

Person-Centered Planning and Self-Determination

This course covers CMHCM policies and guidelines regarding
Person-Centered Planning and Self-Determination.



Person-Centered Planning

The 1996 revisions to the Mental Health Code require a “person-centered” approach to the planning, selection, and delivery of the supports, services, and/or treatment consumers receive from Community Mental Health Services Programs (CMHSPs) and providers under contract to CMHSPs.

It is the policy of Community Mental Health for Central Michigan (CMHCM) that all individuals will have an individual plan of service developed through a Person-Centered Planning process regardless of age, disability or residential setting.

The emphasis in using PCP processes should be on meeting the needs and desires of the individual when he or she has them, irrespective of the reason for the plan change. CMHCM shall advocate for the use of PCP processes where a change in circumstance is reasonably foreseeable and will work with consumers to promote timely PCP processes to mitigate unforeseen circumstances.

What is Person-Centered Planning?

Person-Centered Planning (PCP) is a process of learning how a person wants to live.

An individual plan of service (IPOS) is developed through the person-centered planning process. The person builds upon individual strengths and his or her capacity to engage in activities that promote community life.

The PCP honors the person's preferences, choices and abilities, while involving family, friends and professionals as the person desires or requires.

If, for any reason, an individual is being excluded from the PCP process that a consumer desires to be included, justification for the exclusion will be **documented in the case record**.



Person-Centered Planning and CMHCM



The process encourages formal and informal feedback from the individual about his/her supports and services, the progress made, and any changes desired or required.

The Person-Centered Plan includes a mutually agreed upon set of services and supports that the individual wants/needs and CMHCM has agreed to provide.

The **eight essential elements** for person-centered planning include the following characteristics:

1. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.
2. **Person-Centered.** The planning process focuses on the person, not the system or the person's family, guardian or friends. The person's goals, interests, desires, and preferences are identified with an optimistic view of the future and plans for a satisfying life. The planning process is used whenever the person wants or needs it, rather than viewed as an annual event.
3. **Outcome-Based.** Outcomes in pursuit of the person's preferences and goals are identified as well as services and supports that enable the person to achieve his or her goals, plans, and desires and any training needed for the providers of those services and supports. The way for measuring progress toward achievement of outcomes is identified.

4. Information, Support and Accommodations. As needed, the person receives comprehensive and unbiased information on the array of mental health services, community resources, and available providers. Support and accommodations to assist the person to participate in the process are provided.
5. Independent Facilitation. People have the information and support to choose an independent facilitator to assist them in the planning process. The facilitator chosen by the person must not have any other role within the CMHSP. CMHCM will make available a choice of at least two independent facilitators.
6. Pre-Planning. The purpose of pre-planning is for the person to gather all of the information and resources (e.g., people, agencies) necessary for effective person-centered planning and set the agenda for the process. Each person (except for those individuals who receive short-term outpatient therapy only, medication only, or those who are incarcerated) is entitled to use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person's needs, is used anytime the PCP process is used.

The following items are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e., invite desired participants):

- a. When and where the meeting will be held.
- b. 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).
- c. What will be discussed and not discussed.
- d. What accommodations the person may need to meaningfully participate in the meeting (including assistance for persons who use behavior as communication).
- e. Who will facilitate the meeting.
- f. Who will record what is discussed at the meeting.

7. **Wellness and Well-Being.** Issues of wellness, well-being, health and primary care coordination or integration, supports needed for a person to continue to live independently as he or she desires, and other concerns specific to the person's personal health goals or support needed for the person to live the way they want to live are discussed and plans to address them are developed. If so desired by the person, these issues can be addressed outside of the PCP meeting.
8. **Participation of Allies.** Through the pre-planning process, the individual selects allies (friends, family members and others) to support him or her through the person-centered planning process. Pre-planning and planning help the individual explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

Designing the Individual Plan of Service

The individual plan of service will serve as a road map of the person's dreams and desires. The PCP process allows the development of treatment strategies based on informed choice.

Treatment choices are informed by:

- ∞ The hopes, dreams, preferences, values, and desires of consumers (and natural supports, where appropriate);
- ∞ Health and safety needs and concerns of the individual;
- ∞ The availability or potential development of resources, such as natural supports and other resources;
- ∞ Funding source rules;
- ∞ Procedures matching mental health/developmental conditions to appropriate levels of treatment;
- ∞ Best practice standards; and
- ∞ Evidence-based alternatives.



Let's Review—

#1. True or False?

Person-Centered Planning will begin with input from the professionals working with the person.



False, it begins with the individual.

#2. True or False?

Person-Centered Planning Process does not apply to addendums or semi-annual reviews of progress.

False. The individual plan of service will serve as a road map of the consumer's dreams and desires. The plan will respect the consumer's preferences. It must speak to the consumer's health and safety needs and concerns.

Changes in amount, scope and duration such as extending the authorization period to accommodate rescheduling or correcting a data entry error that would generate a new addendum, requires a contact to the individual to offer the opportunity to meet and discuss these changes.

If a consumer agrees to changes to the IPOS without wanting a PCP meeting to be held (e.g., correcting an error, extending an authorization), the caseholder shall record the contact in the electronic health record through a progress note. After changes to the IPOS have been documented in an addendum and discussed with the individual, the caseholder will provide the individual with a copy of the addendum letter, addendum, and the Action Notice and Hearing Rights.

#3. True or False?

Once a person-centered plan is developed it never changes.

False. Planning is an ongoing process. The plan shall be updated as frequently as needed through ongoing reviews of progress and plan addendums. The consumer will be provided the opportunity for a person-centered planning meeting no less than annually. If a consumer has a significant change in functioning or level of need during their plan year, a full person-centered planning process will commence as directed by the consumer.

What is Self-Determination?

Self-Determination is a natural development of the Person-Centered Planning process.

Self-Determination assures people with intellectual/developmental disabilities and/or mental illness the authority to make meaningful choices and control their own lives.

Without utilizing good Person-Centered Planning processes, self-determination is not possible.

It involves providing choices and new experiences.

Through experiencing choice, good decision-making can be learned. This process is helping a person to *want* more control over their lives.

Persons who want control over their services and supports budget, who want to hire and fire their own staff, and want to choose where and who they live with are leading a self-determined life.



CMHCM and Self-Determination

Self-Determination enables all eligible individuals to assume responsibility for planning and spending for the supports necessary to live and participate in the community for purposes of achieving the individual's Person-Centered Planning goals.

It provides freedom and authority to make choices regarding services and supports both formal and informal. CMHCM supports this right via Michigan's Mental Health Code.

Therefore, CMHCM will support Self-Determination as a part of the Person-Centered Planning process.



CMHCM and Self-Determination

A key component of Self-Determination:

- ∞ Recovery is choosing and reclaiming a life full of meaning, purpose and one's sense of self. People should be able to define what they need for a life they seek, have access to meaningful choices, and have control over their lives.

For this to happen, services and supports are to be used to:

- ∞ Create connections
- ∞ Develop real work opportunities
- ∞ Facilitate meaningful community participation



CMHCM and Self-Determination



Self-Determination refers to a person's rights to:

1. Direct their own services
2. Make decisions concerning their health and well-being
3. Be free from involuntary treatment
4. Have leadership roles in the design, delivery and evaluation of supports
5. Personal resolve and belief in one's self-development and achievement of personally meaningful life goals
6. Self-management of disability
7. Economic independence and prosperity
8. The ability to advocate for oneself and find a place in the community.

Person-Centered Planning Training Verification

A Person-Centered Plan assists individuals to create a personalized image of a desirable future.

Characteristics of All Person-Centered Plans:

Person-Directed – The plan for the individual is that the person’s vision of what he or she would like to do. The plan is not static but rather it changes as new opportunities and obstacles arise.

Capacity Building – Planning focuses on the person’s gifts, talents and skills rather than on deficits. It builds upon the individual’s capacities and affords opportunities which will reasonably encourage individuals to engage in activities that promote a sense of belonging to the community.

Person-Centered – The focus is continually on the person for whom the plan is being developed and not on plugging the person into available slots in a program. The individual’s choices and preferences must be honored.

Network Building – Is the process of bringing people together who care about the person and are committed to helping the person articulate their vision of a desirable future. They learn together and invent new courses of action to make the vision a reality.

Outcome-Based – The plan focuses on increasing any or all of the following experiences which are based on the individual:

- ✓ Growing in relationships or having friends
- ✓ Contributing or performing functional/meaningful activities
- ✓ Sharing ordinary places or being part of their own community
- ✓ Gaining respect or having a valued role which expresses their gifts and talents
- ✓ Making choices that are meaningful and express individual identity

Community Accountability – The plan will assure adequate supports when there are issues of healthy and safety while respecting and according their dignity as a fully participating member of the community.

**There must be documentation that all staff have been trained in each individual’s Person-Centered Plan (PCP). Consumer specific training is important and must not be overlooked. Any special training or inservice related to the individual needs of a consumer (or any aspect of their care) should be documented as “consumer specific training.” There is a section in the CenTrain training record that provides a place to document all consumer specific trainings.*

I have read and understand the training regarding Person-Centered Plans (please sign and date):

Signed: _____ Date: _____

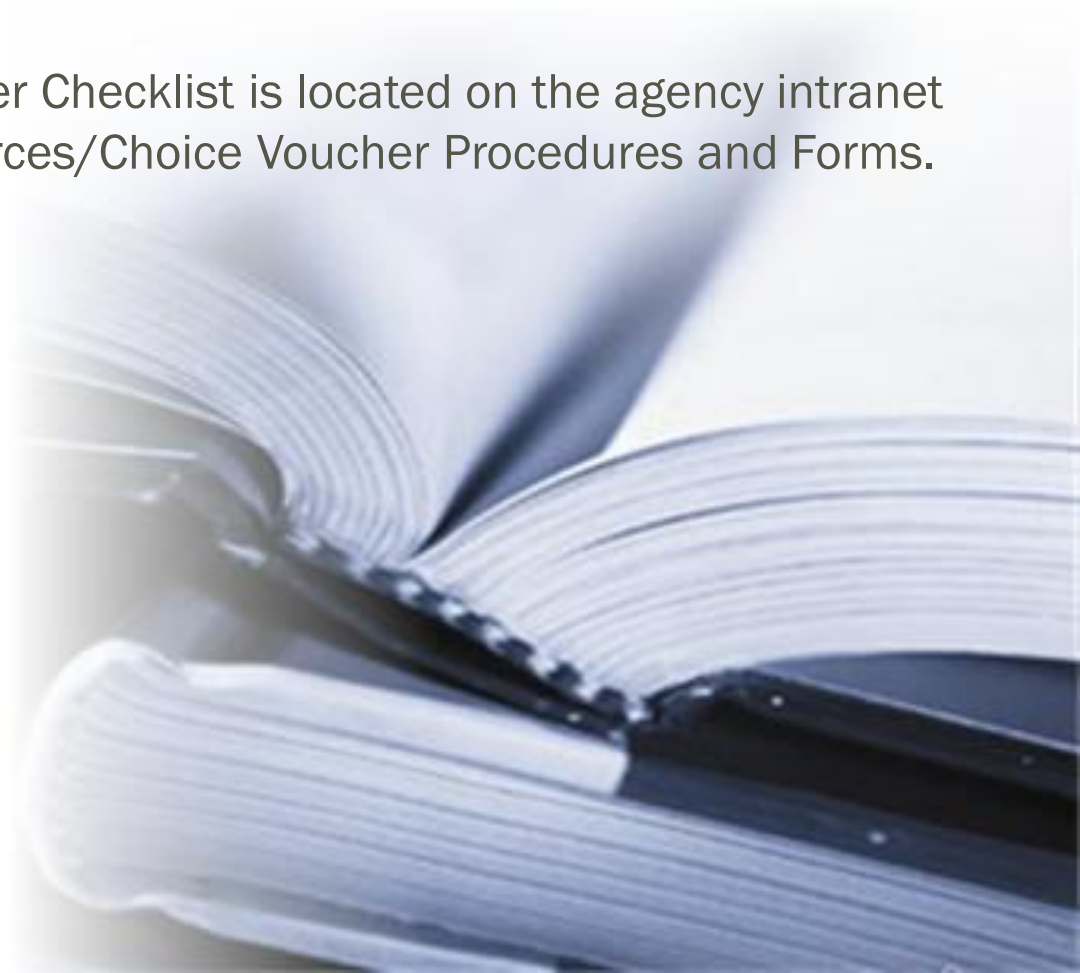
Print Name: _____

My Employer is: _____

References

Michigan Department of Community Health. **Community Mental Health for Central Michigan Policy # 2.300.015.**

Self-Determination/Choice Voucher Checklist is located on the agency intranet under Resources/Services Resources/Choice Voucher Procedures and Forms.



Self-Determination/Choice Voucher Resources

Listed below are resources for choice voucher participants and staff. Each of the trainings are to be read by staff and signed indicating that they have read and understand the training material. Once completed the signed training documents must be sent to the fiscal intermediary who will maintain a training record for each staff.

Choice Voucher Agreement Forms

Self Determination Agreement - *For Adults*

Choice Voucher Agreement - *For Children*

Criminal Background Check

Authorization for Recipient Rights Check

Employment Agreement

Purchase of Service Agreement

Self Determination Provider Agreement (Adults)

Medicaid Provider Assurance (Children)

Self-Determination/Choice Voucher Checklist

Self-Determination Implementation Technical Advisory

Choice Voucher System for Children

CMHCM Self-Determination Policy (2.300.003)

Resources available under Provider tab on CMHCM website.