

PERSON CENTERED PLANNING

Person-centered planning is the key to building a future based on the aspirations of and supports needed by a specific individual. It is also now required to be completed and reviewed annually if someone uses a Home and Community-Based waiver. Person-centered planning should be led as much as possible by the individual, and their communication and affirmation should be at the center of the process. The Person-Centered Plan must be documented and signed by the individual and/or their legal representative as well as all individuals and providers responsible for its implementation.

The following are the elements of one's Person-Centered Plan now required by federal regulations, called the Final Rule, to access publicly-funded waiver supports:

- The person-centered planning process is driven by the individual
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual
- Reflects cultural considerations/uses plain language
- Includes strategies for solving disagreement
- Offers the individual choices regarding the services and supports received and providers of those services
- Provides method to request updates
- Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual
- May include whether, and which, services are self-directed
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and more
- Includes risk factors and plans to minimize them
- Is signed by all individuals and providers responsible for its implementation, and a copy of the plan must be provided to the individual and his or her representative.

MODIFICATIONS TO THE FINAL RULE REQUIREMENTS OF AN INDIVIDUAL'S HOME SETTING MUST BE:

- Supported by specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan

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THE WRITTEN PERSON-CENTERED PLAN MUST REFLECT THE FOLLOWING:

- States the individual's preferred settings as chosen by the individual and is integrated in, and supports full access to, the greater community to the extent the individual desires
- States the opportunities to seek employment and work in competitive integrated settings
- States the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS
- Reflects individual's strengths and preferences
- Reflects clinical and support needs
- Includes goals and desired outcomes
- Lists providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS
- Lists risk factors and puts measures in place to minimize risk
- Includes individualized backup plans and strategies when needed
- Includes a list of individuals important in supporting the individual
- Confirms individuals responsible for monitoring the plan
- Is written or presented in plain language and is understandable to the individual
- Includes the informed consent of the individual in writing
- Includes signatures of all responsible individuals and providers
- Distributed to the individual and others involved in the plan
- Includes any details of the purchase or control of self-directed services
- Lists unnecessary or inappropriate services and supports
- Offers any necessary modification of the home and community-based setting requirements
- Must be reviewed and revised upon reassessment of functional need as required every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual

DOCUMENTATION IN THE PERSON-CENTERED SERVICE PLAN OF MODIFICATIONS OF THE ADDITIONAL REQUIREMENTS INCLUDES:

- Specific individualized assessed need
- Prior interventions and supports including less intrusive methods
- Description of condition proportionate to assessed need
- Ongoing data measuring effectiveness of modification
- Established time limits for periodic review of modifications
- Individual's informed consent
- Assurance that interventions and supports will not cause harm

Find out more about the Final Rule at <http://bit.ly/1M3zIIK>



If you haven't already, please consider joining the Coalition for Community Choice as an individual or request an application to join our network of organization and business leaders. Please email the National Coordinator, Desiree Kameka, at DKameka@MadisonHouseAutism.org