client in facilitating their own) the person-centered planning meeting.

Treatment Plan - A written individualized plan of service directed by the individual as required by the Mental Health Code and the Centers for Medicare and Medicaid Services. This may be referred to as a treatment plan or a support plan.

Minor - An individual under the age of 18 years.

PERSON-CENTERED PLANNING

Person-Centered Planning - 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 honor individual's preferences, choices and abilities. The person centered planning process involves families, friends, and professionals as the individual desires or requires.

Urgent Situation - A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future (requiring a response within 72 hours) if he/she does not receive care, treatment or support services.

V. STANDARDS/PROCEDURES

1. SWMBH has established and published a "Person Centered Policy." BCCMHA has adopted, as an affiliate member of SWMBH, this policy and will utilize its outlined standard of practice. As such, BCCMHA will comply with procedures/standards as listed in this policy.
2. Person-centered planning shall be a process in which the individual is provided with opportunities to reconvene any or all of the planning processes whenever he/she wants or needs.
3. The process shall encourage strengthening and developing natural supports by inviting family, friends and allies to participate in the planning meeting(s) to assist the individual with his/her dreams, goals, and desires.
4. The development of natural supports shall be viewed as an equal responsibility of BCCMHA and the individual. BCCMHA, in partnership with the person, will assist to develop, initiate, strengthen, and maintain community connections and friendships on an ongoing basis through the person-centered process.
5. The individual shall be provided with options of his/her meeting(s), choosing external independent facilitators unless the individual is receiving short-term outpatient therapy only, and medication only, or is incarcerated.
6. Before a person-centered planning meeting is initiated, a preplanning meeting shall occur. Preplanning must occur prior to the Annual Person Centered Planning meeting date. In preplanning, the individual shall choose:
 - a. Dreams, goals, desires and any topics about which he/she would like to discuss;
 - b. Topics he/she does not want discussed at the meeting;
 - c. Who to invite;

PERSON-CENTERED PLANNING

- d. Where and when the meeting will be held;
 - e. Who will facilitate; and
 - f. Who will record.
7. Potential support and/or treatment options to meet the expressed needs and desires of the individual shall be identified and discussed with the individual:
- a. Health and safety needs shall be identified in partnership with the individual. The plan shall address coordination and integration of services with the primary healthcare provider(s).
 - b. The individual is provided with the opportunity to develop a crisis plan.
 - c. Each Treatment Plan must contain the date the service is to begin, the specified scope, duration, intensity, and who will provide each authorized service.
 - d. Any service that is recommended, but will be delayed (i.e. completing a contract, securing a provider), shall be listed as deferred treatment with the explanation in the IPOS.
 - e. Alternative services are discussed
8. The individual shall have ongoing opportunities to express his/her needs, desires, preferences, and to make choices. This includes:
- a. Accommodations for communication, with choices and options clearly explained.
 - b. To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly critical for individuals who have limited life experiences in the community with respect to housing, work, and other domains.
 - c. Individuals chosen or required by the client may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the client or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record. Guardians excluded from the planning process may provide information for the planning process as delegated to the guardian in the Guardianship Letter(s) of Authority.
 - d. Service delivery shall concentrate on the child as a member of a family with the wants and needs of the child and family integral to the

PERSON-CENTERED PLANNING

plan developed. Parents and family members of minors shall participate in the person-centered planning process unless:

- (1) The minor is 14 years of age or older and has requested mental health services without the knowledge or consent of parents, guardian or person in loco parentis (in place of parent) within the restrictions stated in the Mental Health Code;
 - (2) The minor is 14 years of age or older and has requested substance abuse services without the knowledge or consent of parents, guardian or person in loco parentis (in place of parent) within the restrictions stated in Article 6 of the Public Health Code;
 - (3) The minor is emancipated; or
 - (4) The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process as stated in the Mental Health Code and/or Public Health Code. Justification of the exclusion of parents shall be documented in the clinical record.
- e. BCCMHA, or a service provider under contract with the community mental health services program, ensures that a recipient is given a choice of physician, or mental health professional within the limits of available staff.
9. Individuals are provided with ongoing opportunities to provide feedback on how they feel about the service, support and/or treatment they are receiving, and their progress toward attaining valued outcomes. Information is collected and changes are made in response to the individual's feedback.
- a. Each individual is provided with a copy of his/her treatment plan within 15 business days after his/her meeting, unless declined by the individual/guardian.
 - b. Each individual is provided an estimate of cost of services annually, when significant changes occur to the individual plan of service and as requested by the individual following the person-centered planning process.

PERSON-CENTERED PLANNING

ATTACHMENTS

Attachment A – M-Chat Screen

REFERENCES

Department of Health and Human Services – Person Centered Planning Practice Guidelines
Michigan Mental Health Code
Centers for Medicare and Medicaid Services
Article 6 of the Public Health Code
SWMBH – Person-Centered Planning Policy
CARF
BCCMHA

QUALITY ASSURANCE

GOAL

All staff of BCCMHA will be trained in the philosophy and methods of person-centered planning.

OBJECTIVE

On-line training system will coordinate training for all BCCMHA staff on the person-centered planning process on an annual basis.

QUALITY ASSURANCE

The Staff Development Committee Chair will monitor the training of the BCCMHA staff to ensure that required training occurs for all employees.

GOAL

Individuals receiving services from Barry County Community Mental Health Authority will have a person-centered pre-planning session conducted.

OBJECTIVE

Responsible staff will assure that pre-planning is conducted prior to the annual or initial person-centered planning meeting.

PERSON-CENTERED PLANNING

QUALITY ASSURANCE

The Records Review Committee will review a universal sample of open files quarterly to monitor the completion of person-centered pre-planning activities. Records Review Committee will assist in improving pre-planning activities if outcome measures are below the 95% outcome threshold.

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality.

At any time, employees can request in writing, on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee's written request can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey
Executive Director

Date

Jill Bishop, MA, LLP, CMHP, QMHP, QIDP
Clinical Director

Date

Emily Whisner, MA, LLP, CMHP, QMHP, QIDP
Chief Clinical Officer

Date

PERSON-CENTERED PLANNING

DATE REVIEWED

08/04/99
10/25/00
07/11/01
07/09/02
08/13/03
12/22/04
09/28/05
11/22/06
01/09/08
05/08/09 – SA Merger
01/20/10
10/20/10
11/16/11
11/07/12
11/06/13
11/05/14
11/04/15
08/17/16
11/02/16
11/01/17
07/18/18
11/14/18
11/06/19
09/16/2020