

LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 03/11/2010****Date Revised** 03/16/12; 08/16/12; 05/21/14; 07/14/15; 09/22/15; 12/12/17; 03/02/20;
07/22/21; 09/21/21; 07/07/23; 06/18/24; 10/15/24; 12/17/24; 10/01/25

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 15
SECTION Treatment		DESCRIPTION Person Centered Planning	
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APPLICATION:

☒ CMH Staff	☐ Board Members	☒ Network Provider	☒ Employment Services Providers
☐ Employment Services Provider Agencies	☒ Independent Contractors	☒ Students	☒ Interns
☒ Volunteers	☒ Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) embraces a recovery-oriented system of care using Person Centered Planning (PCP) as the process for developing Individual Plans of Service (IPOS).

STANDARDS:

- A. The Michigan Mental Health Code (MCL 330.1700(g)) requires the use of PCP for the development of the IPOS. PCP is defined as a process for planning and supporting the individual receiving services building on the individual's capacity to engage in activities promoting community life and honoring the individual's preferences, choices, and abilities.
- B. The Home and Community Based Services (HCBS) Final Rule requires Medicaid-funded services and supports to be integrated with and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control

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personal resources, and receive services in the community to the same degree of access as individuals not receiving such services and supports. (42 CFR 441.700 et. seq.) The HCBS Final Rule also requires PCP to be used to identify and reflect the choice of services and supports funded by the mental health system.

- C. The purpose of Michigan's public mental health system is to support adults and children with developmental disabilities, adults with serious mental illness and substance use disorders, and children with serious emotional disturbance to live successfully in their communities – achieving community inclusion and participation, independence, and productivity. PCP enables individuals to achieve their personally defined outcomes.
- D. PCP for minors is inclusive of the entire family. A family-driven, youth-guided approach recognizes the importance of family in the lives of children and supports and services impacting the entire family. In the case of minor children, the child and family are the focus of planning, and family members are integral to the success of the planning process.
- E. For persons served who are unable or unwilling to participate, primary case holder uses support of legal guardian.

PROCEDURES:

- A. PCP processes begin when an individual requests services. Eligibility, individual needs, and valued outcomes are established through the intake process, see LCCMH Policy 02.003.30 Intake Procedures.
 - 1. If a person served is experiencing an urgent emergency, the goal is to stabilize the crisis and therefore the opportunity for the person served to make choices may be limited at the time. Following stabilization, the person served and the primary case holder explore further needs for assistance and if required, proceed to a more in-depth planning process.
 - 2. When a person expresses a need or makes a request for support and services in life domains, the PCP process is used to establish the goals

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and objectives the person wants to achieve and prioritize the services needed. A life domain is any of the following:

- a. Activities of daily living
 - b. Social relationships
 - c. Finances
 - d. Work
 - e. School
 - f. Legal and safety
 - g. Health
 - h. Family relationships, etc.
3. Gender responsiveness is addressed throughout the Biopsychosocial (BPS) Assessment, PCP process, and service delivery.

B. Essential Elements

1. PCP is a process. The person served may reconvene any or all the planning components whenever needed.
2. The PCP process encourages strengthening and developing natural supports by inviting family, friends, and allies to participate in the planning meeting(s) to assist the person served with their dreams, goals, and desires. The development of natural supports is viewed as an equal responsibility of the person served and the primary case holder.
3. At the Pre-Plan Meeting, the person served is given the option of choosing external independent facilitation for the PCP Meeting. Independent facilitation is not available if the person served is receiving short-term outpatient therapy only, medication, or is incarcerated.

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4. The BPS Assessment is completed with input from the person served and identifies life domain areas, strengths, needs, abilities, preferences, and concerns addressed in the IPOS.
5. A state-approved assessment tool is completed at intake and at intervals throughout treatment to determine the appropriate level of care to support the individual's needs.
 - a. Devereux Early Childhood Assessment (DECA) for children ages 0 – 5 years old.
 - b. Preschool and Early Childhood Functional Assessment Scale (PECFAS) for children ages 4 – 6 years old.
 - c. Child and Adolescent Functional Assessment Scale (CAFAS) for children ages 7 – 17 years old.
 - d. Michigan Child and Adolescent Needs and Strengths (MichiCANS) screener for ages 0 - 21 years old.
 - e. Level of Care Utilization Systems (LOCUS) Assessment for adults with mental illness.
6. The person served/guardian and the primary case holder meet for a pre-planning meeting. During the pre-planning meeting, the following topics are discussed and the person served chooses:
 - a. Dreams, goals, desires, and topics to be talked about at the meeting
 - b. Topics discussed at the meeting
 - c. Who to invite to the meeting
 - d. Where and when the meeting is going to be held
 - e. Who facilitates the meeting
 - f. Who records or takes notes at the meeting

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7. At the PCP Meeting, all potential support and/or treatment options to meet the expressed needs and desires of the person served are identified and discussed with the person served. This includes:
 - a. Health and safety needs are identified in partnership with the person served. The plan coordinates and integrates services with primary health care.
 - b. The person served is provided with the opportunity to develop an individualized crisis plan. The crisis plan includes person-centered interventions to protect the person served and personnel.
 - c. Each IPOS must contain the date the service is to begin, the specified amount, scope, duration, intensity, and who provides each authorized service.
8. The person served has ongoing opportunities to express their strengths, needs, abilities, and preferences, and to make choices. An IPOS is reviewed quarterly, or as indicated within the IPOS. Annually, a new BPS Assessment, state-approved assessment, and IPOS is completed. This includes:
 - a. Accommodations for communication, with choices and options clearly explained.
 - b. To the extent possible, the person served is given the opportunity to experience the options available before making a choice/decision. This is particularly critical for persons served who have limited life experiences in the community for housing, work, and other domains.
 - c. Persons served who have court-appointed legal guardians participate in PCP and make decisions not delegated to the guardian in the Guardianship Letters of Authority.
 - d. Service delivery concentrates on the child as a member of a family, with the wants and needs of the child and family integral to the plan developed. Parents and family members of minors participate in the PCP process unless:

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- i. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardians, or person in loco parentis within the restrictions stated in the Mental Health Code.
 - ii. The minor is emancipated; or
 - iii. 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. Justification of the exclusion of parents is documented in the clinical record.
- 9. The primary case holder assists the person served to identify goals, and develop Specific, Measurable, Attainable, Realistic, and Timely (SMART) objectives and interventions with the person served to meet their needs.
- 10. Persons served 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 feedback of the person served.
- 11. Each person served/guardian signs their IPOS and is provided with a copy of their IPOS within 15 business days after their meeting.

C. Assurances of PCP implementation

- 1. The primary case holder assures the IPOS is developed utilizing a PCP process.
- 2. The primary case holder assumes responsibility for implementing the IPOS.
 - a. The primary case holder trains provider network staff on the current IPOS during the IPOS meeting or within 14 days after the IPOS meeting.

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- b. All network provider staff are trained either by the staff in attendance at the initial IPOS training or by the primary case holder prior to providing services.
- c. The network provider sends the completed LCCMH Form #337 IPOS In-Service/Training Record to the primary case holder no later than 30 days after the initial training with primary case holder. The network provider maintains a copy of the IPOS training record.
- d. All new staff for the network provider are trained on the IPOS prior to providing services and no more than 30 days after hire. The network provider sends updated LCCMH Form #337 IPOS In-Service/Training Record to the primary case holder as new staff are trained. The network provider maintains a copy of the IPOS training record.
- e. The primary case holder ensures all direct services staff are trained, the training is documented using LCCMH Form #337 IPOS In-Service/Training Record, and it is documented in the electronic health record (EHR). Primary case holders review IPOS training records of network providers when doing site visits to ensure all updated training records are part of the EHR.

D. Dispute Resolution/Appeal Mechanisms

- 1. If a person served requests inpatient treatment or specific support or service for which appropriate alternatives exist that are of equal or greater effectiveness and equal or lower costs, the primary case holder:
 - a. Identifies and discusses the underlying reasons for the request or preference.
 - b. Identifies and discusses the available alternatives with the person served.
 - c. Negotiates toward a mutually acceptable alternative; and

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- d. If a requested service is denied, the Adverse Benefit Determination, as described in the Grievance and Appeals and Second Opinion Process Policy #04.001.10 is provided.
- e. In the event a mutually acceptable alternative cannot be reached, the primary case holder:
 - i. Documents the preference of the person served, the support or service the agency is offering, and the reason the person served is not accepting what is being offered.
 - ii. Informs the person served of their right to request a second opinion to have the IPOS reviewed by the supervisor. The review is completed within 30 days; and
 - iii. Informs the person served of their right to contact the Recipient Rights Officer for consultation, mediation, or intervention in response to the request for a specific mental health service or support.
2. If in the judgment of the primary case holder, the choice of the person served for the inclusion or exclusion of a participant, meeting location, or specific provider poses a health or safety issue or exceeds reasonable expectations. The primary case holder discusses and identifies the underlying reasons for the specific choice and negotiates toward a mutually acceptable alternative to meet the intended outcomes.
3. If the person served believes the opportunity for PCP is not provided, it is the responsibility of the primary case holder or other staff who know the situation to inform the person served and their guardian they can file a complaint with the Recipient Rights Officer.

DEFINITIONS:

Activities of Daily Living: the activities usually performed in a normal day in a person's life, such as eating, toileting, dressing, bathing, or brushing the teeth.

Child and Adolescent Functional Assessment Scale (CAFAS): The CAFAS is an assessment tool used as part of the determination of functional impairment of the child (age 7-17) with Serious Emotional Disturbance (SED). The tool is used to document the

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extent to which the child's mental health condition substantially interferes with, or limits their role, or results in impaired functioning in family, school, or community activities.

Devereux Early Childhood Assessment (DECA): DECA is a standardized strength-based assessment used to assess protective factors and screen for social and emotional risks in very young children (aged 0 – 5 years).

Emancipated Minor: The termination of the rights of the parents to the custody, control, services, and earnings of a minor, which occurs by operation of law or under an order entered by a circuit court.

Emergency Situation: A situation when the person served is demonstrating signs and symptoms and is at risk of physically injuring themselves or another person; is unable to attend to food, clothing, shelter, or basic activities of daily living leading to future harm, or the judgment of the person served 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 person served, or an individual upon whom a primary person served is dependent for at least 50 percent of their financial support.

Gender Responsiveness: Creating an environment through site selection, staff selection, program development, content, and material reflecting an understanding of the realities of the lives of women and girls, that addresses and responds to their strengths and challenges (Bloom and Covington, 2000, referenced in Medicaid Managed Specialty Supports and Services Program Women's Treatment Services Policy).

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

Individual Plan of Service (IPOS): A document detailing the supports, activities, and resources required for the individual to achieve personal goals. The IPOS document includes assessment results, decisions and agreements made during the person-centered process, and specific goals and objectives the person served works toward. The development of an IPOS is required by the Mental Health Code. An IPOS may also be referred to as a treatment plan or a support plan.

Level of Care Utilization System (LOCUS): An assessment and placement instrument developed by the American Association of Community Psychiatrists (AACCP) created to

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guide assessments, level of care placement decisions, continued stay criteria, and clinical outcomes.

Michigan Child and Adolescent Needs and Strengths (MichiCANS): a collaborative tool crafted to explore and communicate the needs and strengths of the child/youth and family. It is made up of domains focusing on important areas of the child's/youth's life and ratings that help the provider, child/youth, and family understand where intensive or immediate action is most needed. Identify strengths to become a major part of the treatment or service plan.

Minor: A person served under the age of 18 years.

Person-Centered Planning (PCP): A process for planning and supporting the person served receiving services building upon the capacity of the person served to engage in activities promoting community life and honoring the individual's strengths, needs, abilities, preferences, and choices. The person-centered planning process involves families, friends, and professionals as the person served desires or requires.

Preschool and Early Childhood Functional Assessment Scale (PECFAS): The PECFAS is an assessment tool used as part of the determination of functional impairment of the child (age 4-6) with Serious Emotional Disturbance (SED). The tool is used to document the extent to which the child's mental health condition substantially interferes with or limits their role, or results in impairing functioning in the family, childcare/school, or community activities

Primary Case Holder: The staff person who works with the person served to gain access to and coordinate the services, supports, and/or treatment the person served wants or needs.

Specific, Measurable, Attainable, Realistic, Timely (SMART)Objectives: The criteria used to guide the setting of goals and objectives with the person served.

Urgent Situation: A situation in which a person served is determined to be at risk of experiencing an emergency soon if they do not receive care, treatment or support services.

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REFERENCES:

Michigan Mental Health Code - Act 258 of 1974

Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration – Person-Centered Planning Policy - June 5, 2017 https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder30/Folder2/Folder130/Folder1/Folder230/Person_Centered_Planning_Policy_rev_6-17-17.pdf?rev=ca8367ad2703452e82601b538e16184b

Medicaid Managed Specialty Supports and Services Program Women's Treatment Services Policy: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder31/Folder1/Folder131/P-T-12_Women_Srv_eff_100110.pdf?rev=a0c167750cb647b6a12783e40eda06c9&hash=7D25ADC4CA4C7727B5F4E1F09CD9BF9C

LCCMH Form #337 Individual Plan of Service In-Service/Training Record

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This policy supersedes
#/03/10004 dated 03/11/2010.
